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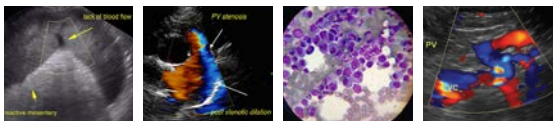

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Finnigan Edelblute

SPECIES

Canine

BREED

Greyhound

SEX

Neutered Male

AGE

5 Years 11 Months

WEIGHT

60.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

The Veterinary Hospital

REFERRING VET

Dr. Yamanda

INVOICE

44480

DATE

8/4/23

PRESENTING CLINICAL SIGNS

P presented 7/26/23 to Dr. Berman for vomiting almost every hour and loose stool. Appetite was OK at that time. No hx travel, exposure to known foreign objects or new foods. Rads, ultrasound and CBC/CHEM17 were performed with no major changes. P was given SQ fluids 900mls LRS, Cerenia 2.9mls SQ and sent home with cerenia tabs, metronidazole and proviable PO. P presented again today (8/4/23) for persistent vomiting as soon as cerenia wears off, and today hematemesis (Os describe a large amount of blood). P will only eat human food; appetite seems worse. PE findings today mostly normal except prolonged CRT ~3 sec and clinical signs of dehydration ~6%. No abdominal pain palpated, but P is tense/trembling. Will hospitalize P today on fluids, supportive care following AUS. Current Medications Cerenia 60mg PO SID, Metronidazole 375mg PO BID, Proviable paste/caps Radiographic Findings Diffuse intestinal gas, otherwise unremarkable (will send with report) Primary Question/Differential to Be Answered in This Exam What is the cause of the hematemesis and gastroenteritis? R/O GI neoplasia vs. FB vs. ileus from another cause

Abnormal PE/Chem/CBC/UA Results: Labs from 7/26/23 - - CBC - stress leukogram, hemoconcentrated - otherwise wnl - Chemistry - Mild low TP (5.4) and elevated Creat (1.7) **high Creat is normal for this breed**, otherwise wnl - Direct fecal smear negative for parasites

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 7.28 cm. The left kidney measured 7.23 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 left adrenal gland measured 1.94 cm x 0.59 cm at the cranial pole and 0.53 cm at the caudal pole. The right adrenal gland measured 2.39 cm x 1.43 cm at the cranial pole and 0.90 cm at the caudal 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 were noted.

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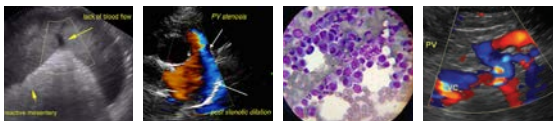

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Liver

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.

Gastrointestinal

The **stomach** was edematous with periserosal inflammatory pattern. Minor amount of delayed outflow of chyme continuing into the duodenum, yet the distal duodenum was empty. The lumen tapered to an empty state. No overt obstruction.

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.

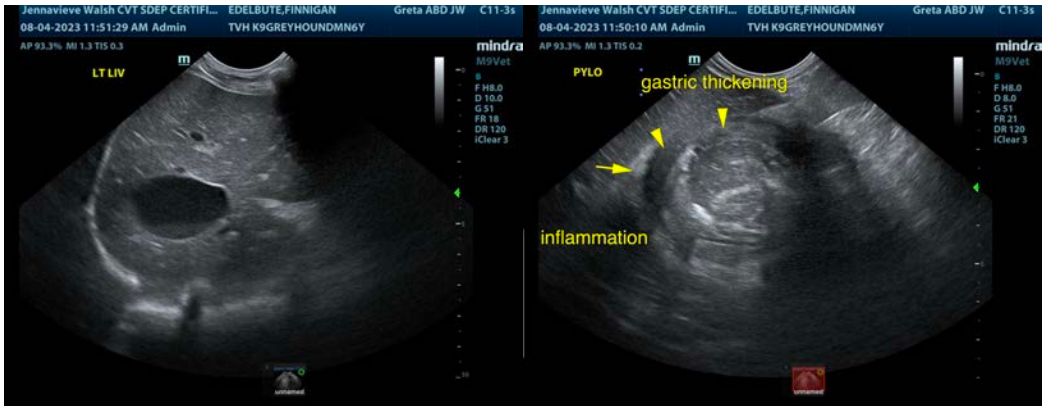
ULTRASONOGRAPHIC FINDINGS

- Gastroduodenitis, possibly ulcerative

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopy would be ideal in this patient to examine mucosal biopsies. A clinical trial of the following may prove effective. No evidence of foreign bodies.

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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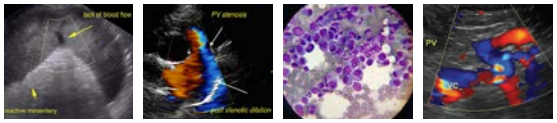

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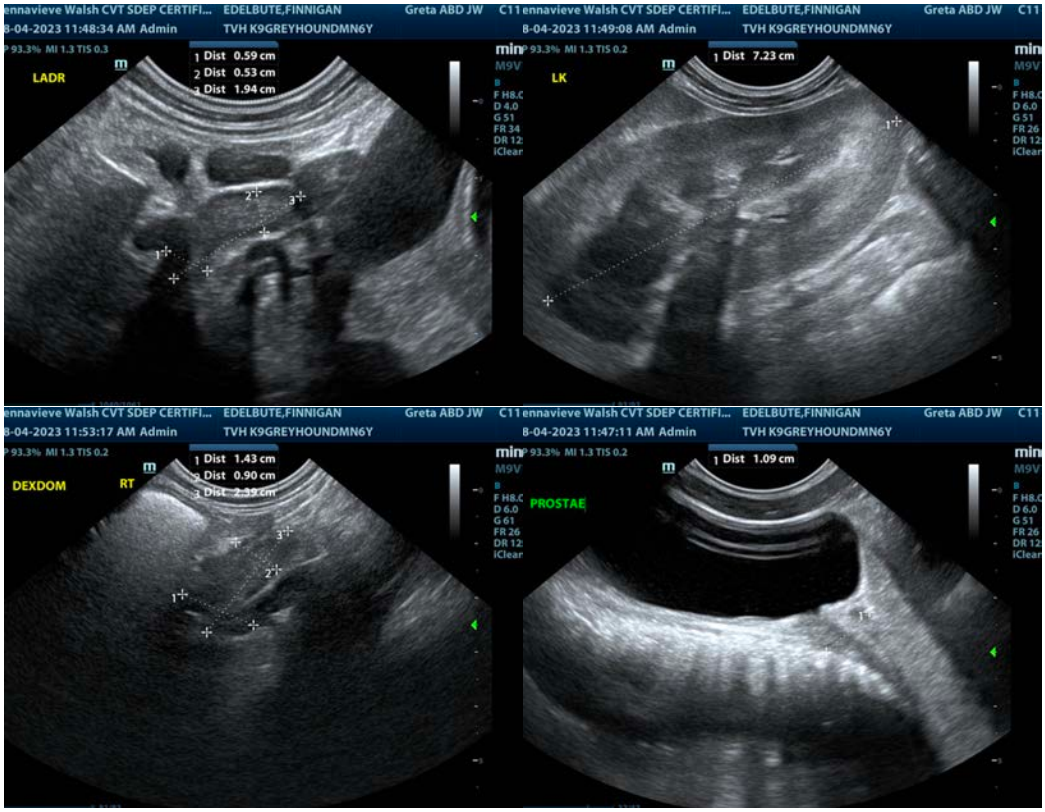

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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