


PATIENT PRESENTING CLINICAL SIGNS

Eleanor Shin Chronic GI issues, Has been maintained on GI food, Gabapentin and occasionally Cerenia. She suffers from episodes of nausea, diarrhea, decreased appetite, painful abdomen and sometimes vomiting. No meds currently.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: cbc and chem 17 performed in March of this year which were all normal 4Dx normal. No rads.

BREED

Maltese X

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

SEX

Spayed Female

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Mineralization noted in both kidneys. The left kidney measured 4.5 cm. The right kidney measured 5.25 cm.

AGE

10 Years

WEIGHT

6.4 kg

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 left adrenal gland measured 2.03 cm x 0.49 cm at the caudal pole and 0.44 cm at the cranial pole. The right adrenal gland measured 1.66 cm x 1.44 cm at the cranial pole and 0.72 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself cranially. 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 were noted.

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Downtown AH

Liver

The **liver** was uniformly swollen and presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. The **gallbladder** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. Gallbladder was rounded and measured approximately 3.0 cm. Minor gallbladder polyps noted. No adjunctive inflammation was noted. The common bile duct was normal.

REFERRING VET

Dr. Ahn

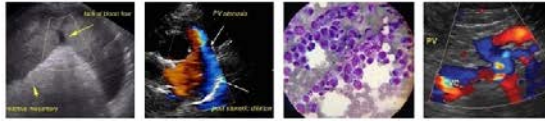
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Gastrointestinal
DATE

8/19/22

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine



PATIENT

Eleanor Shin

demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

SPECIES

Canine

The **pancreas** was mildly heterogeneous, primarily at the right limb. Coarse architecture and undulating contour noted. History of pancreatitis likely, low-grade inflammation possible.

ULTRASONOGRAPHIC FINDINGS

BREED

Maltese X

- Emerging gallbladder mucocele
- Possible low-grade pancreatitis
- Age related renal changes with mineralization

SEX

Spayed Female

Ursodiol therapy warranted over the next 6 weeks and recheck sonogram. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. Diet change to hydrolyzed diet may be helpful in this patient. A clinical trial with anti-parasitic protocol and helicobacter may also prove effective.

AGE

10 Years

Helicobacter/Gastritis protocol

WEIGHT

6.4 kg

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.), Pepcid (0.5-1 mg/kg s.i.d.) and Sucralfate (0.5-2 g/dog PO) or 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.

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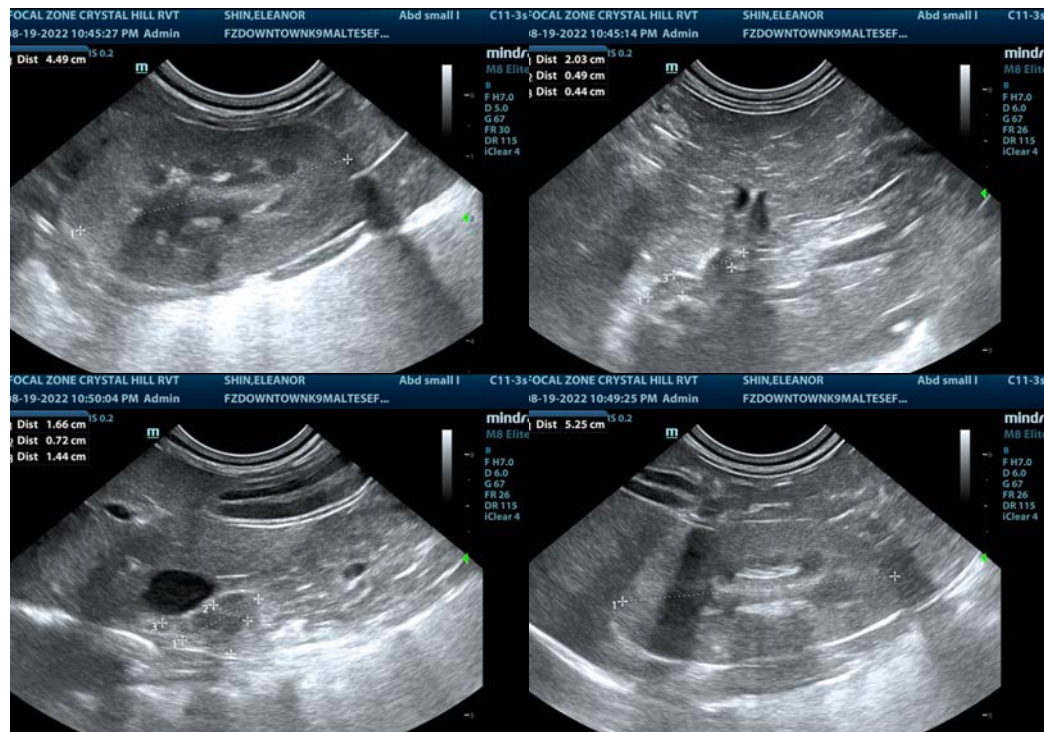
Dr. Ahn

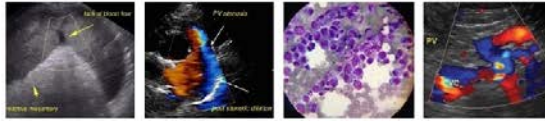
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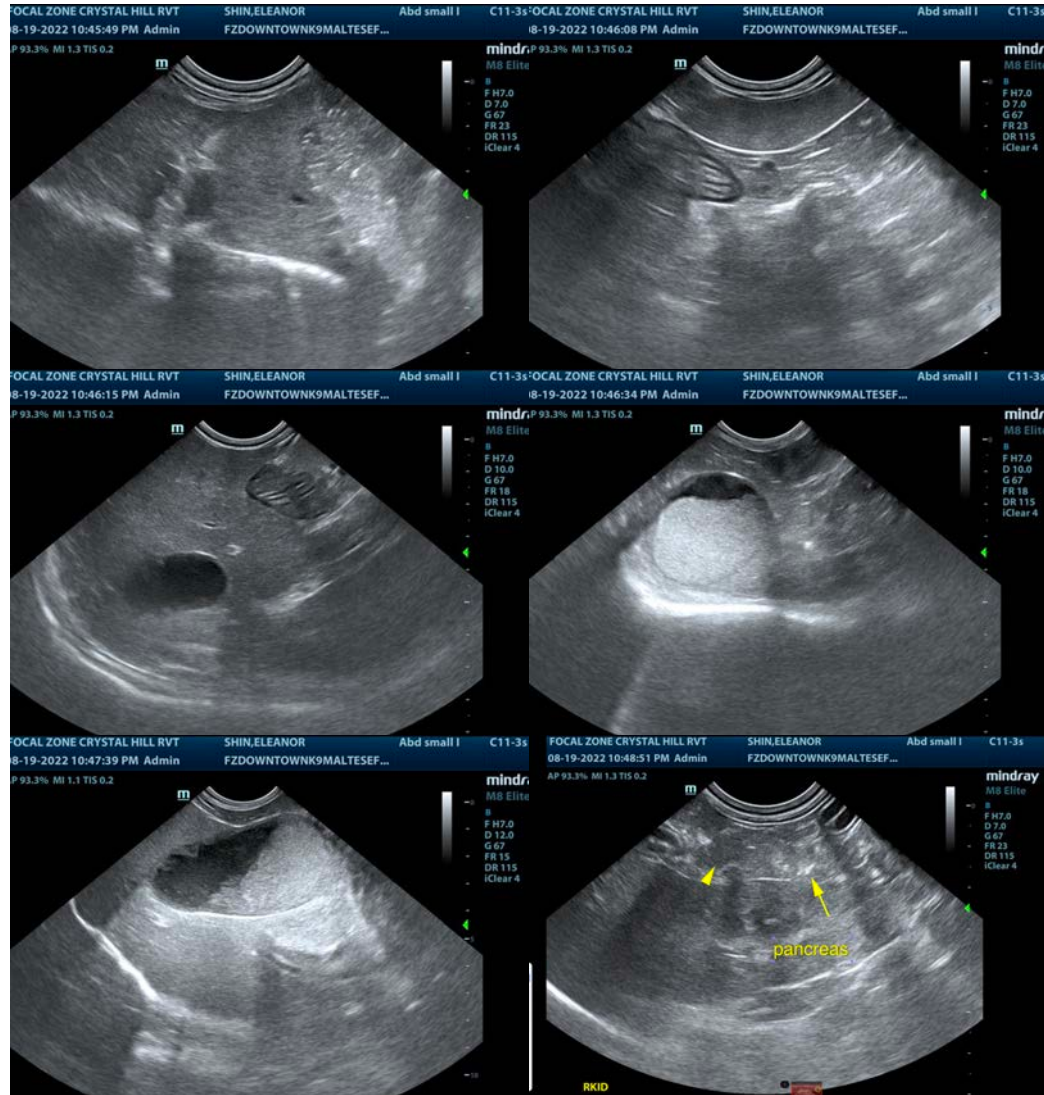
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com