



PATIENT

Nixon Bartholomew

SPECIES

Canine

BREED

Maine Coon

SEX

Spayed Female

AGE

12 years

WEIGHT

4.85 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Miller

INVOICE

91551

DATE

8/30/21

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for AUS. Has always had sensitive stomach, vomit after meals, very sporadic. Now vomiting has gotten more frequent, took to rdvm, borderline hyperthyroid, started Methimazole and tx outpatient with anti nausea med, stopped vomiting completely, also tried foraging ball to slow eating, seemed to do a little better, then started vomiting once off Cerenia, undigested food. Last week vomited what looked like blood, owner noticed has lost weight. Usually 15lbs, now down to 10lbs. Previous Health Concerns: Bladder stones Current Medications/Supplements/OTC: Methimazole Appetite/When did they eat last: around noon today small amount Rdvm bloodwork: Creat 0.8; Bicarb 26; T4 4.4

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 was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.13 cm. The right kidney measured 4.3 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.

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 was 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



PATIENT	lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.
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SPECIES	Gastrointestinal
Canine	The stomach revealed minor density. The intestines were 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. Epigastric lymph nodes are slightly enlarged and measured 1.5 x 0.6 cm.
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SEX	Pancreas
Spayed Female	The pancreas was hypoechoic and irregular in the right limb.
AGE	ULTRASONOGRAPHIC FINDINGS
12 years	Gastritis pattern with hairball density and epigastric lymphadenopathy.
WEIGHT	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
4.85 kg	There is no evidence of neoplastic criteria; however, emerging neoplasia cannot be completely ruled out. A clinical trial of the following may prove effective along with oral hairball medication. Endoscopy would be ideal or full thickness pyloric and lymph node biopsies if clinical signs persist. A recheck sonogram is recommended in a week to assess for any progression.
INTERPRETED BY	Triaditis/Pancreatitis protocol
Eric Lindquist, DMV DABVP, Cert. IVUSS	Part or all of this protocol may be considered based on your clinical impression of the patient:
IMAGING PERFORMED BY	Recommend pain management when anorexic with Buprenorphine (0.01-0.02 mg/kg IM or SC), clinical trial of Zithromax (50 mg sid/cat x 10 days, 3 weeks if bartonella +), Prednisolone (0.5-2 mg/kg tapering over 1 week to minimal effective dose), and B12 injections if weight loss (Cyanobalamine 250 mcg sub-q once-weekly x six weeks, then every other week for six weeks and then once-monthly, long-term if necessary), novel-protein or hydrolyzed diet (<i>Hydrolyzed diets have been shown to be more effective in dietary intolerance case management compared to hypoallergenic diets</i>) or the magical Purina DM (changing protein source is crucial and may need rotation every 6 months if clinical signs recur) Diet trials is a whatever works phenomenon. If vomiting becomes a persistent issue then endoscopy would be warranted and/or recheck sonogram to assess more emerging disease. One diet does not work for all patients so different trials may be necessary or protein source rotation every 6 months as new sensitivities develop.
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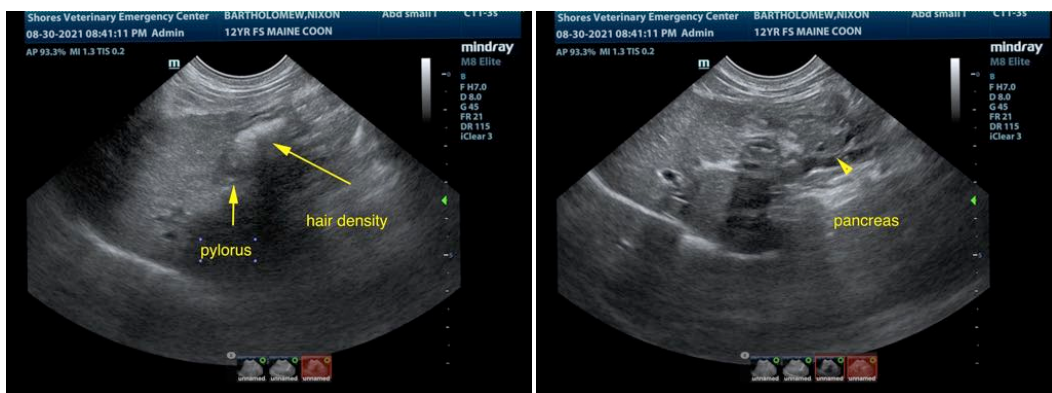
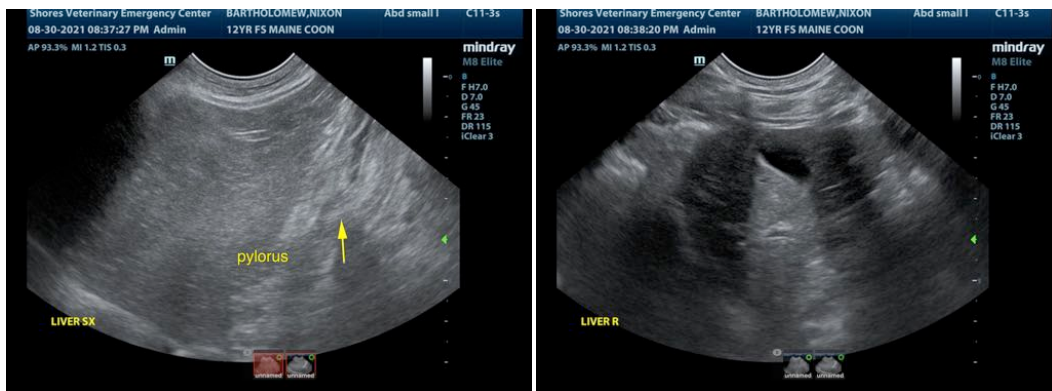
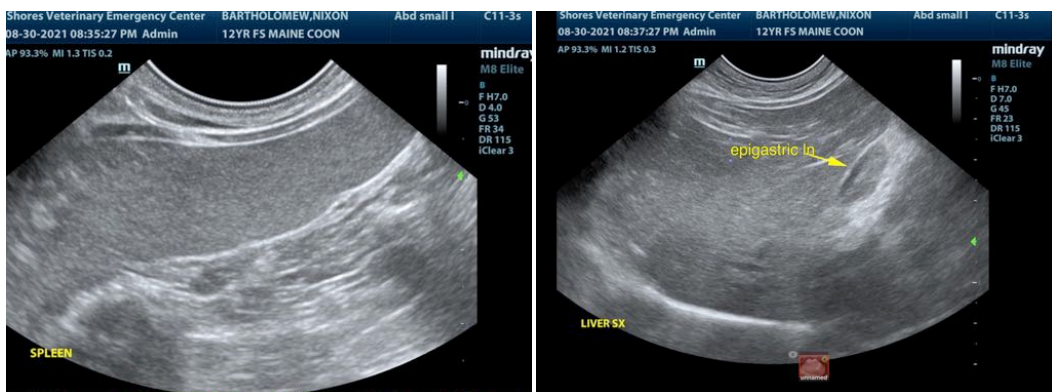
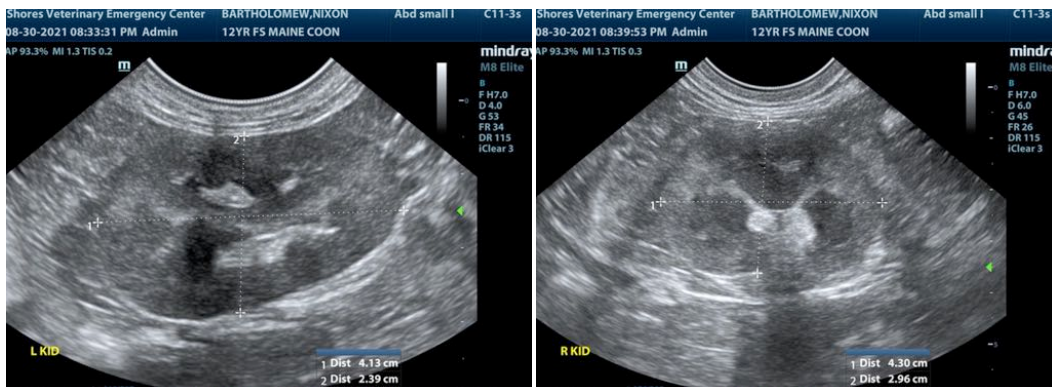
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Canine

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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