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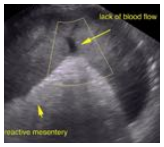
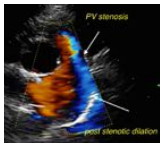
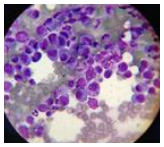
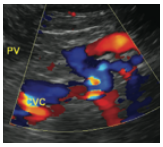

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Annabelle Peabody

SPECIES
Canine

BREED
Yorkie

SEX
Spayed female

AGE
8 years

WEIGHT
6.8 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Nieuwal

HOSPITAL NAME
Animal Emergency Hospital Volusia

REFERRING VET
Dr. Nieuwal

INVOICE
32781

DATE
9/8/22

PRESENTING CLINICAL SIGNS

History: Owner states patient has had diarrhea/urinary incontinence since Tuesday and is getting worse, no blood noted in stool and no vomiting noted. Not E/D x24 hours. Is on bland diet at home. No history of these symptoms prior to yesterday. Was boarding until this past Monday. Ate small amount of rice last night but that is it.
Abnormal PE/Chem/CBC/UA Results: Radiograph report: Conclusion 1. No evidence of mechanical obstruction of the small bowel. The fragmented gas within the small bowel may be indicative of mild enteritis (dietary indiscretion, infectious, inflammatory, or toxin) or functional ileus. 2. Diarrhea. Enteritis or colitis are possible 3. Mineralized biliary debris 4. Normal thorax. There is no evidence of aspiration pneumonia, cardiomegaly, or pulmonary metastatic disease. Recommendations Medical management for presumed nonspecific gastroenteropathy is recommended. If clinical signs persist despite medical management, an abdominal ultrasound may be considered for further evaluation. Read By: Ashley Yanchik, VMD, DACVR, DACVR-EDI Fecal float: negative CPL: normal/negative UA: no UTI present, sm amt protein in urine, SG >1.050 BW: HGB 19.9, pCO2 58.1, pH 7.186, BE ECF -6.3, sodium 154, lactate 5.65, HCT 58%, TP 5.3, GGT 15 Spun PCV: 65%/6.0 straw colored

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and trigone presented normal thicknesses. 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left and right kidney measured 3.0 cm with pinpoint mineralization that was non-obstructive.

Adrenal Glands

The left **adrenal gland** was visualized obliquely and measured 0.5 cm. The right adrenal gland measured 0.3 cm.

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

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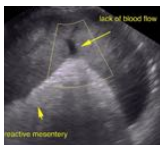
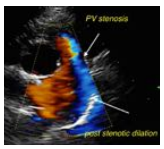
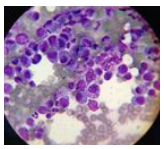
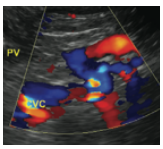

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The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The gastric wall was hypertrophied and had an empty lumen. Wall thickness measured up to 0.96 cm serosa to lumen. The small intestines appeared normal. The colon was mildly thickened, yet revealed no evidence of mural detail. The colonw as fluid filled.

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

Gastritis and colitis pattern.

Slight renal mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary intolerance, dietary indiscretion, occult parasitism and inflammatory bowel are all possible. Clinical trial of the following may prove effective. Fecal exam is recommended. Hydrolyzed diet may be in the patient's best interest. Regarding the incontinence issues there is no evidence of pathology in the body of the urinary bladder; however, I cannot rule out deep urethral pathology. Underlying incontinence or urethral pathology such as embedded calculus ore urethral tumor cannot be ruled out. Further imaging is necessary to rule out this potential. The patient may also be passing calculi periodically, yet no obstructive disease is noted. A recheck sonogram ire commended in 10-14 days to assess gastric response to therapy and further imaging of the pelvic urethra could be performed at that time.

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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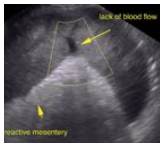

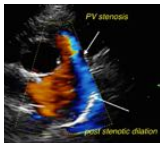

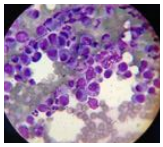
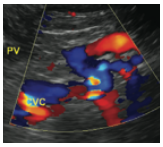

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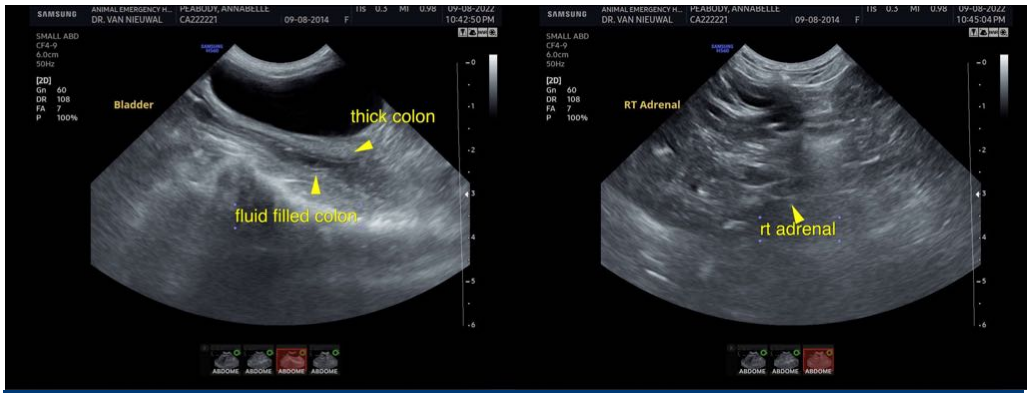

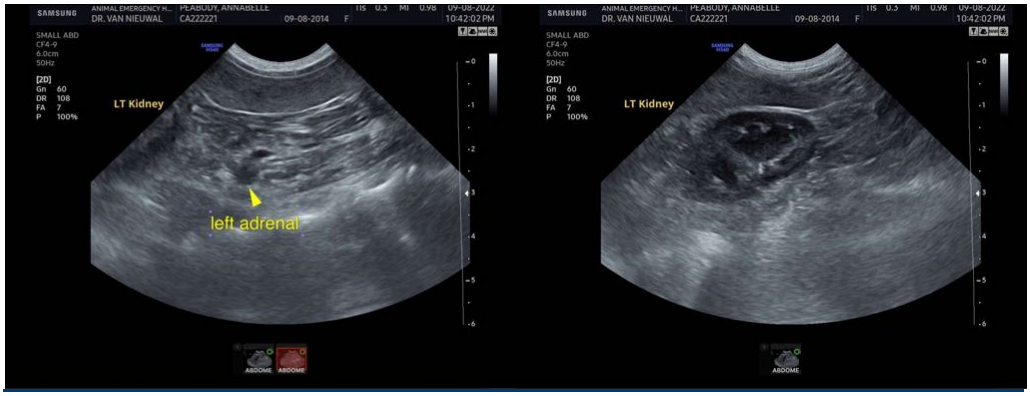

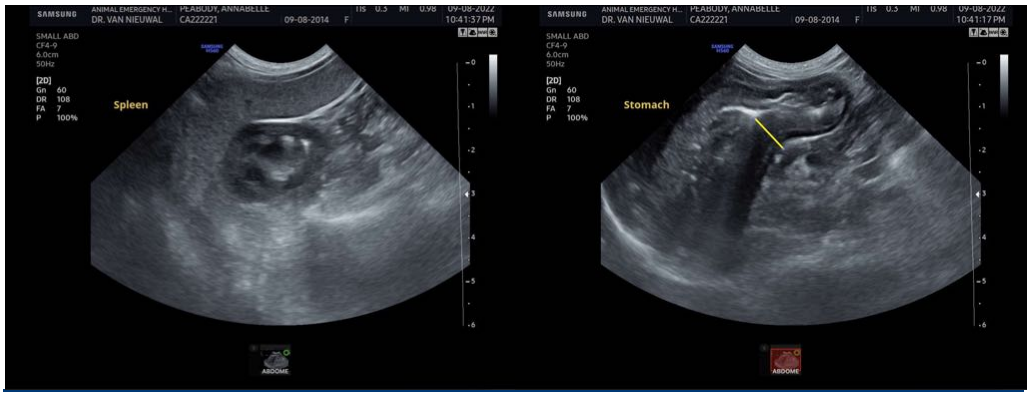

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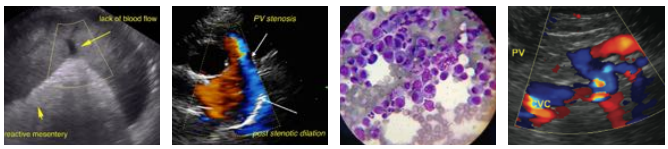

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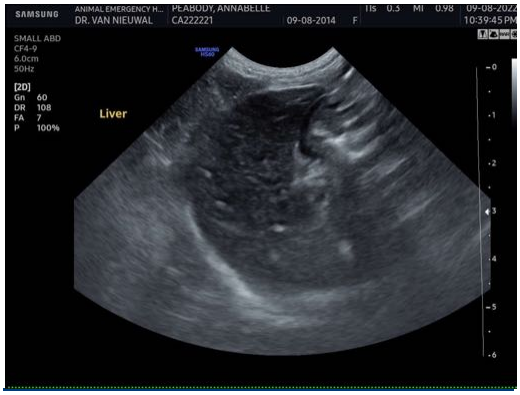

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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