



**PATIENT**

Jasmine McManus

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Spayed female

**AGE**

12 years

**WEIGHT**

30 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Bethany Coe

**HOSPITAL NAME**

Riverside AC

**REFERRING VET**

Dr. Coe

**INVOICE**

39670

**DATE**

9/28/22

**PRESENTING CLINICAL SIGNS**

History: One week history of inappetence/anorexia and occasional/intermittent vomiting/retching (small volume or non-productive). Mildly lethargic for previous few weeks. No change in diet/water intake. Normal BM's per owner. Patient was treated as outpatient with SQ LRS, Cerenia SQ and PO to go home, and Rx Hill's I/D canned diet. Patient did respond well to tx per owner, but ultrasound scheduled to investigate poss abdominal mass. Treated with Cytopoint and HESKA oral drops BID for atopy. Takes Advantix and Interceptor plus monthly.

Abnormal PE/Chem/CBC/UA Results: 9/23/2022: PE - mm tacky and abdomen tense cranially. Normothermic. Thoracic auscultation WNL. CBC: Mild neutropenia (2.66K/UL), Mild lymphopenia (0.97K/uL) Chemistry: All results WRI SDMA: WRI TT4 (in-house): Low-normal (1.1ug/dL) cPL: Normal Lat and VD Abdominal Radiographs: Round ST opacity ~6.5cm diameter cranioventral abdomen, just caudal to liver --> concern for possible mass vs prominent/enlarged? pylorus. Rest of abdomen nsf.

**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. The right kidney measured 5.22 cm. The left kidney measured 5.0 cm.

**Adrenal Glands**

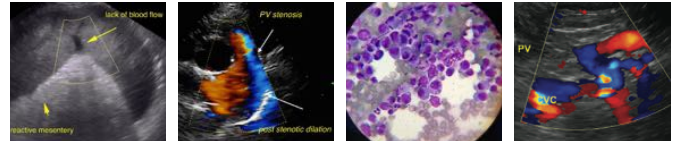
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 1.64 x 0.34 cm at the caudal pole and 0.43 cm at the cranial pole. The left adrenal gland measured 1.74 x 0.39 cm at the caudal pole and 0.39 cm at the cranial pole.

**Spleen**

The **spleen** was mildly enlarged with subtle, micronodular changes measuring 2.5 cm in width with a focal, hypoechoic nodule at the mid body measuring 1.0 cm.

**Liver**

The **liver** revealed minor, heterogenous parenchymal changes. The liver was normal in size and contour. The gallbladder and common bile duct were unremarkable.



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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**

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**

**AGE**

12 years

Micronodular spleen and mild splenomegaly.

Minor, heterogenous hepatic changes.

**WEIGHT**

30 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Splenic FNA is indicated to ensure that this is a benign change. Otherwise, structurally unremarkable abdomen. There is no evidence of masses; however, the splenomegaly may palpate similar to a mass. 24-hour n.p.o. and recheck sonogram of the pyloric outflow with high resolution of the gastric mucosa can also be considered to assess for ulcerative disease or other pathology. Otherwise, clinical trial of the following may prove effective. Fecal exam is recommended in this patient.

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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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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