



**PATIENT PRESENTING CLINICAL SIGNS**

Remi Stan

History: Patient is still having recurrent GI upset where she wakes up in AM uncomfortable and then vomits and then feels better. Owners tried z/d but did not complete trial because she wasn't eating well. We did the GI protocol of Sucralfate, metronidazole, omeprazole and azithromycin for 4 weeks  
Abnormal PE/Chem/CBC/UA Results: No bloodwork repeated since last ultrasound 7/13/2021

**SPECIES**

Canine

**BREED**

Pit Bull

**SEX**

Spayed Female

**AGE**

4 years

**WEIGHT**

42 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

**IMAGING PERFORMED BY**

Dr. Griffin

**HOSPITAL NAME**

Northside VC

**REFERRING VET**

Dr. Griffin

**INVOICE**

91893

**DATE**

9/21/21

**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 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.

**Adrenal Glands**

The left **adrenal gland** was 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 0.4 cm. The right adrenal gland measured 0.6 cm and was mildly heterogenous with hyperechoic parenchymal changes.

**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 lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



**PATIENT**

**Gastrointestinal**

Remi Stan

There was minor retention of chyme noted in the **stomach**. Pyloric hypertrophy was noted with mucosal remodeling and excessive thickness. There was minor retention of chyme noted. The small intestine and colon were unremarkable.

**SPECIES**

Canine

**Pancreas**

**BREED**

Pit Bull

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**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

Pyloric hypertrophy.

**AGE**

4 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Endoscopy would be ideal given the patient's recurrent issues. Screening for occult Addison's would be warranted even though the adrenal glands appear normal. Underlying food intolerance is likely the issue in this patient. Canned b.i.d. hydrolyzed diet would be ideal as any kibble will likely create a physical irritation. Steroid trial can be considered at minimal effective dose as well as monitoring the clinical signs +/- sonogram post use of Prednisone. Gastrointestinal protectant protocol should be continued.

**INTERPRETED BY**

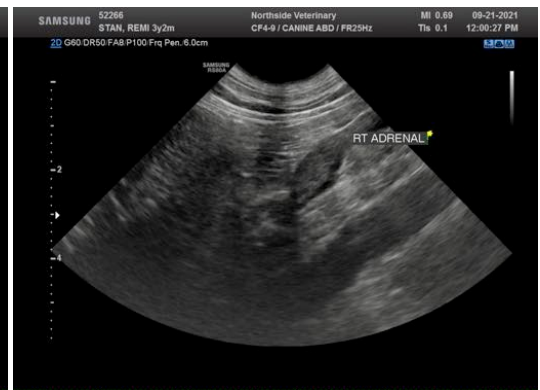
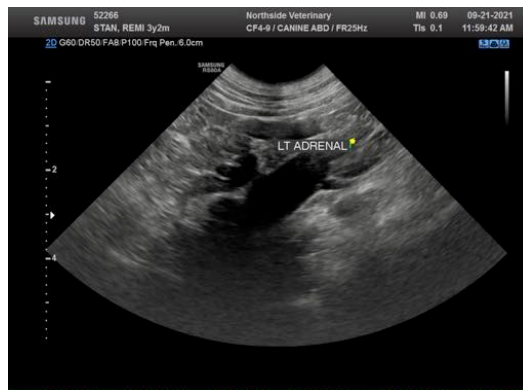
Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Griffin

**HOSPITAL NAME**

Northside VC



**REFERRING VET**

Dr. Griffin



**INVOICE**

91893

**DATE**

9/21/21



**PATIENT**

Remi Stan

**SPECIES**

Canine

**BREED**

Pit Bull

**SEX**

Spayed Female

**AGE**

4 years

**WEIGHT**

42 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Griffin

**HOSPITAL NAME**

Northside VC

**REFERRING VET**

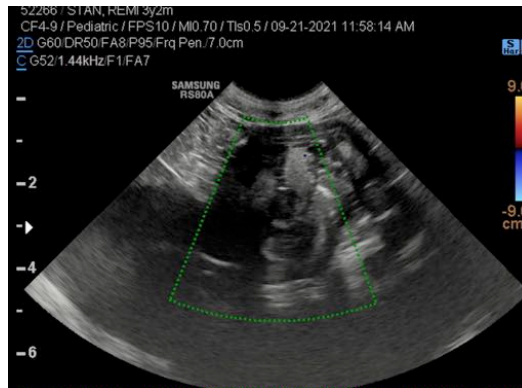
Dr. Griffin

**INVOICE**

91893

**DATE**

9/21/21



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  
info@SonoPath.com