



**PATIENT**

Leo Lou Konior

**SPECIES**

Canine

**BREED**

Goldendoodle

**SEX**

Male

**AGE**

10 months

**WEIGHT**

45 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ammeraal

**HOSPITAL NAME**

Sova AH

**REFERRING VET**

Dr. Sova

**INVOICE**

91242

**DATE**

8/16/21

**PRESENTING CLINICAL SIGNS**

History: Hx of eating underwear a few weeks ago and vomited up 4 pairs. Was doing ok until about 48 hours ago. appetite decreased, vomited up blood this AM. No obstructive pattern noted on radiographs. Stomach appears little thickened, no food this AM according to Owner  
Abnormal PE/Chem/CBC/UA Results: Normal exam, BW was submitted to the lab

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The prostate was uniform and measured 2.0 cm.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.65 cm. The right kidney measured 6.3 cm.

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 1.99 x 0.6 cm at the cranial pole and 0.65 cm at the caudal pole. The left adrenal gland measured 2.6 x 0.5 cm at the cranial pole and 0.57 cm at the caudal pole.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



**PATIENT**

Leo Lou Konior

**Gastrointestinal**

**SPECIES**

Canine

The **stomach** was empty in this patient. Minor, excessive gas was present. Minor wall thickening was noted. There was no evidence of foreign body. The intestines and colon were unremarkable. Slight mesenteric lymph node enlargement was noted. This is expected for this age patient.

**BREED**

Goldendoodle

**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**SEX**

Male

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

10 months

Minor gastric hypertrophy. There was no evidence of foreign body.

Slight mesenteric lymph node enlargement.

**WEIGHT**

45 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Supportive care should prove effective. I recommend a fresh fecal smear and fecal floatation analysis. No obvious ulcers were noted; however, microulceration could not be ruled out. A clinical trial of the following may prove effective. If clinical signs persist then endoscopy would be indicated to assess mucosal pathology that would not be evident on ultrasound.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Helicobacter/Gastritis protocol**

A clinical trial of **Zithromax** (Dogs: 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment), **Metronidazole** (10-20 mg/kg p.o. b.i.d.), **Sucralfate** (0.5-2 g/dog PO) and **Omeprazole** (1 mg/kg p.o. s.i.d.) over the next 3 weeks along with a **novel-protein or hydrolyzed diet** with slurry feeding b.i.d./t.i.d. over the next 2-4 days and then increase to canned diet bid. Dry food should be avoided over the next 4 weeks. A recheck sonogram to assess GI improvement or progression would be ideal in 4 weeks.

**IMAGING PERFORMED BY**

Dr. Ammeraal

**HOSPITAL NAME**

Sova AH

**REFERRING VET**

Dr. Sova

**INVOICE**

91242

**DATE**

8/16/21



**PATIENT**

Leo Lou Konior

**SPECIES**

Canine

**BREED**

Goldendoodle

**SEX**

Male

**AGE**

10 months

**WEIGHT**

45 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ammeraal

**HOSPITAL NAME**

Sova AH

**REFERRING VET**

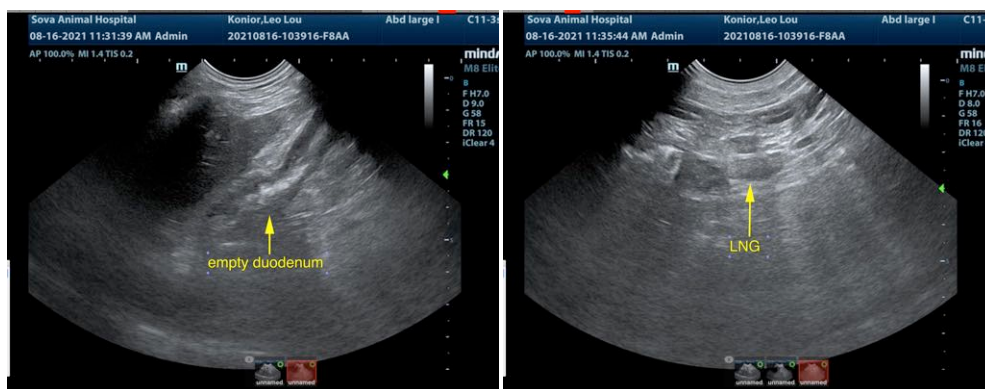
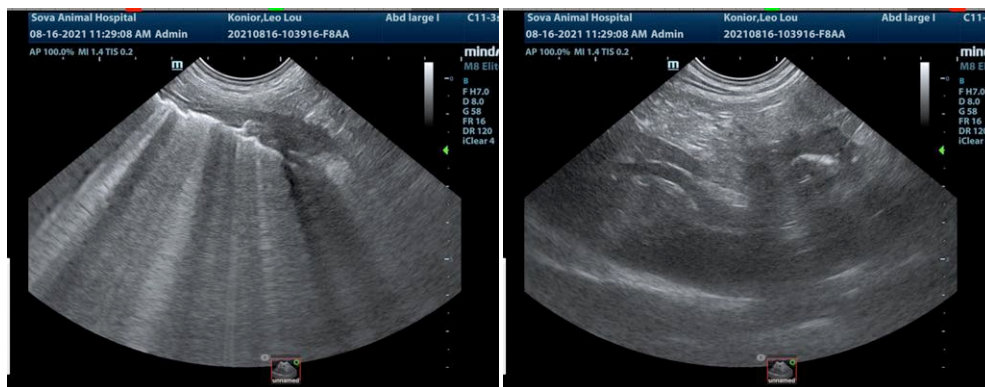
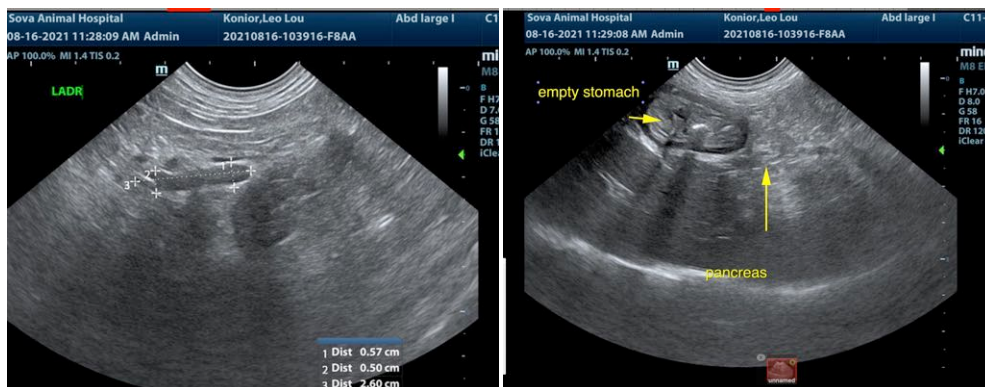
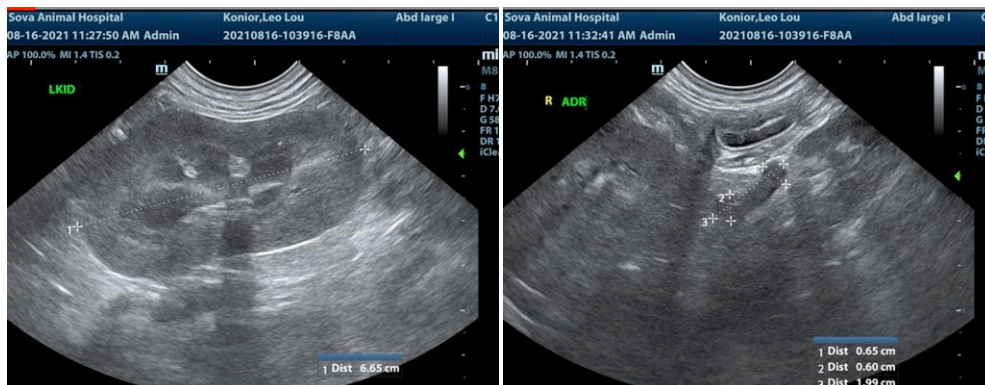
Dr. Sova

**INVOICE**

91242

**DATE**

8/16/21





**PATIENT**

Leo Lou Konior

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

**BREED**

Goldendoodle

**Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com**  
info@SonoPath.com

**SEX**

Male

**AGE**

10 months

**WEIGHT**

45 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Ammeraal

**HOSPITAL NAME**

Sova AH

**REFERRING VET**

Dr. Sova

**INVOICE**

91242

**DATE**

8/16/21