



PATIENT

Fred Walters

SPECIES

Canine

BREED

Standard Poodle

SEX

Neutered Male

AGE

13 Years

WEIGHT

44 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Bennett

INVOICE

24947

DATE

8/26/21

PRESENTING CLINICAL SIGNS

2 weeks post-op from FB surgery (sock) and liver biopsy. Decreased appetite and tenesmus. Previous FB surgery last year. Existing problem list: vacuolar hepatopathy, chronic pancreatitis/inappetence, probably atypical Addison's, splenectomy (2019, benign). Long term medications: Mirtazapine, Tylan, Prednisone, Denamarin. Current medications: only - Entyce, Prednisone and Flagyl.

Abnormal PE/Chem/CBC/UA Results: PE: ataxia in rear (chronic), loss of muscle mass, tenesmus. RADS (8/24 and 8/25, attached): plain and Barium series; delayed gastric emptying, spastic colon, bunching of GI in L caudal quadrant in some views. BW: Hct 33%, elevated ALT, ALP, GGT, Lipase and Amylase.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a 1.75 cm mineralized polyp at the apical wall. The cystourethral junction and trigone were free of evident pathology. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. Iliac trifurcation was unremarkable.

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 6.67 cm. The right kidney measured 5.69 cm. Slight mineralization noted in both kidneys.

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 0.68 cm at the caudal pole and 0.81 cm at the cranial pole.

Spleen

Previous **splenectomy** performed.

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. Minor lobar biliary mineralization noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **stomach** revealed minor retention of chyme and gas accumulation. Translucent structures also present, likely canned food or kibble. Minor heterogeneous mucosal changes noted. Minor gastric wall thickening noted. Some reactive mesentery was noted around the stomach, yet may be secondary to post-surgical healing. The small intestine and colon were unremarkable.



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Pancreas

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Minor heterogeneous **pancreatic** changes noted.

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ULTRASONOGRAPHIC FINDINGS

- Mineralizing apical bladder polyp
- Delayed outflow gastric pattern – chronic gastritis/duodenitis likely
- Minor pancreatitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend medical therapy in this patient. Slurry feeding recommended over the next 48-72 hours and GI protectants. Recheck sonogram in 3-5 days. Partial apical cystectomy recommended given the strong potential for focal transitional cell carcinoma. A clinical trial of the following may prove effective.

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Examination of gastrointestinal biopsies that may have been performed at the foreign body surgery would be recommended to rule out underlying disease, which is a common occurrence in older PICA patients.

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Helicobacter/Gastritis protocol

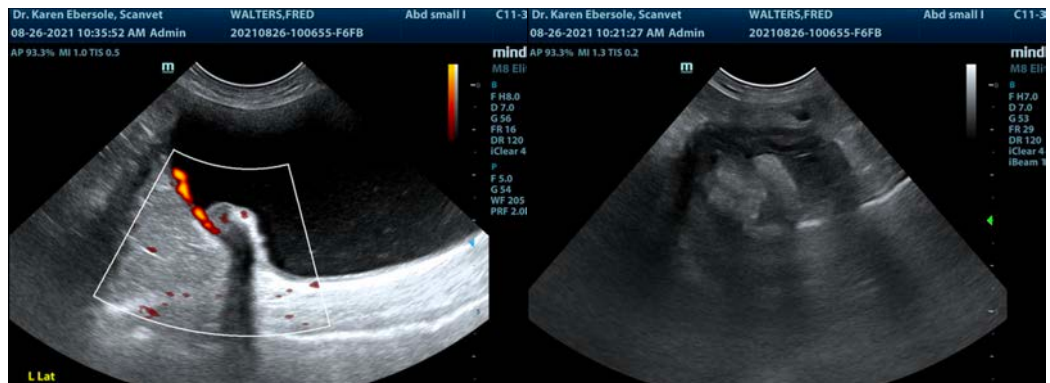
A clinical trial of **Zithromax** (Dogs: 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment), **Metronidazole** (10-20 mg/kg p.o. b.i.d.), **Pepcid** (0.5-1 mg/kg s.i.d.) and **Sucralfate** (0.5-2 g/dog PO) or **Omeprazole** (1 mg/kg p.o. s.i.d.) over the next 3 weeks 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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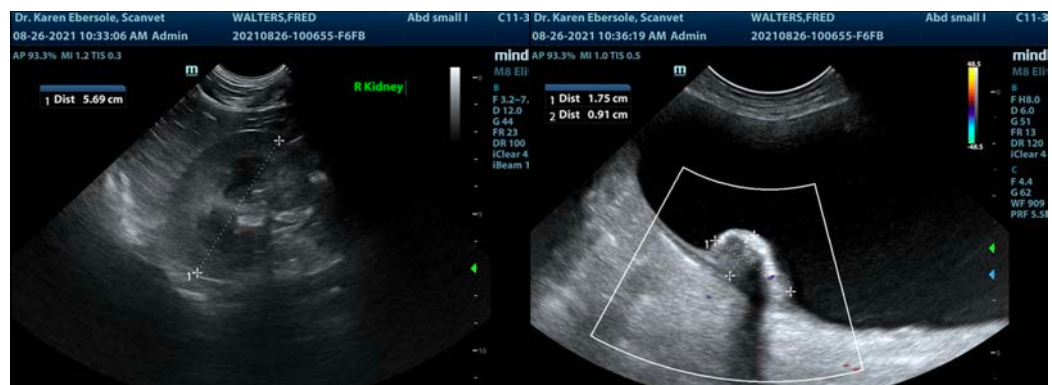
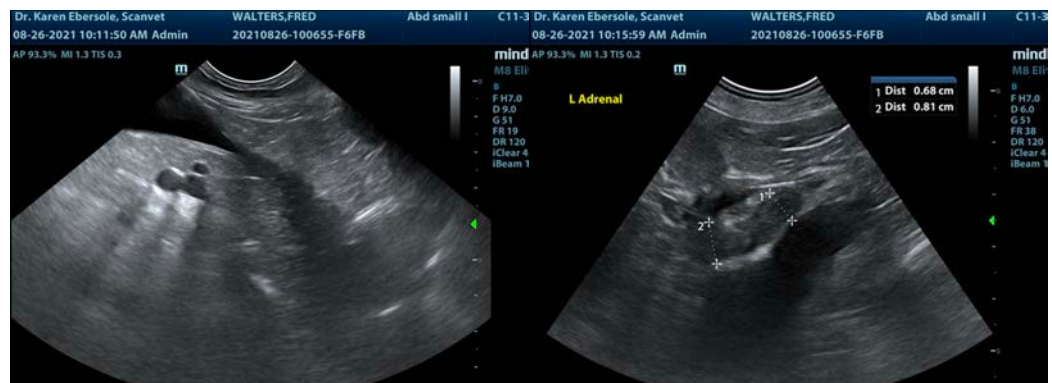
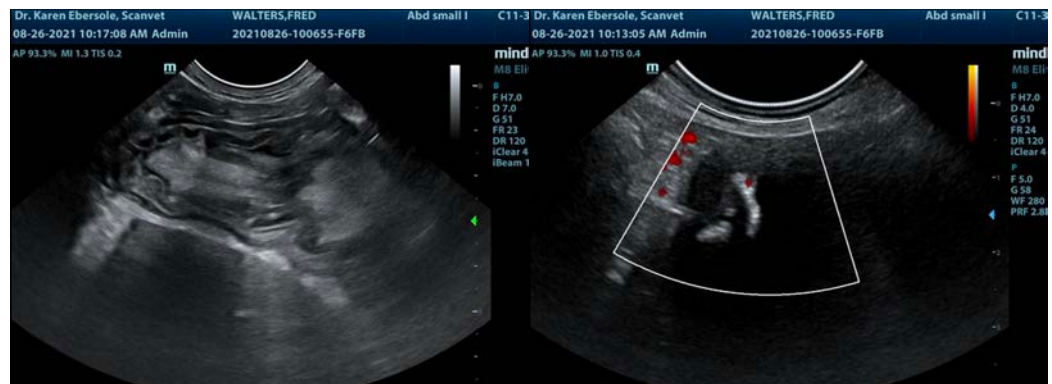
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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

info@SonoPath.com

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