

PATIENT

Miles Malia

PRESENTING CLINICAL SIGNS

History: Chronic pancreatitis.. vomiting blood, chronic colitis

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Sheltie

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.

SEX

Spayed female

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 right kidney measured 5.15 cm. The left kidney measured 5.56 cm.

AGE

10 years

WEIGHT

35 kbs

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 0.65 cm at the cranial pole and 0.55 cm at the caudal pole and 2.34 cm in length. The left adrenal gland measured 2.18 x 0.53 cm at the cranial pole and 0.53 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Leahy

Spleen

The **spleen** revealed occasional, non-disruptive, hypoechoic nodule that measured 0.8-0.55 cm. The spleen measured 1.7 cm.

HOSPITAL NAME

Tri-State Mobile
Ultrasound

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder wall was mildly edematous and measured 0.28 cm. Gallbladder debris was noted with sand accumulation without over distension and not to the level of mucocele formation.

REFERRING VET

Dr. Leahy

INVOICE

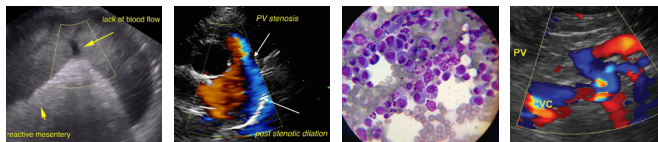
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Gastrointestinal

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

DATE

8/23/23



PATIENT

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

Miles Malia

SPECIES

Pancreas

Canine

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.

BREED

Sheltie

ULTRASONOGRAPHIC FINDINGS

SEX

Hepatic remodeling with minor gallbladder debris.

Spayed female

Hypoechoic splenic nodules.

Structurally unremarkable GI tract.

AGE

10 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend empirical GI protectant protocol. Ursodiol therapy is warranted. I cannot rule out Microulcerative disease given the patient's history. There was no evidence of neoplasia. If clinical signs continue then endoscopy is indicated. Ursodiol therapy is warranted proactively over the next 6-8 weeks. A recheck sonogram is recommended at that time.

WEIGHT

35 kbs

Helicobacter/Gastritis protocol

INTERPRETED BY

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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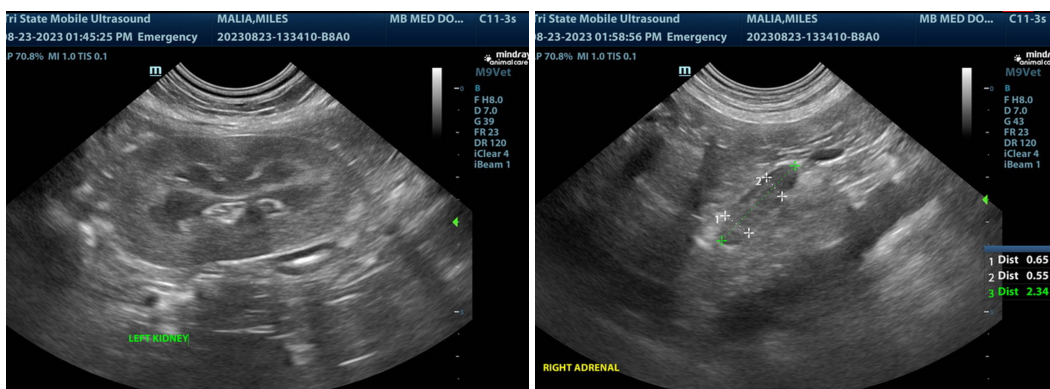
Dr. Leahy

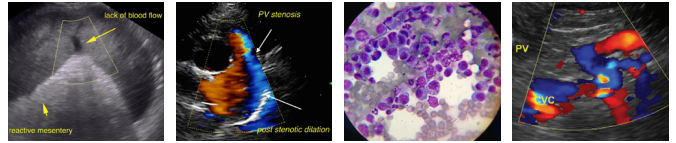
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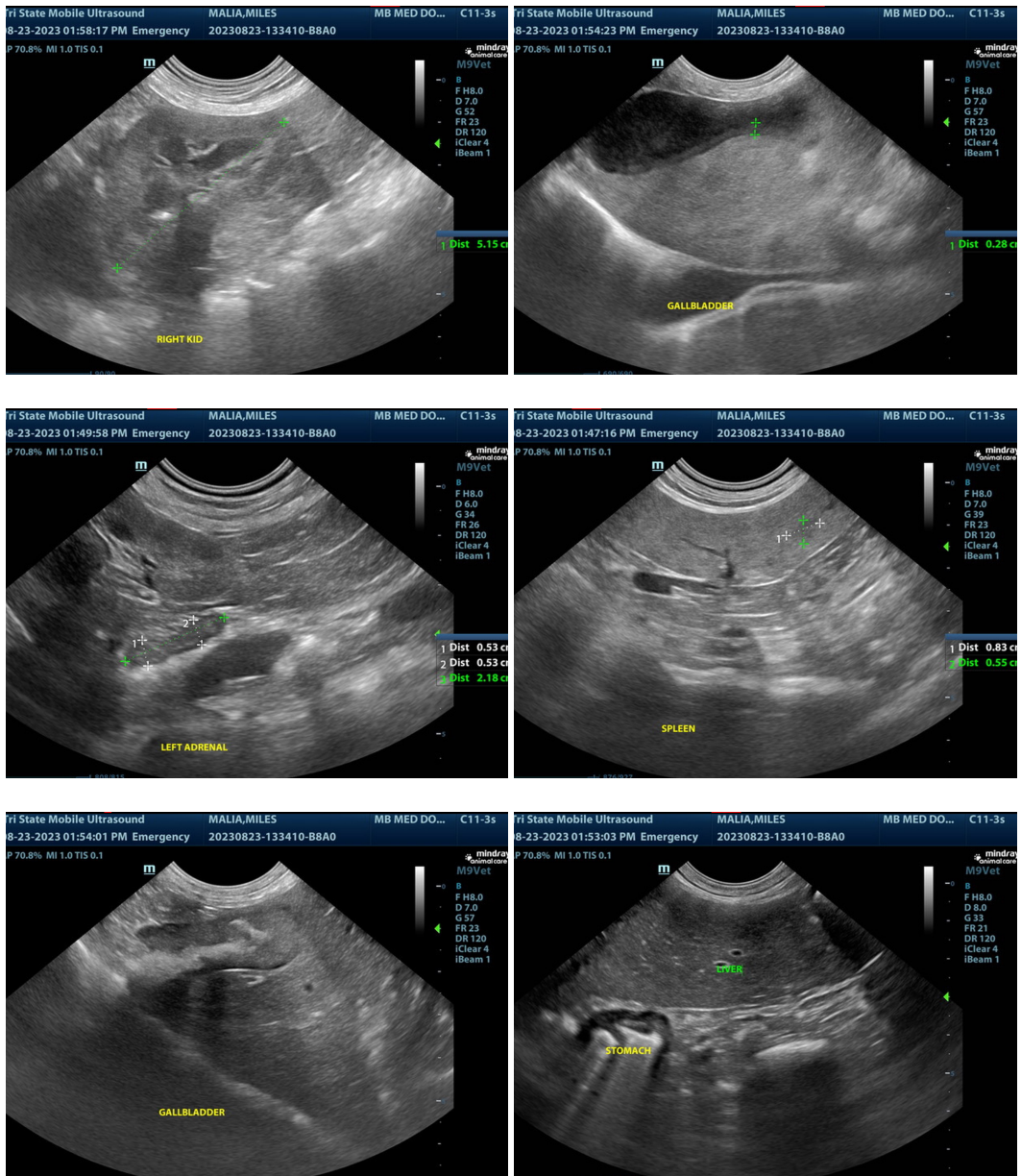
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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