



PATIENT

Buddy Giltinan

PRESENTING CLINICAL SIGNS

Polyphagia and wt loss of ~ 1 month duration . episode of pancreatitis in 8/22. Normal CBC / Chem / U/A, negative fecal. GI panel + cortisol pending

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visualized to 3.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

BREED

Yorkie

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins).

SEX

Neutered Male

The kidneys exhibit moderately decreased corticomedullary differentiation. There is focal mineralization present within the renal medulla and pelvis. There is no evidence of nephrolithiasis, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measures 3.4 cm. The right kidney measures 3.4 cm.

AGE

9.5 Years

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland measures 2.8 mm cranially and 3.6 mm caudally. The right adrenal gland measures 4.4 mm cranially and 3.6 mm caudally.

WEIGHT

5.8 Pounds

Spleen

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

IMAGING PERFORMED BY

Dr. Tam Mengine

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

HOSPITAL NAME

Stoney Creek VH

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

REFERRING VET

Dr. Mandy Becker

The stomach is empty. The gastric wall is normal at 3.1 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering, however the submucosal layer is disproportionately thickened relative to other layers. The pylorus is hypertrophied.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Duodenum wall measures 4.6 mm. Jejunum wall measures 3.2 mm. Intestinal motility appears normal.

INVOICE

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The visible portions of the colon are of normal thickness (1.5 mm) with intact wall layering. The ileocecal junction is visualized and normal.

DATE

12/15/22



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Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

SPECIES

Canine

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

BREED

Yorkie

PRIMARY FINDINGS

- Changes to the stomach wall typical of chronic gastritis

SEX

Neutered Male

SECONDARY FINDINGS

- Chronic renal changes

AGE

9.5 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the stomach are consistent with chronic gastritis. Recommendations include:

- ❖ Empiric treatment with antiemetics, such as maropitant and ondansetron, and antacid therapy, such as omeprazole or famotadine, and gastroprotectants such as sucralfate.
- ❖ Dietary therapy with either a highly digestible, low fat diet, or a hydrolyzed or novel protein diet is recommended. Feeding frequent small meals is preferred if feasible.
- ❖ Fecal parasite testing and empiric fenbendazole treatment
- ❖ Endoscopic biopsies are recommended for definitive diagnosis, and to determine whether corticosteroid therapy would be indicated.
- ❖ Empiric treatment for helicobacter gastritis could be considered. Repeat ultrasound at the end of therapy can assess response, along with monitoring for resolution of clinical signs. Treatment protocol is as follows, for a duration of 28 days :

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- Azithromycin 5mg/kg PO once daily for 5 days, then every other day thereafter
- Metronidazole 10mg/kg PO BID
- Amoxicillin 20mg/kg PO BID
- Omeprazole 0.7 - 1 mg/kg q24h

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The changes in the kidneys are consistent with chronic renal disease. Findings should be correlated with laboratory values, IRIS staging and clinical signs.

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SPECIES

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REFERRING VET

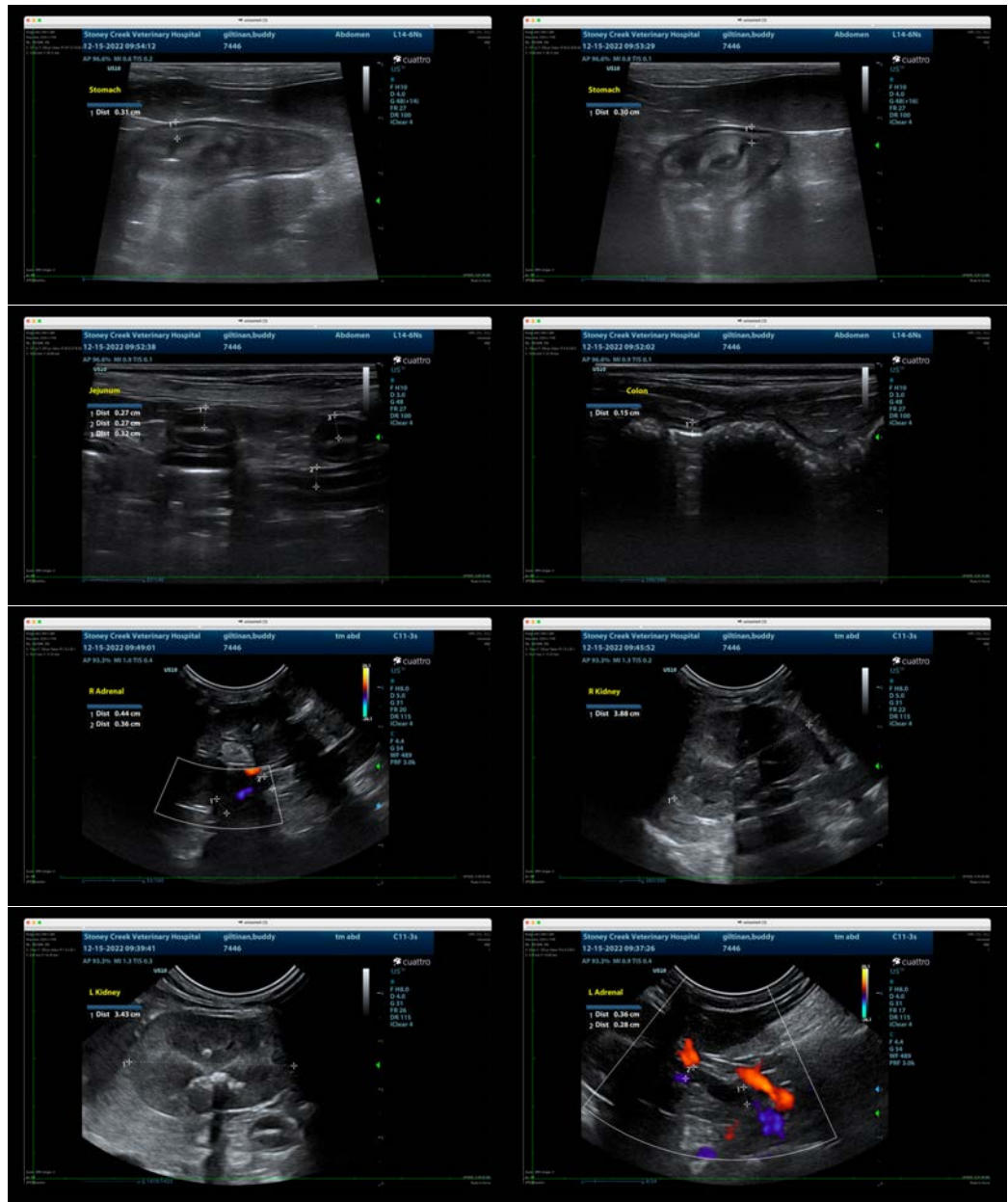
Dr. Mandy Becker

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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.

Tam Mengine, DVM, DABVP (canine/feline practice)

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