



PATIENT

Chico Hay

SPECIES

Canine

BREED

English Bulldog

SEX

Neutered male

AGE

11 years

WEIGHT

66 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Dr. Gordon

HOSPITAL NAME

Coral Ridge AH

REFERRING VET

Dr. Gordon

INVOICE

39444

DATE

9/16/22

PRESENTING CLINICAL SIGNS

History: O notes straining to defecate then gags and vomits 1 month duration O concerned may have ingested foreign body Radiographs appear normal except for areas of spondylosis T13-L1, I2-3, and LS jct - no evidence of FB obstruction noted NO weight loss noted
Abnormal PE/Chem/CBC/UA Results: None currently submitted - will recommend at discharge

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** were mildly swollen with slight pericapsular fluid caudal to the left kidney. The kidneys were structurally unremarkable. The corticomedullary definition, structure and size were all unremarkable. The right kidney revealed enhanced surrounding mesentery. Both kidneys measured 5.0 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 left adrenal gland measured 2.1 x 0.61 cm at the caudal pole and 0.56 cm at the cranial pole. The right adrenal gland measured 2.2 x 0.93 cm at the cranial pole and 0.74 cm at the caudal 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** revealed dilated hepatic veins that are consistent with hepatic congestion. If the patient was sedated with Dexdomitor or similar this would be a normal variant. 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.



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Gastrointestinal

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There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

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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.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

AGE

Structurally unremarkable gastrointestinal tract.

11 years

Ill-defined nephritis pattern.

WEIGHT

66 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
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Full urinary work-up is warranted. There was no evidence of gastrointestinal foreign bodies. Full urinary work-up is warranted. GI protectant protocol is warranted along with a clinical trial of the following may help with the GI issues. Hydrolyzed geriatric diet may be effective. However, full urinary work-up and assessment for nephritis is warranted. A recheck sonogram of the urinary tract is recommended in 7-10 days to ensure adequate regression of the presentation based on empirical treatment. Urinary based antibiotic protocol is recommended based on urinalysis results. Paralumbar palpation is warranted to assess for discomfort related to the kidneys.

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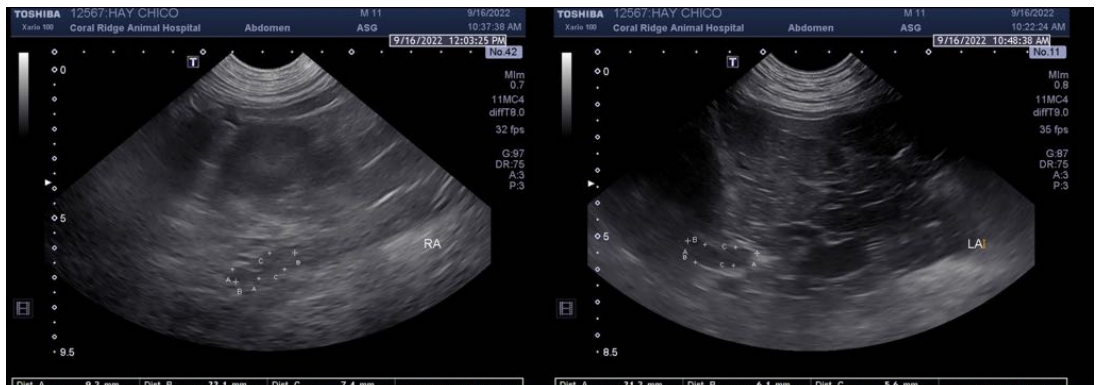
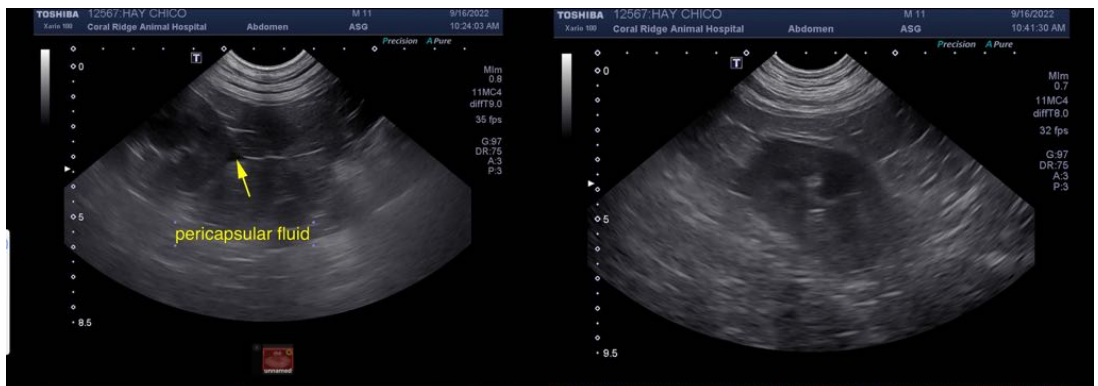
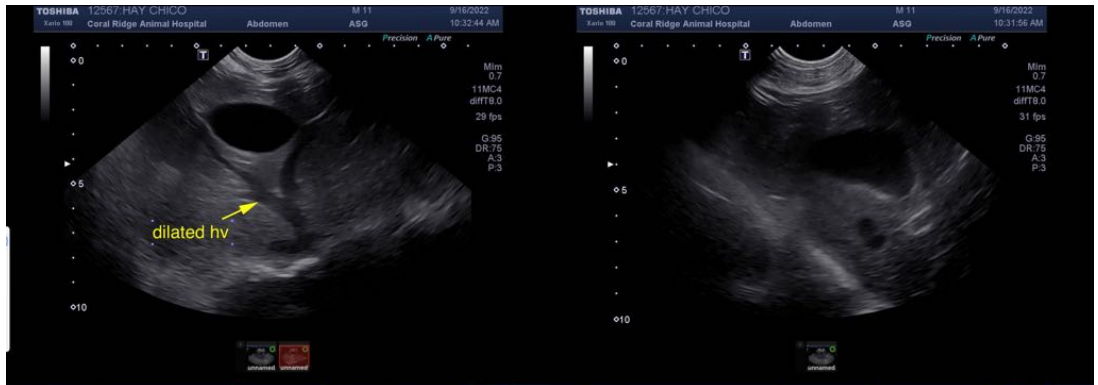
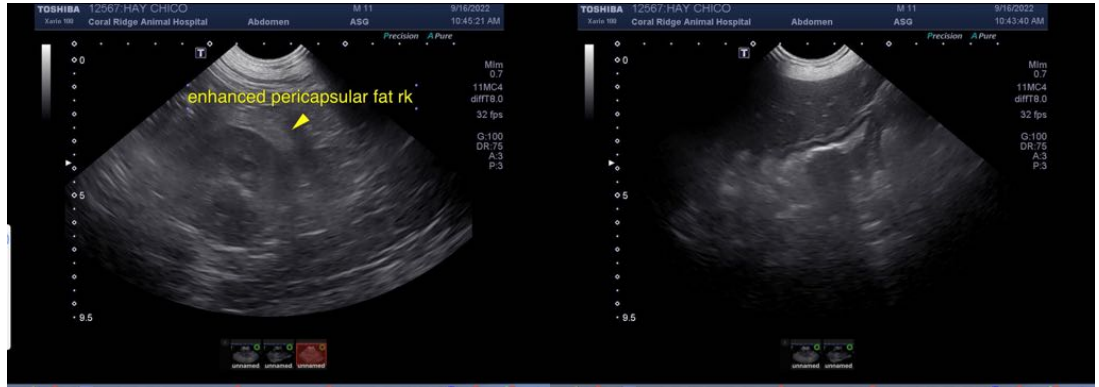
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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