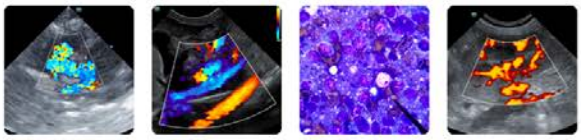


DATE

11/30/25

PATIENT

Libby Nonemaker

SPECIES

Canine

BREED

Mini Schnauzer x

SEX

Spayed Female

AGE

11/24/22

WEIGHT

5.9 kg

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

HOSPITAL NAME

Mason Dixon Animal Emergency

REFERRING VET

Dr. Moore

INVOICE

72208

PRESENTING CLINICAL SIGNS

Patient History: Presented 11/29 for vomiting, melena and not wanting to eat. She was doing well at discharge but started having symptoms on Thursday night. Libby was hospitalized with us on 11/24-11/25 for pancreatitis. She then came back the next 2 days for her Panoquell injection. Her physical exam revealed mild dehydration and mildly uncomfortable abdomen and melena on her rectal exam.

Current Medications: None listed.
Labwork Results: Labwork not submitted but reported as--At admit on 11/24: metabolic alkalosis, severe hypochloremia, hyponatremia, severe hemoconcentration (PCV 71%), azotemia (BUN 113, crea 2.0), leukocytosis (32.26, neutrophilia), cortisol 15.16, cPL 1,126. all abnormalities resolved/improved dramatically at discharge. At admit on 11/29: K 2.8, increased lactate.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: DVM requested.
Imaging Performed by: Andi Parkinson, BS, RDMS.

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 **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 4.5 cm. The left kidney measured 4.35 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 right adrenal gland measured 1.31 cm x 0.68 cm at the cranial pole and 0.63 cm at the caudal pole. The left adrenal gland measured 1.54 cm x 0.36 cm at the cranial pole and 0.53 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.

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** revealed regional thickening and gastric stasis with hyperechoic mucosal changes consistent with likely mucosal ulcerative disease. No evidence of foreign body or neoplasia noted. Regional inflammation noted around the pyloric outflow, suggestive for inflammation. The mid to distal small intestine and colon were unremarkable other than mild fluid filled colon.

Pancreas

Regional inflammation noted around the right **pancreatic** base, suggestive for subacute on chronic inflammation/pancreatitis.

ULTRASONOGRAPHIC FINDINGS

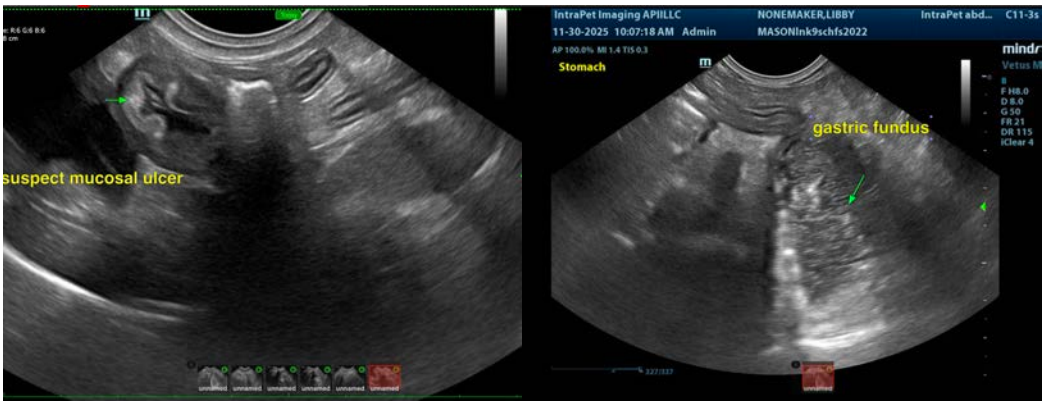
- Gastritis and chronic active pancreatitis likely with ulcerative mucosal changes and fluid filled colon.

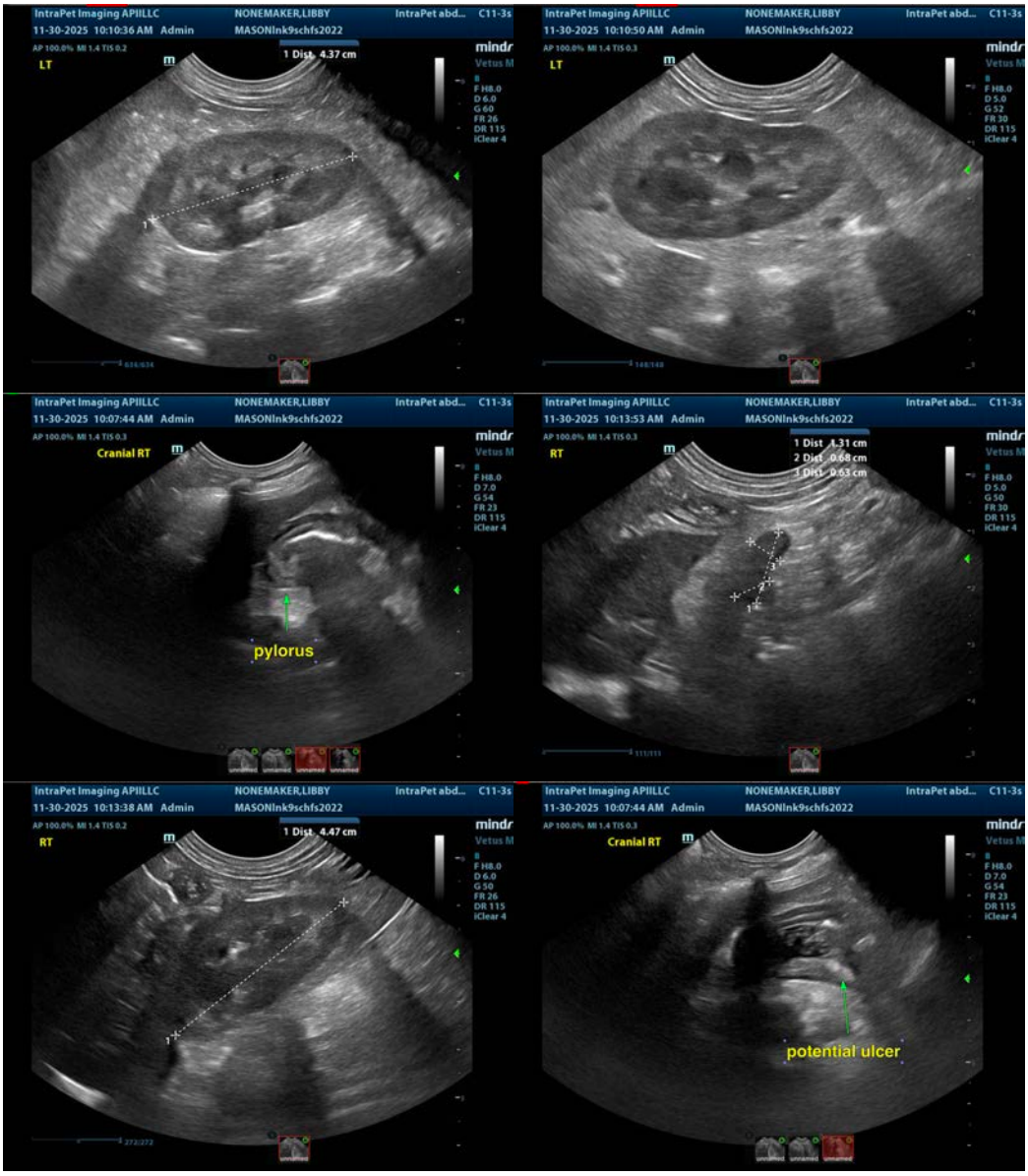
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

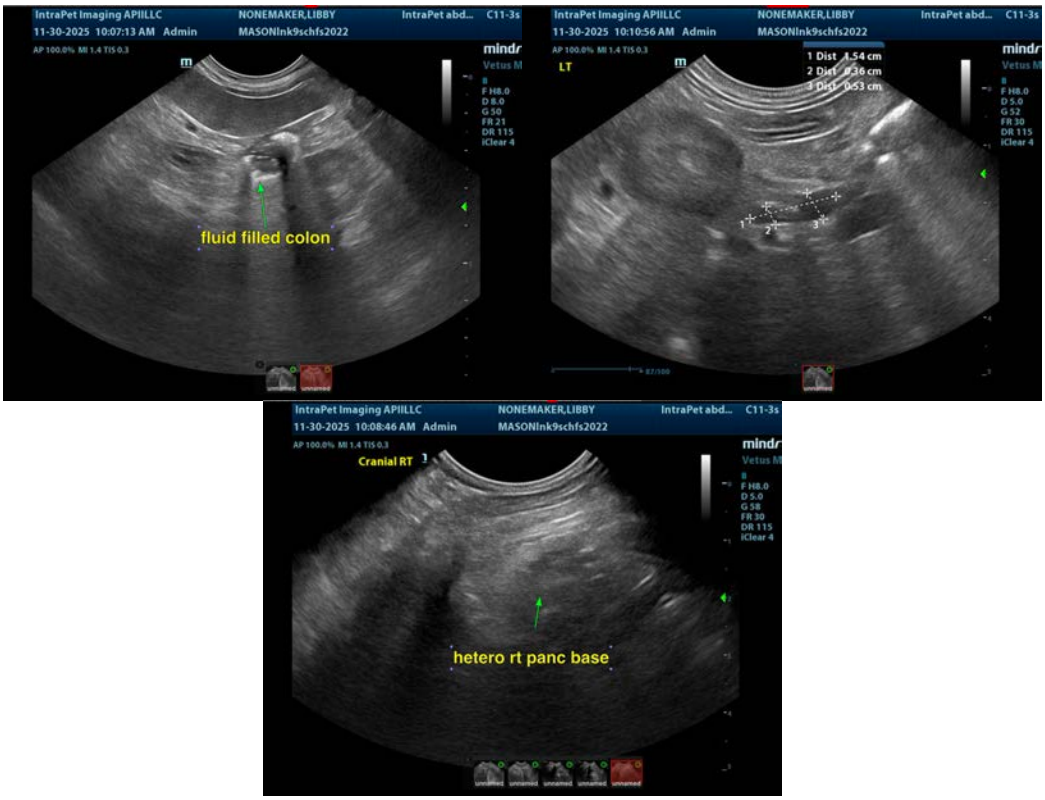
Parasitic disease should be ruled out. GI protectant protocol such as the following indicated. IV fluid support and 12-18 hour NPO indicated. Recheck sonogram after 3 weeks of protocol to ensure adequate resolution. Recommend stopping any NSAID treatment if being utilized.

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.




IntraPet Imaging APIILLC
NONEMAKER,LIBBY
11-30-2025 10:10:36 AM Admin
MASONInk9schfs2022
LT
1 Dist 4.37 cm
IntraPet Imaging APIILLC
NONEMAKER,LIBBY
11-30-2025 10:10:50 AM Admin
MASONInk9schfs2022
LT
IntraPet Imaging APIILLC
NONEMAKER,LIBBY
11-30-2025 10:07:44 AM Admin
MASONInk9schfs2022
Cranial RT
pylorus
IntraPet Imaging APIILLC
NONEMAKER,LIBBY
11-30-2025 10:13:53 AM Admin
MASONInk9schfs2022
RT
1 Dist 1.31 cm
2 Dist 0.68 cm
3 Dist 0.63 cm
IntraPet Imaging APIILLC
NONEMAKER,LIBBY
11-30-2025 10:13:38 AM Admin
MASONInk9schfs2022
RT
1 Dist 4.47 cm
IntraPet Imaging APIILLC
NONEMAKER,LIBBY
11-30-2025 10:07:44 AM Admin
MASONInk9schfs2022
Cranial RT
potential ulcer



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(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com