

**PATIENT**

Moad Bully Crew

**SPECIES**

Canine

**BREED**

Plott Hound Mix

**SEX**

Male Neuter

**AGE**

7 Years

**WEIGHT**

76 lbs

**INTERPRETED BY**

Sebastian Jawinski,  
German Board Certified  
Vet Specialist in  
Diagnostic Imaging

**IMAGING PERFORMED BY**

Dr. G. Ferrer, DVM

**HOSPITAL NAME**

Paseos Veterinary  
Center

**REFERRING VET**

Dr. Carrasquillo

**INVOICE**

49550

**DATE**

1-13-22

**PRESENTING CLINICAL SIGNS**

Patient present for an abdominal ultrasound to evaluate chronic vomiting and diarrhea. Pt has history of PICA. Pt does respond well for treatment, but come very recurrent. Pt has history of good appetite and likes to get into things and eat them. A CBC and Chem was performed, NSF was found. Also a Radiograph was perform and don't show any abnormalities. fecal No parasites seen  
Abnormal PE/Chem/CBC/UA Results: BW: A CBC and Chem was performed, unremarkable and WNL. Radiograph was perform and don't show any abnormalities. fecal No parasites seen

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary system**

The urinary bladder, trigone and pelvic urethra present normal findings without evidence of uroliths or sediment. Wall layering is intact on all views without focal or diffuse thickening. Ureters are not visualized and considered to be normal. No evidence of an inflammatory or neoplastic process is noted.

Both kidneys are inconspicuous with a clear corticomedullary definition. Left kidney measures 8.23 cm length, right kidney 6.48 cm. Renal pelvises and exits to the ureters are unremarkable.

**Reproductive tract**

The prostate is hypoechoic, small, homogeneous and appears smoothly margined.

**Adrenal glands**

Both present normal size, shape and echogenic texture.

**Spleen**

The spleen is inconspicuous in terms of surface and echotexture and shows diameters of 2.77 cm with mildly rounded splenic margins. Splenic vasculature presents normal course of vessels and unremarkable perfusion of the splenic veins. There are no signs of nodular/focal changes noted.

**Liver/Gallbladder**

Liver images are inconspicuous. Echotexture, size and vasculature appear regular. Evidence of nodular or focal changes is not visible.

The gallbladder is mildly filled without signs of relevant sludge, a florid process or cholestasis. The gallbladder wall is unremarkable.

**Gastrointestinal**

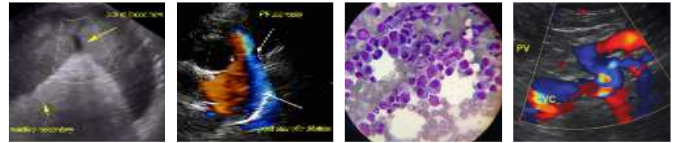
The gastric wall is significantly thickened with diameters up to 1.38 cm and presents a hyperechoic and hyperplastic mucosal layer. The small intestine and colon present intact wall layers being normal in width and echogenicity. Adjacent mesentery and fat tissue are of normal appearance.

There is no overt evidence of an ileus or a neoplastic process. The mesenteric, epigastric and portal lymph nodes are considered to be normal.

**Pancreas**

All pancreatic parts displayed show isoechoic echogenicity to the surrounding omental fat. Signs of inflammatory changes or focal lesions are missing.

**Free Abdomen**



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There is no evidence of peritoneal or retroperitoneal effusion noted. The para-aortal and medial iliac lymph nodes are considered to be normal. The abdominal fat and great vessels show no pathological findings.

## SPECIES

Canine

## ULTRASONOGRAPHIC FINDINGS

- Moderately thickened gastric wall with suspected mucosal hyperplasia
- Mild unspecific splenomegaly

## BREED

Plott Hound Mix

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasonographic findings of the stomach speak for a relevant inflammatory process as seen with gastritis. The suspected mucosal hyperplasia commonly occurs with a more chronic, eosinophilic, lymphoplasmocytic inflammation as seen with IBD/food allergies. Pyloric obstruction is not obvious. The gastric periphery and pancreas show normal findings. Empiric and long-term therapy of an unspecific gastritis and/or endoscopic evaluation with biopsies to rule out ulceration could be performed next.

## SEX

Male Neuter

Recommended therapy for gastritis:

- Anti-emetics: maropitant citrate (cerenia) 1 mg/kg SQ once daily or 2 mg/kg PO once daily up to 5 days
- Ondansetron (Zoran) 0.11 - 0.22 mg/kg IV/IM/SQ or metoclopramide 0.2 - 0.5 mg/kg SC
- Highly digestible and low-residue therapeutic diet and feeding management: multiple, small meals are recommended
- Omeprazole 0.7 - 1.5 mg PO Q24hr
- Amoxicillin 15 mg/kg PO BID, or combination with metronidazole 10 mg/kg PO BID and famotidine
- In IBD or neoplastic conditions, additionally, steroids may be required.

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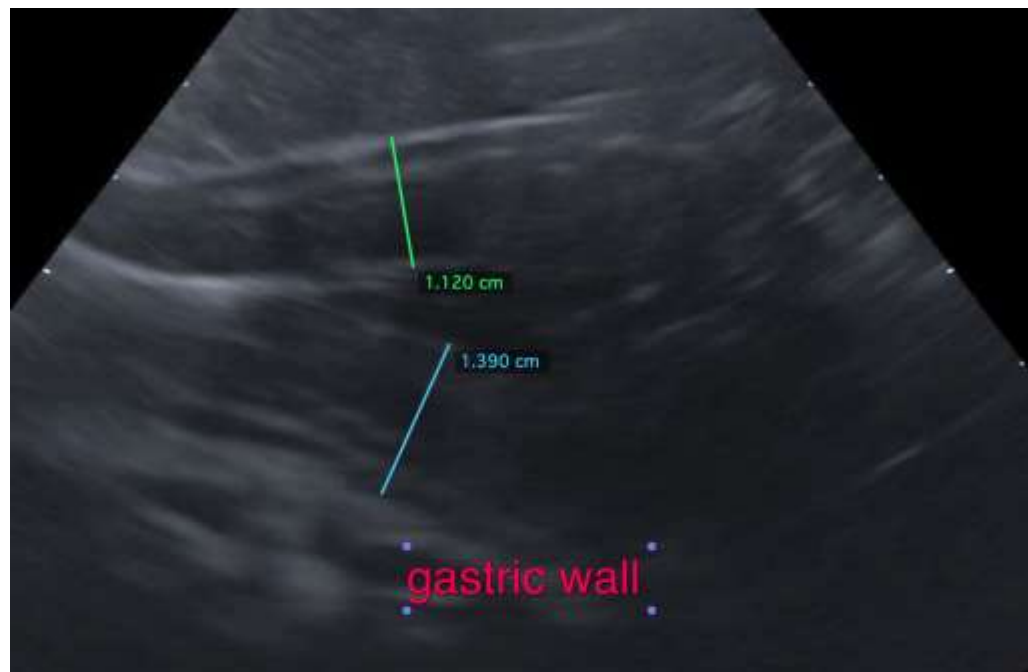
Dr. Carrasquillo

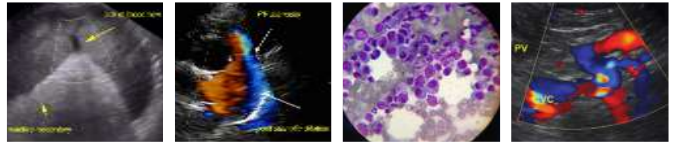
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Canine

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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Plott Hound Mix

**Sebastian Jawinski**, German Board Certified Vet Specialist in Diagnostic Imaging  
info@sonopath.com

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