



PATIENT

Mulder Woods

SPECIES

Canine

BREED

Shiba Inu

SEX

Neutered Male

AGE

6 Years

WEIGHT

27 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

Franklin Lakes AH

REFERRING VET

Dr. Rizzo

INVOICE

16681

DATE

8/3/22

PRESENTING CLINICAL SIGNS

History: Vomiting despite Cerenia and Omeprazole, no overt evidence of obstruction on radiographs. R/O gastric FB vs. other. Current meds: Cerenia 2mgs/kg q 24hrs, Omeprazole 2mgs/kg PO q 12 hrs.

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 **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 4.08 cm. Slight pinpoint mineralizations were noted. The left kidney measured 3.81 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 1.6 cm x 0.71 cm at the caudal pole and 0.56 cm at the cranial pole. The left adrenal gland measured 2.0 cm x 0.28 cm at the caudal pole and 0.31 cm at the cranial 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 were 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.

Gastrointestinal

The **stomach** revealed minor pyloric hypertrophy. Wall thickness measured up to 0.75 cm. A minor amount of soft shadowing chyme was noted in the stomach, measuring up to 2.0 cm. The small intestine and colon were unremarkable.

Pancreas



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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.

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ULTRASONOGRAPHIC FINDINGS

- Minor residual ingesta or very soft minor foreign matter in the stomach and minor pyloric hypertrophy.

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- Slight renal mineralizations

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
 No evidence of obstructive disease. Conservative therapy and treatment for gastritis is indicated. Recheck sonogram in 1 week. Given the empirical treatment, endoscopy with mucosal biopsies or full thickness gastric biopsies are indicated. However, the material in the stomach may be simple chyme and delayed outflow or soft nonobstructive foreign matter. If kibble is being utilized, I recommend moving to canned (B.I.D.) feedings, as kibble may be irritative. Neoplastic criteria are not met. A clinical trial of the following may prove effective.

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Helicobacter/Gastritis protocol

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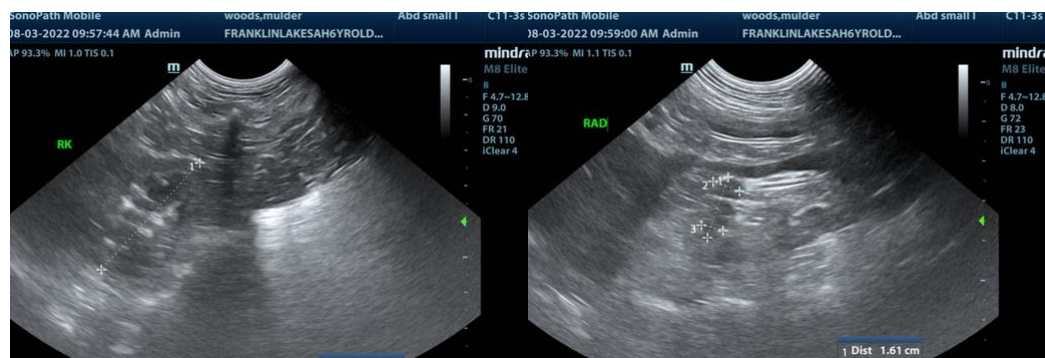
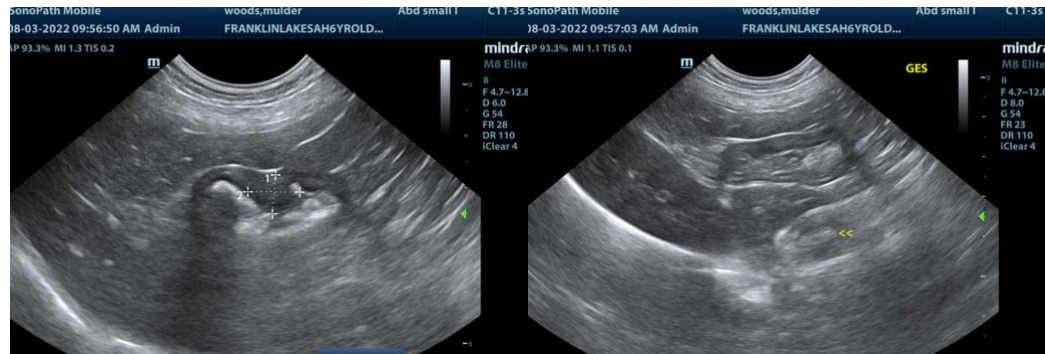
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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