



**PATIENT**

Riley Crisanti

**PRESENTING CLINICAL SIGNS**

History: Patient presents for anorexia and generalized ADR. On GI protectants and SQ fluids.

**SPECIES**

Canine

**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.

**BREED**

King Charles Cavalier

**SEX**

Neutered male

The residual prostate was uniform and measured 0.91 cm.

**AGE**

5 years

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 3.78 cm. The left kidney measured 4.58 cm.

**WEIGHT**

22 lbs

**Adrenal Glands**

The right **adrenal gland** was subjectively flattened and subnormal in size measuring 1.38 x 0.26 cm at the caudal pole and 0.32 cm at the cranial pole. The left adrenal gland was flattened and isoechoic measuring 1.45 x 0.27 cm at the caudal pole and 0.17 cm at the cranial pole.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Franklin Lakes AH

**Liver**

**REFERRING VET**

Dr. Rizzo

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 with no evidence of extrahepatic or intrahepatic shunting. 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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**PATIENT**

**Gastrointestinal**

Riley Crisanti

The stomach presented thickened pylorus. There was no loss of detail. However, echogenic mucosal remodeling was noted.

**SPECIES**

Canine

**Pancreas**

**BREED**

King Charles Cavalier

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**

**ULTRASONOGRAPHIC FINDINGS**

Neutered male

Gastritis pattern with flattened adrenal glands.

**AGE**

5 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I am concerned for underlying Addison's. A clinical trial of the following may prove effective. An endoscopy is warranted. Underlying Addison's with secondary gastritis would be solid underlying reasoning in this patient.

**WEIGHT**

22 lbs

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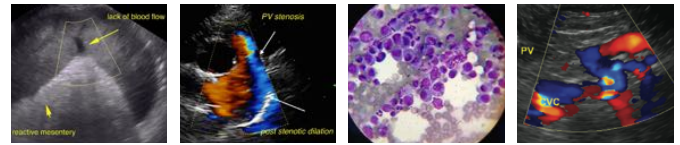
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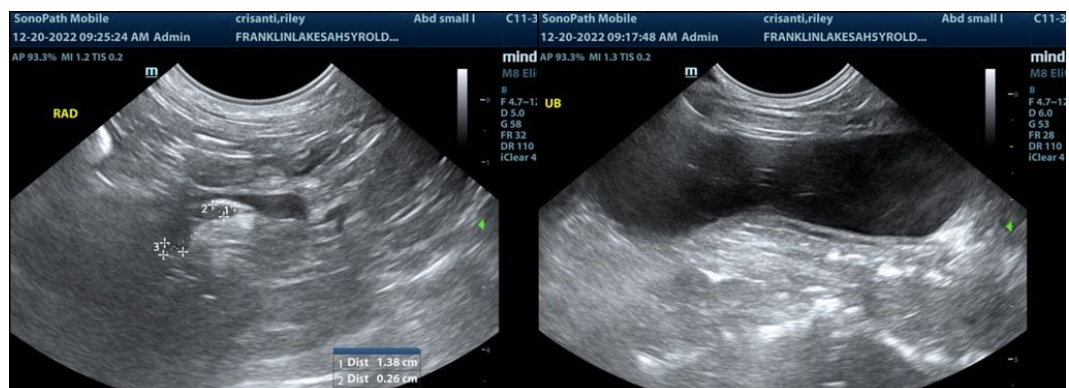
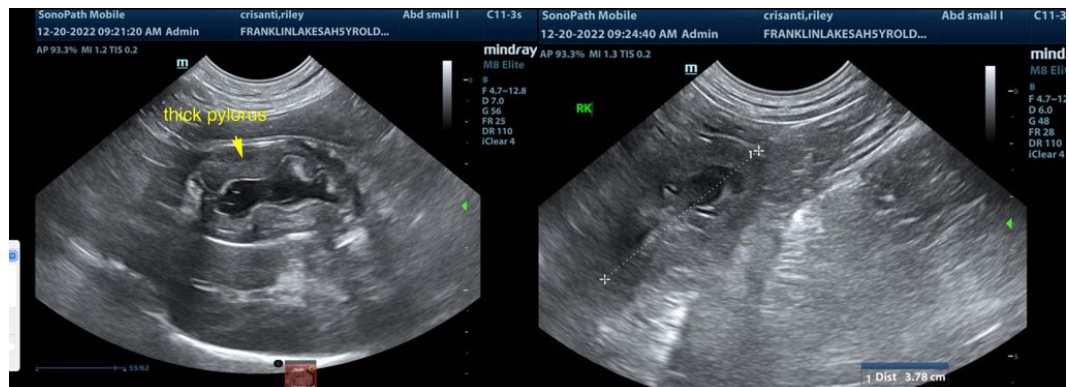
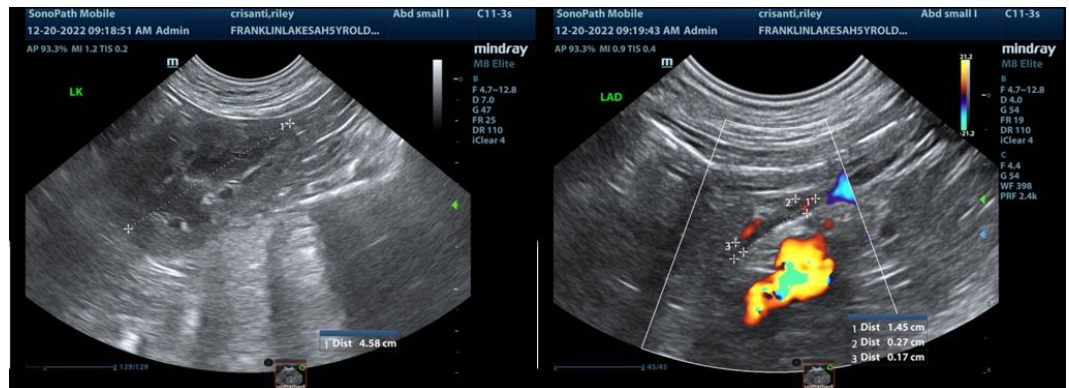
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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