

PATIENT

PRESENTING CLINICAL SIGNS

Bleu Zapata

History: Chronic vomiting - lifelong flare-ups. No current reported meds.

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 are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 cm.

BREED

Fr Bulldog

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 are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 4.9 cm in length. The right kidney is 4.6 cm in length.

AGE

6 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 height is 7.0 mm at the cranial pole and 5.1 mm at the caudal pole. The right adrenal gland height is 7.3 mm at the cranial pole and 6.5 mm at the caudal pole.

WEIGHT

28.1lbs

Spleen

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.

INTERPRETED BY

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

Liver

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.

IMAGING PERFORMED BY

Kelly Vazquez

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.

HOSPITAL NAME

Glen Rock Vet
Wellness

Gastrointestinal

The stomach is moderately distended with normal ingesta and anechoic fluid. The gastric wall is normal at 4.6 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 of normal appearance.

REFERRING VET

Dr. Sepulveda

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. There are focal segments of the small bowel which are corrugated. The duodenal wall measures 5.6 mm. The jejunal wall measures up to 3.2 mm. Intestinal motility appears normal.

INVOICE

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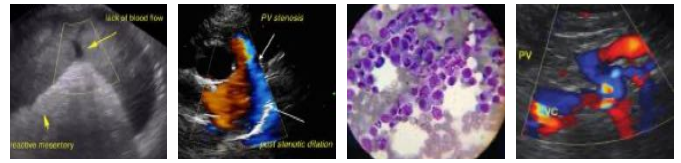
The visible portions of the colon are of normal thickness, up to 1.7 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

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.

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3.31.23



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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.

ULTRASONOGRAPHIC FINDINGS

Findings

- Changes to the stomach wall consistent with chronic gastritis
- Delayed gastric emptying

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

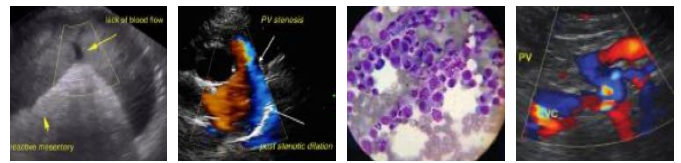
The changes to the stomach wall are typical of chronic gastritis. Given the patient had a 12-hour fast prior to this ultrasound, there is likely delayed gastric emptying. Treatment recommendations include:

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

- Treatment with metoclopramide every 6-8 hours may be beneficial for delayed gastric emptying.
- Empiric treatment with antiemetics, such as maropitant and ondansetron, and antacid therapy, such as omeprazole or famotidine, 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:

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





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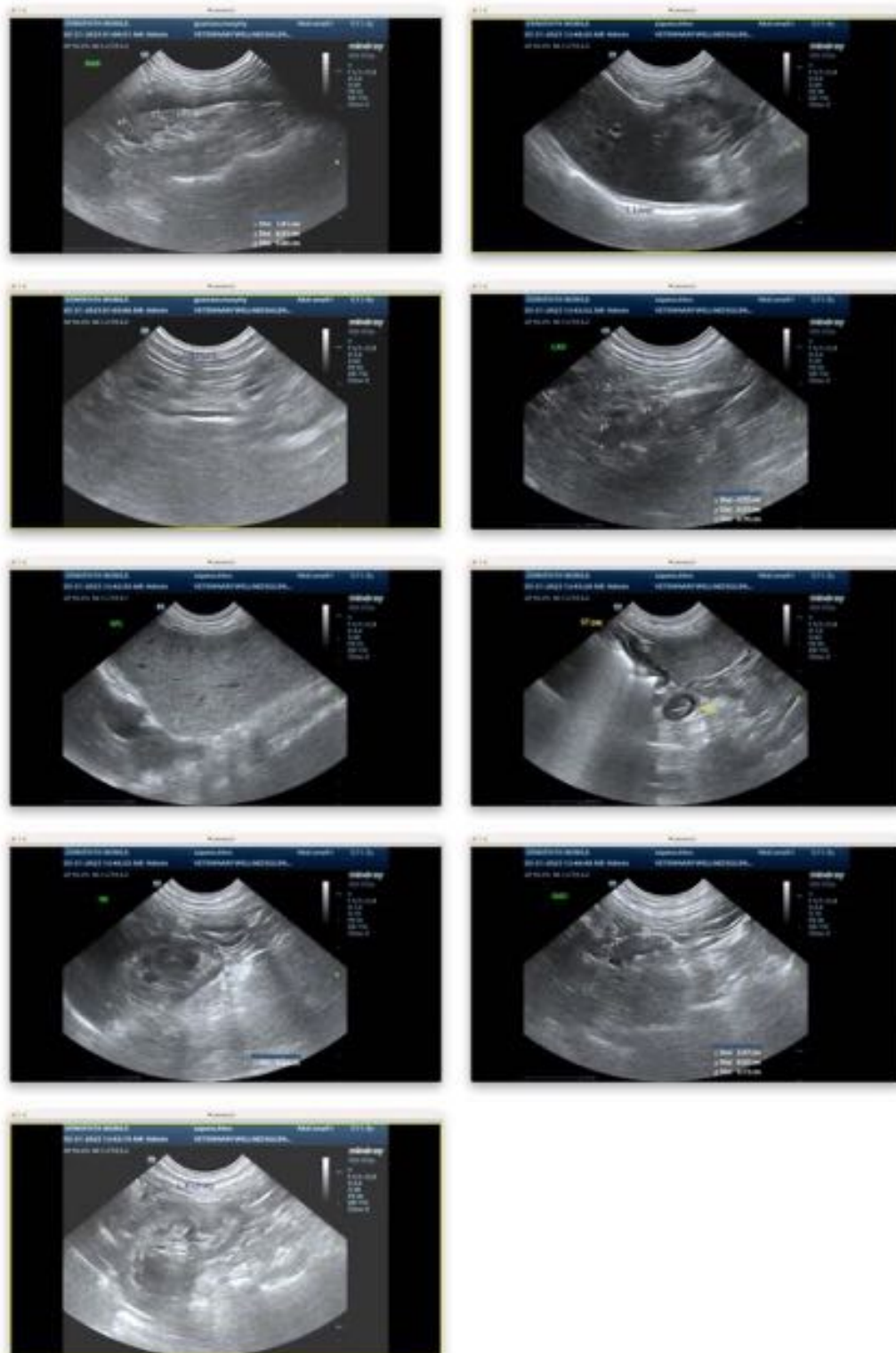
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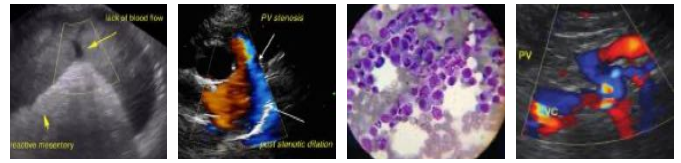
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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) info@SonoPath.com

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