**DATE**

8/26/22

PRESENTING CLINICAL SIGNS

History: Continued episodes of vomiting- mostly bile but does have blood tinge to it.

PATIENT

Remi Grossman

Current Medications: None listed.

Date of Previous IntraPet Ultrasound: See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Canine

Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

German Shepherd

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.

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 6.81 cm. The left kidney measured 6.6 cm.

AGE

6/12/16

WEIGHT

79.4 Pounds

Adrenal Glands

The **right adrenal gland** was flattened and isoechoic, measuring 2.33 cm x 0.55 cm at the cranial pole and 0.37 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The **left adrenal gland** was flattened and isoechoic, measuring 2.58 cm x 0.38 cm at the caudal pole and 0.31 cm at the cranial pole.

Spleen

The **spleen** was uniform. Caudal folding of the spleen was noted. No evidence of pathology.

HOSPITAL NAME

Homeward Bound VS

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.

REFERRING VET

Dr. Vance

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

INVOICE

17062

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.

ULTRASONOGRAPHIC FINDINGS

- Flattened adrenal glands
- Splenic fold
- Structurally unremarkable abdomen otherwise

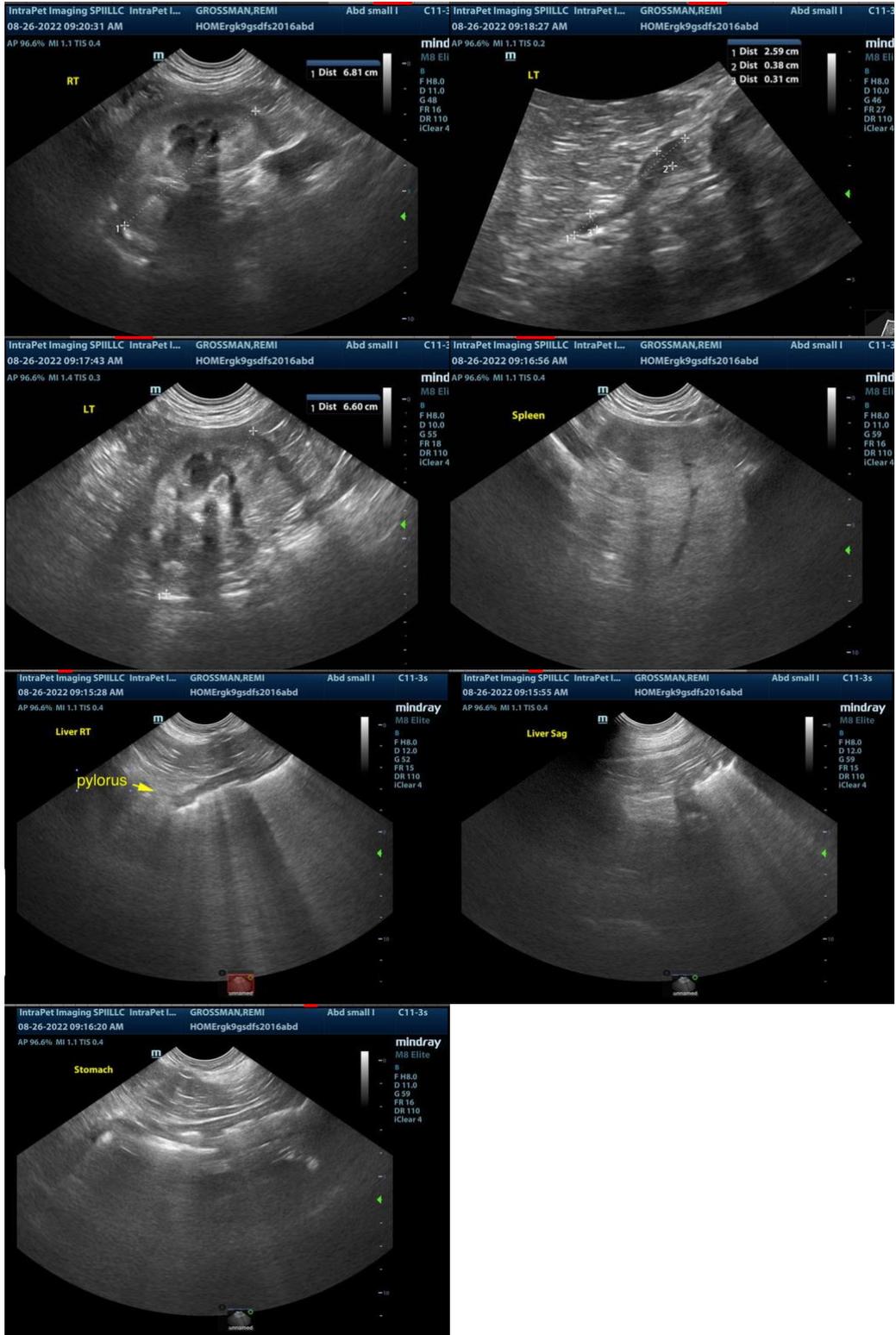
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening for Addisons with ACTH stimulation is recommended. GI protectant protocol and coverage for helicobacter could also be considered empirically. Otherwise, endoscopy is warranted to obtain mucosal biopsies yet structurally the GI tract is unremarkable. I recommend a fresh fecal smear and fecal floatation analysis. Antiparasitic protocol also appropriate, as well as diet change.

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.





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.

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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