



**PATIENT**

Meri Pickford Wald

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Neutered Male

**AGE**

2 Years

**WEIGHT**

68 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

West Hills AH

**REFERRING VET**

Dr. Yuko Eguchi-Coe

**DATE**

9/16/22

**Invoice**

17325

**PRESENTING CLINICAL SIGNS**

History: Presentation and clinical exam findings: Anorexia/Vomiting He seems to be having possibly eating/prehending issue? but also nauseous with cerenia on board. inconsistent stool production - texture and frequency

Abnormal PE/Chem/CBC/UA Results: Labs attached all WNL

**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 1.0 cm beyond the cystourethral junction.

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 left kidney measured 6.98 cm. The right kidney measured 6.95 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 3.02 cm x 0.45 cm at the cranial pole and 0.56 cm at the caudal pole. The right adrenal gland measured 2.61 cm x 0.63 cm at the caudal pole and 0.83 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**



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The **stomach** was filled with ingesta, yet structurally unremarkable. The pylorus appeared free of evident pathology. If the patient was NPO, delayed outflow may be an issue, however, I presume that the patient ate prior to the sonogram. The upper duodenum was empty. No overt cause of obstruction was present. Slight increased submucosal thickness and echogenicity noted. Transit of chyme into the small intestine appeared to be present.

**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.

**Free Abdomen**

A pancreatic lymph node was slightly enlarged, measuring 5.0 mm, reactive.

**ULTRASONOGRAPHIC FINDINGS**

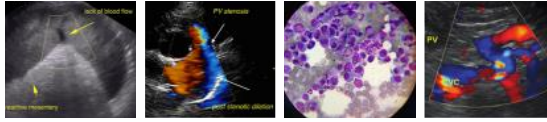
- Full stomach- postprandial presentation
- Reactive pancreatic lymph node

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The cause of vomiting is unclear. Even though the adrenal glands appear normal, screening for underlying Addison's is warranted given the low normal albumin and protein. Underlying parasitic disease should be ruled out. I recommend a fresh fecal smear and fecal floatation analysis. Diet changed to hydrolyzed diet recommended. A clinical trial of the following could be considered. Otherwise, endoscopy is indicated yet no evidence of significant mural disease is noted other than slight increased submucosal echogenicity in the intestinal tract, which may be related to low grade chronic inflammatory bowel yet changes were minor and subtle.

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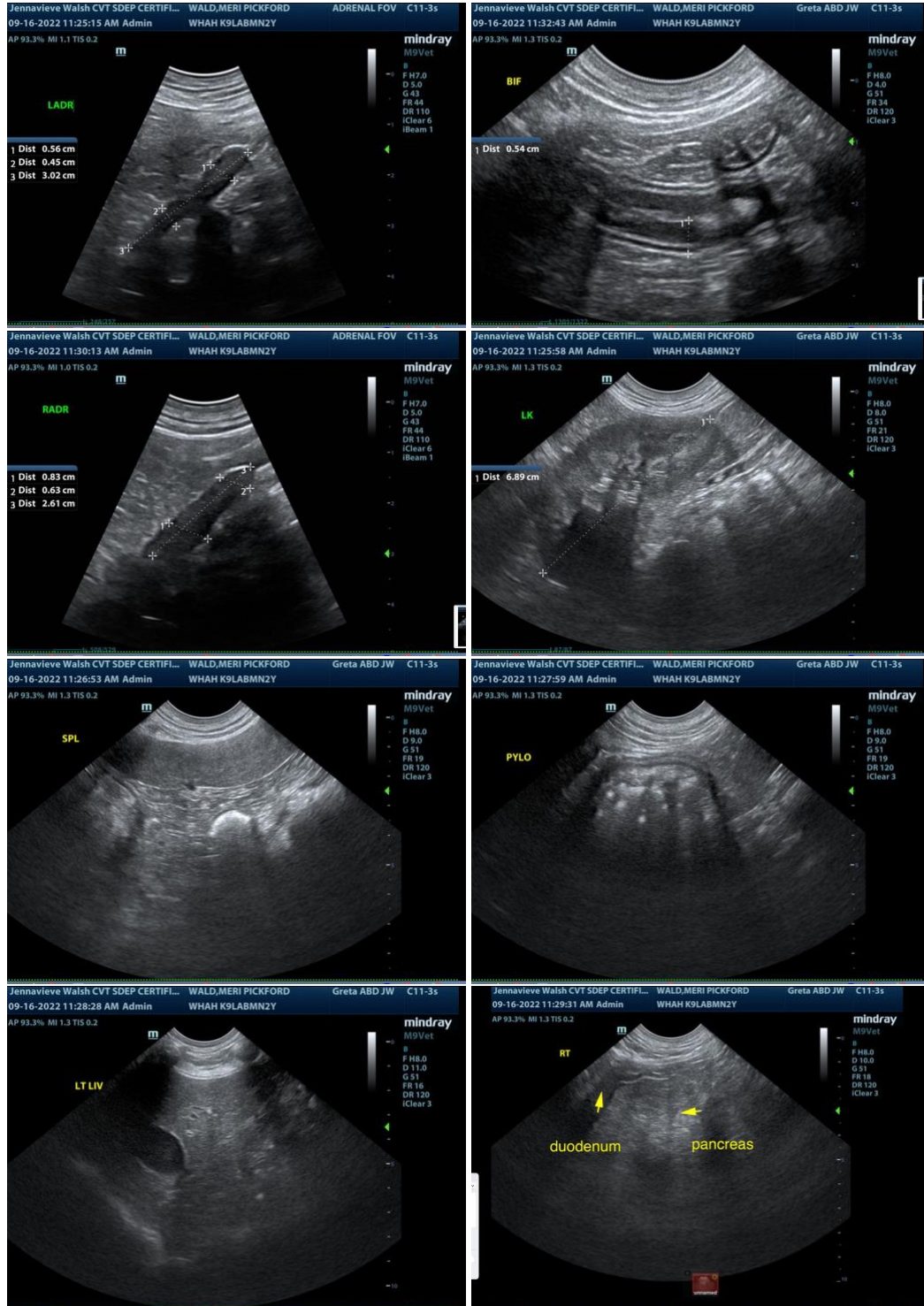
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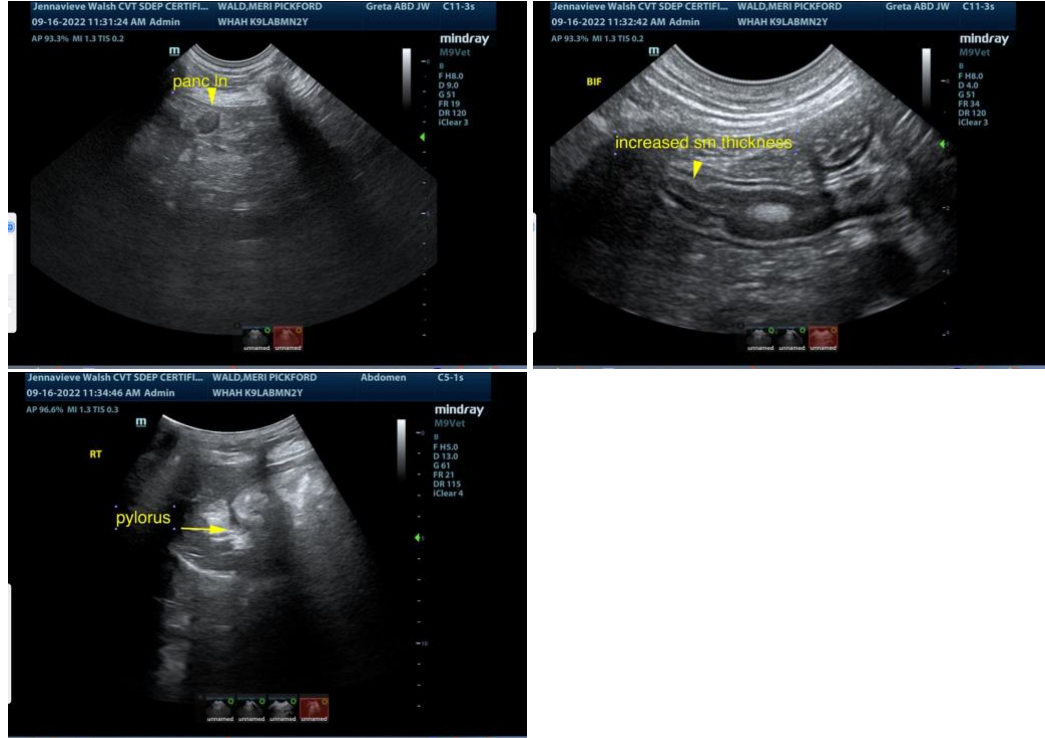
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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