



PATIENT

Baloo Virenodra

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

2 years

WEIGHT

14.1 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS,
CEO of SonoPath.com

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

New Bridge Veterinary

REFERRING VET

Dr. Glennon

INVOICE

42326

DATE

11/4/22

PRESENTING CLINICAL SIGNS

History: Patient with possible but not known dietary indiscretion presents for 4 days of anorexia and vomiting. Cerenia SQ, on IVFs in hospital.

Abnormal PE/Chem/CBC/UA Results: Chem: WNL. CBC: increased WBC 23,000.

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 3.95 cm. The left kidney measured 3.65 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 1.85 x 0.5 cm at the cranial pole and 0.4 cm at the caudal pole. The left adrenal gland measured 1.74 x 0.45 cm at the caudal pole 0.35 cm at the cranial pole.

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. The portal vein to vena cava ratio was 1:1. The portal vein measured 0.63 cm. The vena cava measured 0.64 cm. 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*

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The **stomach** was mildly edematous with a minor amount of luminal fluid. A minor amount of chyme was noted. Mucosal hypertrophy was noted in the pyloric outflow. There was no evidence of foreign body. The cranial aspect of the pyloric antrum revealed a hyperechoic wedge shaped mucosal ulcer. This did not appear to enter into the submucosa or muscularis. The small intestine was spastic. The colon was unremarkable. The mesenteric lymph nodes measured 1.72 x 0.68 cm and were reactive.

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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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Neutered male

ULTRASONOGRAPHIC FINDINGS

AGE

Ulcerative gastritis.

2 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

14.1 lbs

24-hour n.p.o. IV fluid support and GI protectants are all indicated. Fecal exam is recommended. Treatment for enterotoxins are indicated. After 24 hours, slurry feeding with canned, hydrolyzed diet and b.i.d. to t.i.d. feedings are recommended. Recheck sonogram is recommended in a week. Clinical trial of the following may prove effective.

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Helicobacter/Gastritis protocol

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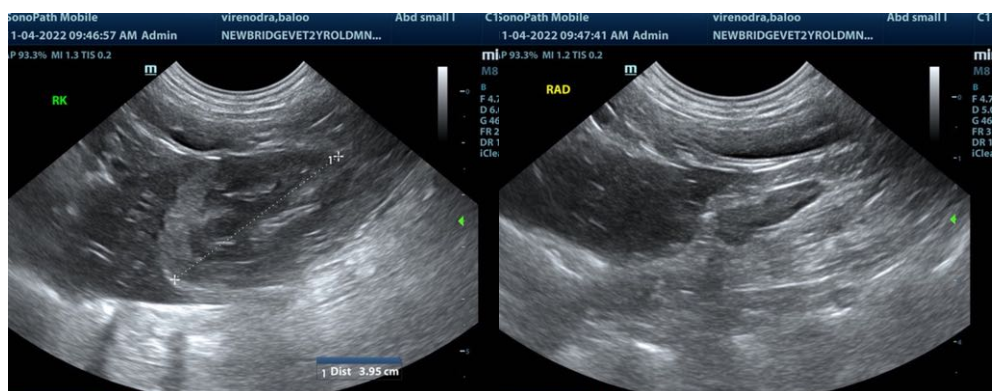
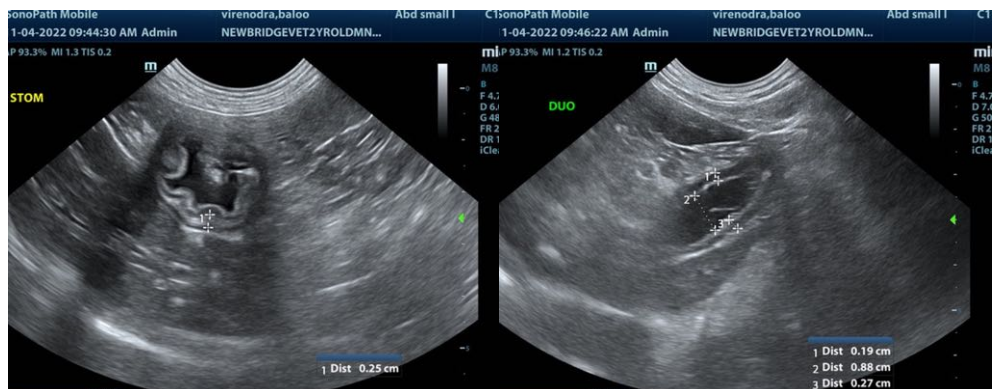
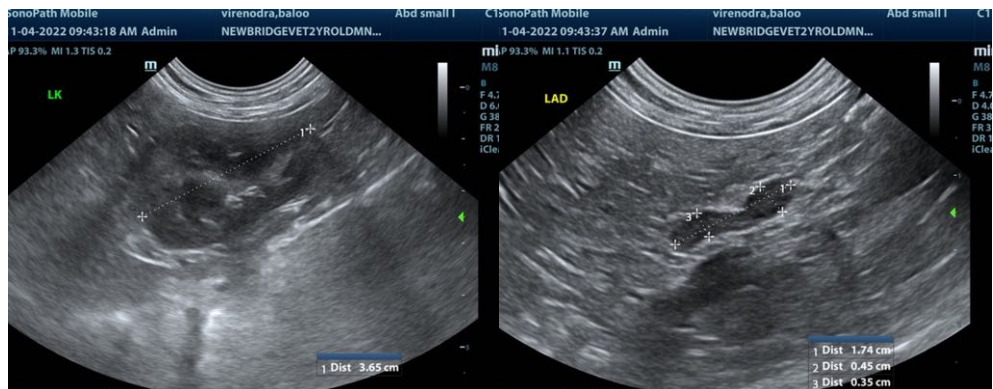
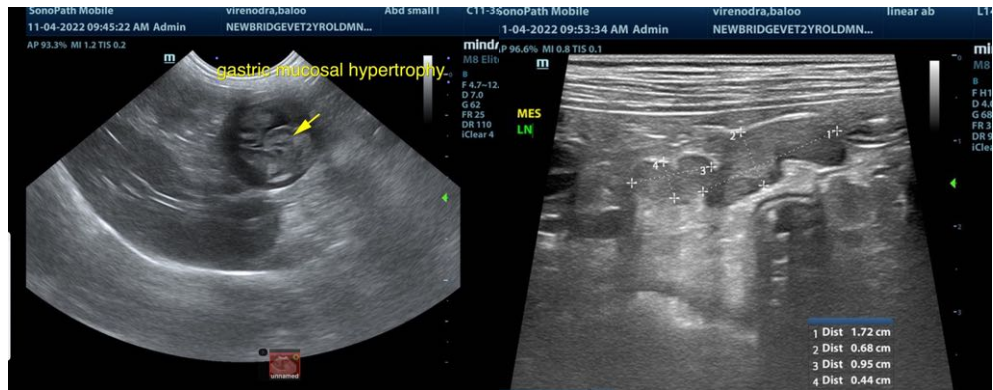
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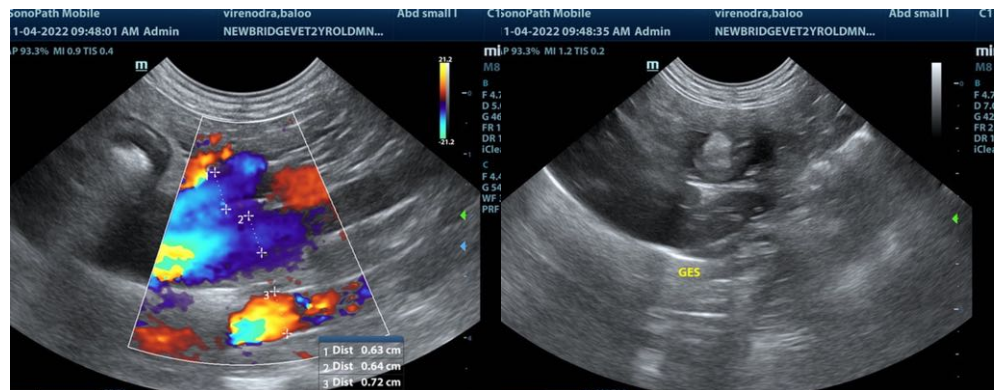
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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