

DATE

8/9/21

PRESENTING CLINICAL SIGNS

History: P presented for vomiting on 7/30/21. Diagnostics were declined at that time. P improved with supportive treatment (Cerenia and SQ fluids). P returned for x-rays 8/3/2021 and blood work 8/4/2021. US was recommended due to decreased albumin.

PATIENT

Dipstick Giannotti

Current Medications: No current medications.

Lab Results: Albumin 2.2 (2.7-4.4).

Radiographs: Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation:

Stat Report:

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Neutered male

AGE

6/10/08

WEIGHT

21.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Charm City VH

REFERRING VET

Dr. Eavers

INVOICE

91087

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. Slight mineralization was noted in the kidneys. The left kidney measured 4.68 cm. The right kidney measured 4.21 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 1.82 x 0.45 cm at the caudal pole and 0.5 cm at the cranial pole. The left adrenal gland revealed a hyperechoic nodule at the caudal pole measuring 0.6 cm. The left adrenal gland measured 2.23 x 0.57 cm at the caudal pole and 0.49 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 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. Mixed, echogenic, heterogenous parenchymal changes were noted. This is consistent with remodeling. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder and common bile duct were normal.

Gastrointestinal

The **gastrointestinal tract** revealed diffuse muscularis hypertrophy without loss of mural detail. Intestinal wall thickness measured up to 0.41 cm.

Pancreas

The **pancreas** revealed coarse architecture with heterogenous parenchymal changes and a region of approximately 4.2 cm.

ULTRASONOGRAPHIC FINDINGS

Pancreatic remodeling. Likely resolving pancreatitis.

Diffuse intestinal thickening. Underlying inflammatory bowel. No evidence of foreign body.

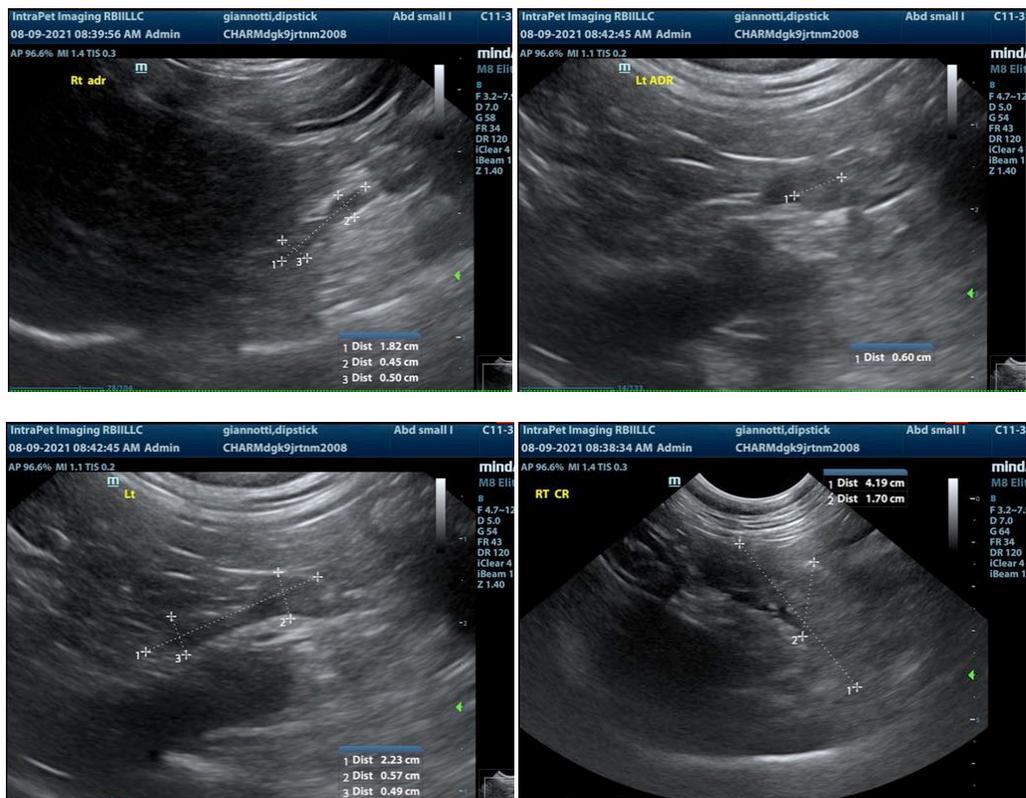
Left adrenal nodule, likely hyperplasia.

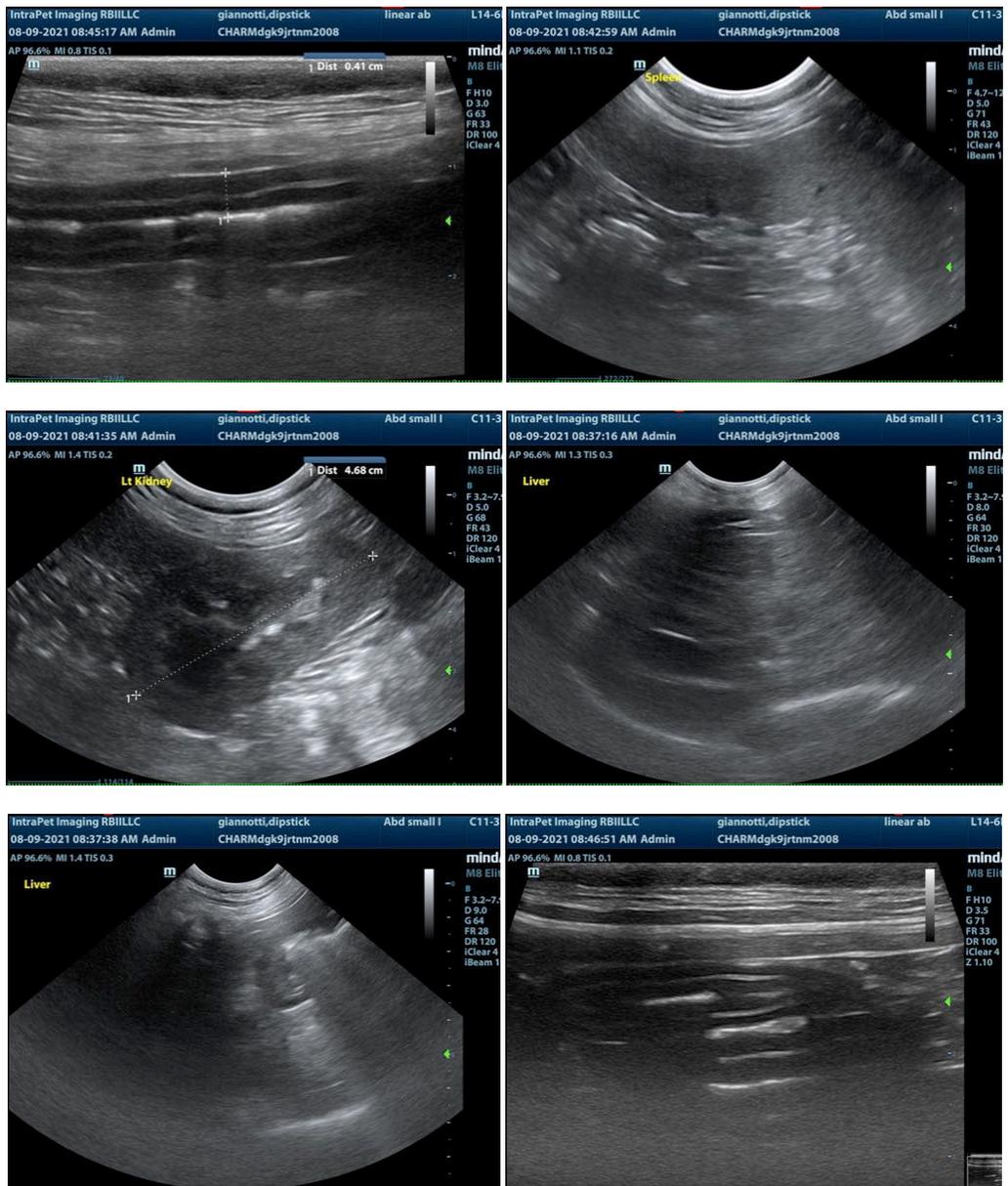
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the clinical signs persist then full thickness gastrointestinal biopsies would be warranted. A clinical trial of the following may prove effective. Serial blood pressure measurements are warranted. If hypertension is an issue then urine catecholamine is indicated. A recheck of the gastrointestinal tract, pancreas and left adrenal would be ideally in a month or earlier if clinical signs persist. There is a mild potential for emerging intestinal neoplasia, yet neoplastic criteria was not met at this time.

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.), **Sucralfate** (0.5-2 g/dog PO) and **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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