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Clinical Sonography & Telecytology
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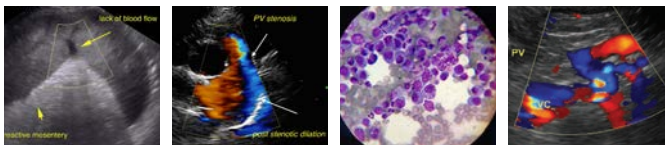

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1-800-838-4268 info@sonopath.com

**PATIENT**
Emmanuel Deniz

**SPECIES**
Canine

**BREED**
Chihuahua

**SEX**
Neutered Male

**AGE**
3 Years

**WEIGHT**
5.7 Pounds

**INTERPRETED BY**
Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**
Dr. Ferrer

**HOSPITAL NAME**
Paseos Vet Center

**REFERRING VET**
Dr. Jose Cruz

**INVOICE**
44657

**DATE**
8/3/23

## PRESENTING CLINICAL SIGNS

History of inappetence for a few days. Pt is HW positive and has heart murmur grade IV/VI. On X-Ray seems to have FB in the duodenum area. Pt is having dark stool, possibly Melena.

## 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 3.0 cm beyond the cystourethral junction.

The residual prostate measured 7.0 mm.

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. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.1 cm with slight pyelectasia noted. The left kidney measured 4.13 cm with trace pyelectasia at 0.12 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 1.47 cm x 0.41 cm. The left adrenal gland measured 1.16 cm x 0.43 cm.

### *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** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

### *Gastrointestinal*

The **gastric wall** was thickened at 0.60 cm. Minor luminal material present. Muscularis thickening and some echogenic remodeling. The small intestine and colon were unremarkable.

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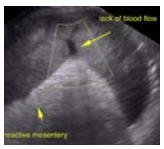
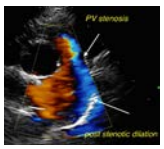
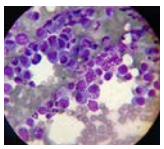
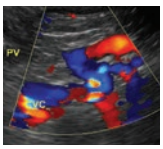

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## *Pancreas*

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.

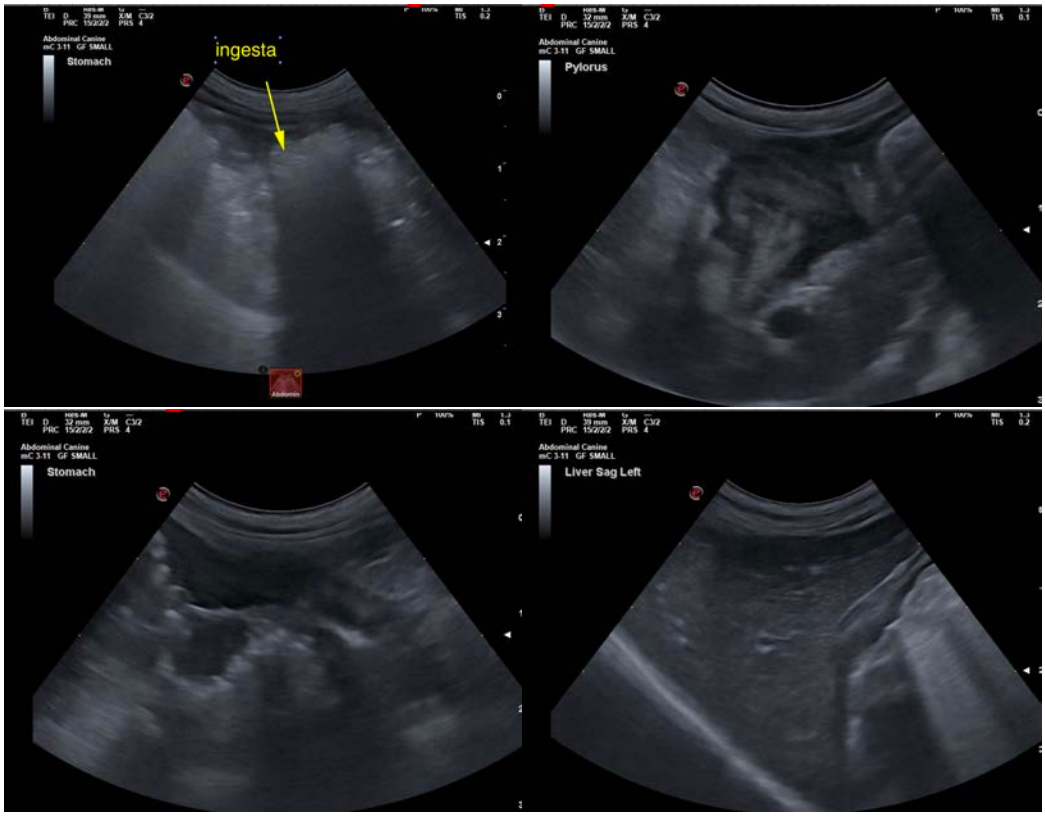
## ULTRASONOGRAPHIC FINDINGS

- Mild gastric hypertrophy and minor luminal material
- Unremarkable abdomen otherwise

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of foreign body. Management for gastritis such as the following protocol recommended. If clinical signs persist, endoscopy would be indicated. Canned BID feeding warranted after 24-hour NPO. I recommend a fresh fecal smear and fecal floatation analysis. Recheck sonogram in approximately 3 weeks at complete NPO status.

**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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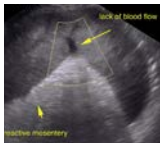
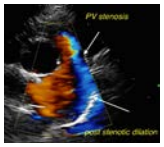
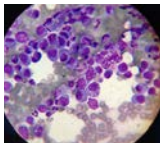
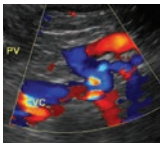

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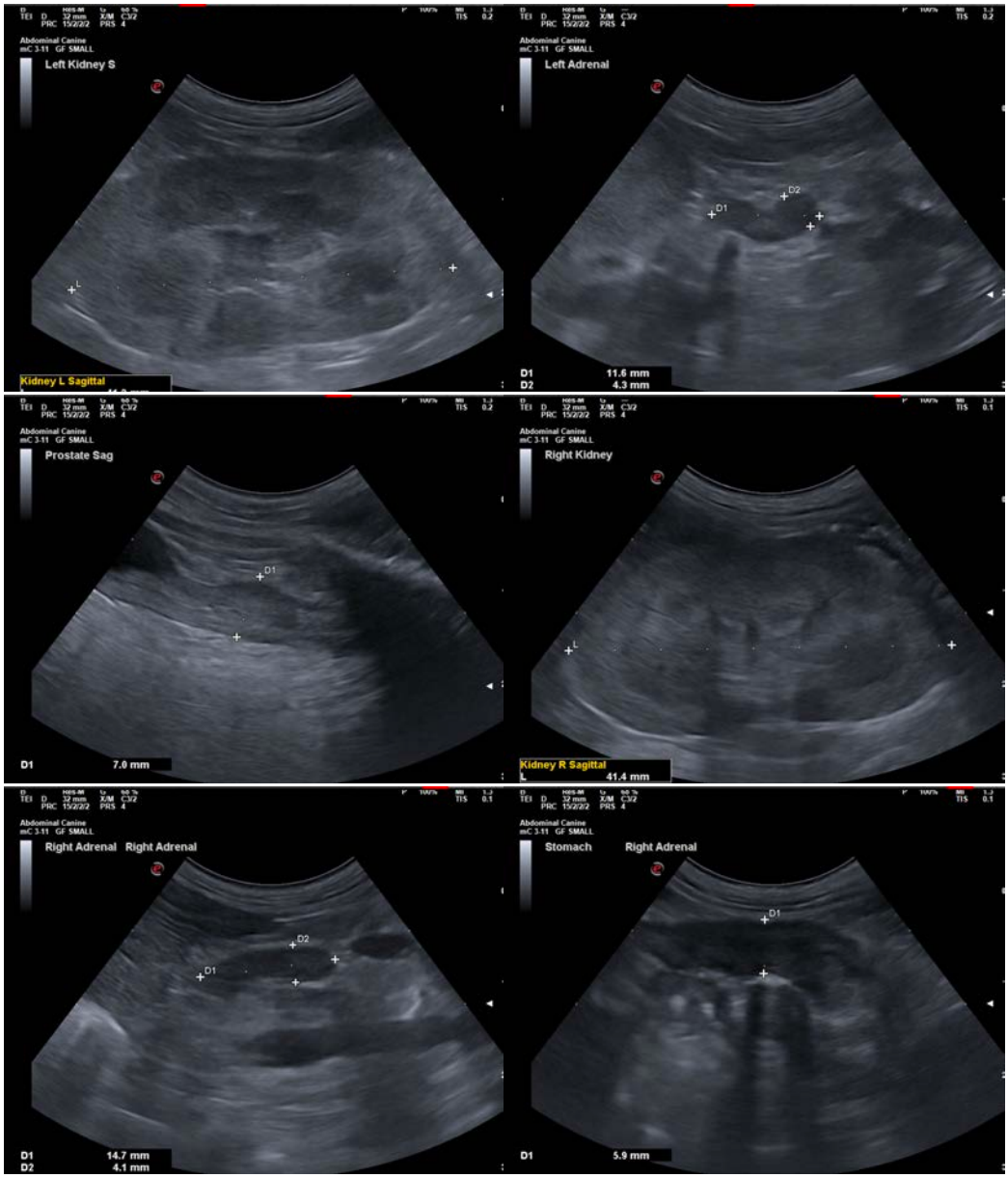

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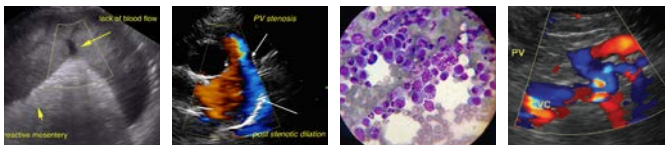

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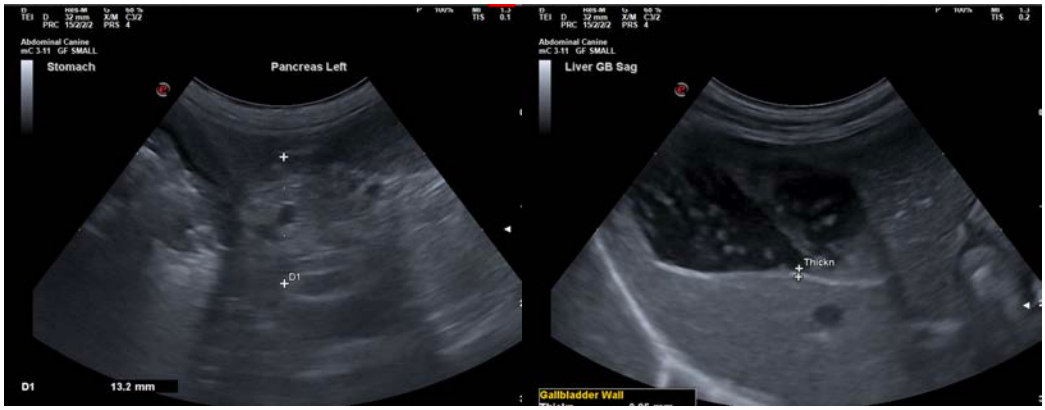


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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