

**DATE**

9/17/21

PRESENTING CLINICAL SIGNS

History: Acute onset vomiting. No known dietary indiscretion. No history of vomiting before this. Quiet, lethargic, tender cranial abdomen. Temp- 101.7.

Current Medications: IV fluids at 1 1/2 times maintenance. 440 mg Cefazolin IV BID, Cerenia 40 mg QD.

Lab Results: Bloodwork was all normal.

Radiographs: show an irregular area behind the stomach with poor detail
 CPlI was normal.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not needed.

Stat Report: Not requested.

PATIENT

Zelda OGallcobhair

SPECIES

Canine

BREED

Border Collie

SEX

Spayed Female

AGE

7/24/10

WEIGHT

44 lbs

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 **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 right kidney measured 6.4 cm. Slight pinpoint mineralizations were noted. The left kidney measured 6.64 cm.

Adrenal Glands

The **adrenal glands** measured normal yet appeared slightly flattened. The right adrenal gland measured 2.62 cm x 0.4 cm at the caudal pole and 0.4 cm at the cranial pole. The left adrenal gland measured 2.71 cm x 0.43 cm at the caudal pole and 0.45 cm at the cranial pole.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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.

HOSPITAL NAME

Chadwell AH

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.

REFERRING VET

Dr. Schaupp

INVOICE

13138

Gastrointestinal

The **gastric** wall was thickened in this patient up to 1.18 cm with loss of mural detail. Areas of hypertrophied muscularis and echogenic mucosal remodeling noted. No evidence of foreign body noted. However, this is consistent with severe gastritis or possibility of emerging carcinoma or lymphoma. The small intestine and colon were unremarkable.

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

- Flattened adrenal glands
- Severe gastritis pattern with minor potential for emerging carcinoma

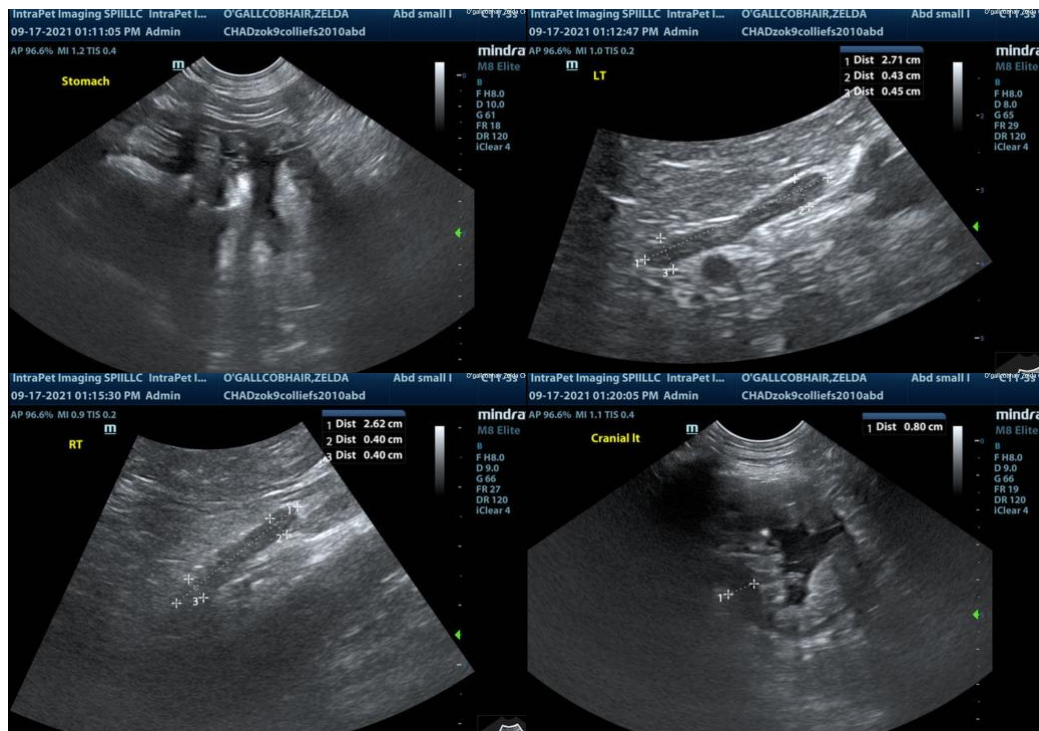
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening for Addison's warranted given subjectively the adrenals appear slightly flattened.

A clinical trial of the following may prove effective.

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.





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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