



PATIENT

Rusty Lawrence

SPECIES

Canine

BREED

Long Coat Chihuahua

SEX

Neutered Male

AGE

12 Years 6 Months

WEIGHT

6.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Michael
Wasserman

HOSPITAL NAME

Highlands Animal
Hospital

REFERRING VET

Dr. Cindy Wasserman

INVOICE

74219

DATE

4/5/26

PRESENTING CLINICAL SIGNS

Sedated for sonogram today with 0.05ml Dexdomitor 0.5mg/ml combined with 0.1ml butorphanol 10mg/ml IV. Patient on IVF's prior to sonogram. Purpose of sonogram. Survey the abdomen. Decreased appetite over the last week. US guided Cystocentesis obtained today under sedation to send out for UA and Culture.

Abnormal PE/Chem/CBC/UA Results: Panel azotemia; UA on free catch: no pyuria or hematuria, moderate rod and cocci bacteria; resting cortisol 2.2, 1 hour post cortisol 16.07; Thorax rads: lungs mild diffuse interstitial pattern, otherwise normal; Abdominal rads: normal; HW 4DX neg 4/4 6pm: LRS 60ml SQ, Vit B12 1000mcg/ml 0.2ml SQ, Pen G 0.35ml SQ

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

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.

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). Left kidney measures 3.5 cm. Right kidney measures 3.6 cm.

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. Left measures 3.4 mm at the cranial pole and 4.0 mm at the caudal pole. Right measures 5.9 mm at the cranial pole and 3.7 mm at the caudal pole.

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.

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.

The gallbladder is moderately distended with anechoic contents and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.



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Gastrointestinal

The stomach is moderately distended with gas. The gastric wall is normal at 3.5 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.

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. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.0 mm) with intact wall layering. The ileocecal junction is not seen.

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.

Free Abdomen

There is no free fluid noted within the abdomen. There is hyperechoic, inflamed omental fat noted in the region of the stomach. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Thickened gastric submucosal layer and perigastric steatitis, consistent with chronic gastritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no apparent explanation for the patient's azotemia on today's ultrasound. Urine specific gravity should help determine whether this is a prerenal or renal azotemia. If it is deemed a renal azotemia in the absence of visible pathology in the kidneys it is most likely age related degenerative change. Treatment in accordance with IRIS guidelines would be recommended.

The changes in the stomach are consistent with chronic gastritis with no specific cause visualized. If the patient is severely azotemic, this could potentially be an underlying cause. Additional recommendations include:

- ❖ 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.



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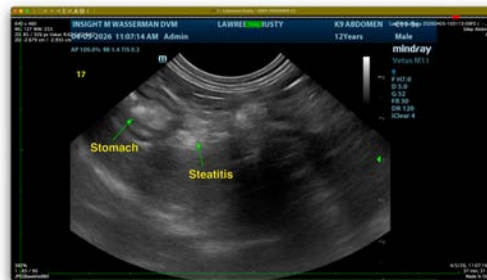
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Treatment protocol is as follows, for a duration of 28 days :

- 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 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)

info@SonoPath.com