



PATIENT PRESENTING CLINICAL SIGNS

Niku Chang

SPECIES

Canine

BREED

Shiba Inu

SEX

Neutered male

AGE

15 years

WEIGHT

11.3 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

Dr. Johnson

INVOICE

32782

DATE

9/8/22

History: Presented on ER for hematochezia. Blood in normal solid stool for a week, now soft stool with frank blood and black/melena appearing material. Owner has not seen vomiting but pt exhibits ptyalism. He has not eaten today. Other history includes "stroke" approx 1 and 1/2 yrs ago- pt is immobile, maintained by owners at home with recumbency care. Finished Clavamox a week ago for a UTI. MEDS: Clopidogrel for past thrombosis to aorta(?) with (per owner report) compromised flow to left pelvic limb Gabapentin, Trazodone

Abnormal PE/Chem/CBC/UA Results: Pt is nonambulatory, in left lateral recumbency and is quite distressed in any other position; turns head to left. Vitals were normal but he had some discharge from his nose earlier that was suspicious for vomitus. Frank blood perianal. No masses on rectal exam. HCT 26% nonregenerative Elev WBC 17K, automated says bands suspected, no manual review Eosinophils are elevated 3K (ref < 1.23) Chems: -Cr 2.0 -BUN 76 -ALP 313

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney measured 3.73 cm with mild pyelectasia. The left kidney measured 5.56 cm with slight pyelectasia.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.41 cm. The right adrenal gland measured 0.45 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.



PATIENT

Liver

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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.

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Gastrointestinal

The **stomach** revealed an edematous gastric wall with some mucosal remodeling. This may be consistent with ulceration. The small intestine was spastic.

Pancreas

AGE

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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.

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Free Abdomen

An aortic thrombus was noted and measured 2.6 cm. It appeared to continue down the iliac arteries.

INTERPRETED BY

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DABVP, Cert. IVUSS

ULTRASONOGRAPHIC FINDINGS

Gastroenteritis, possible microulcerative disease.

IMAGING PERFORMED BY

Dr. Callihan

Aortic thrombus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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There was no overt evidence of neoplasia. Full urinary work up is warranted. I am concerned for emerging renal failure in this patient. BUN, creatinine, urine specific gravity and inflammatory sediment should be monitored carefully. The kidneys subjectively appear 50% compromised. Treatment for gastritis with the following protocol is recommended.

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Blood pressure measurements are warranted. CBC path review +/- bone marrow aspirates are indicated. Full coagulation panel with D-dimer and FDP products are recommended. Vascular intervention may be necessary if medical management is not assisting in dissolution of the thrombus. Recheck sonogram is recommended in 2 weeks regarding the gastric and thrombosis presentation.

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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

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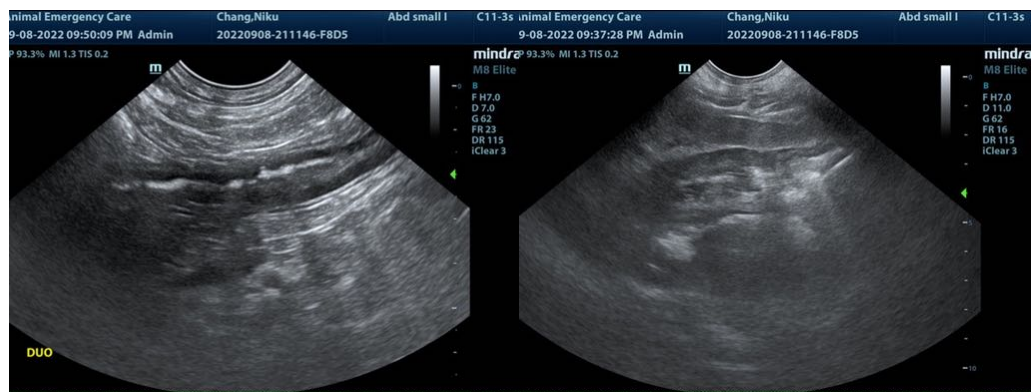
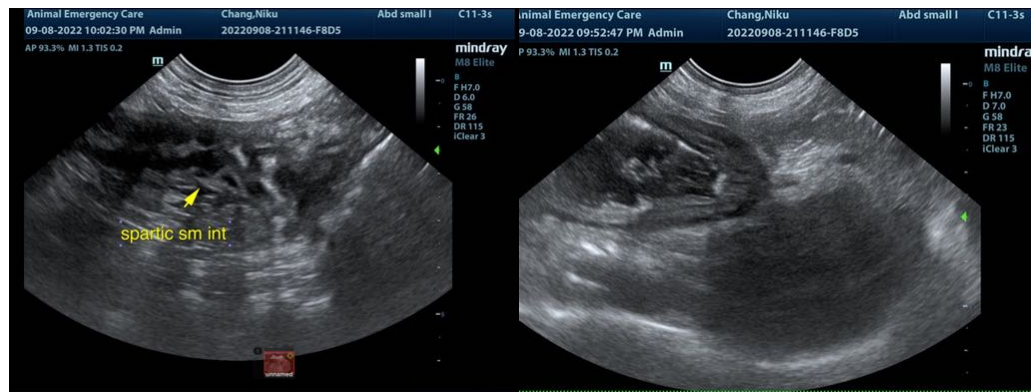
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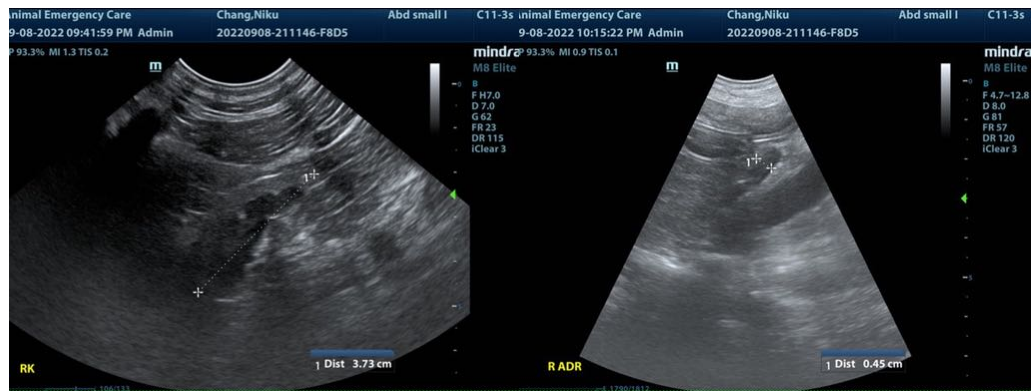
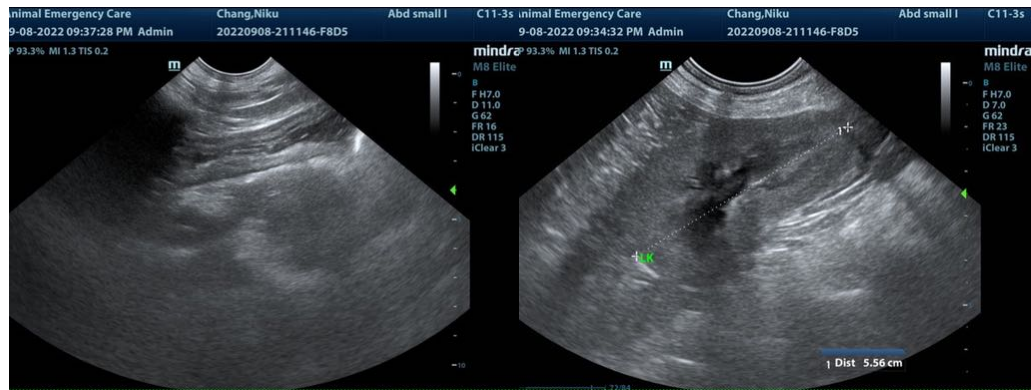
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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