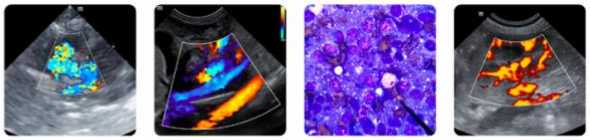

PATIENT

Delta Wright

SPECIES

Canine

BREED

Mixed Breed

SEX

Spayed Female

AGE

9 Years

WEIGHT

68.4 pounds

INTERPRETED BY

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

IMAGING PERFORMED BY

MEW

HOSPITAL NAME

Weddington Animal Hospital

REFERRING VET

Dr. Meg Walker

INVOICE

12715

DATE

12/16/25

PRESENTING CLINICAL SIGNS

BAR, normal appetite, started vomiting in AMs between 4-6 for about a month. P will occasionally vomit again about 12 hours later. Vomit is usually bile or undigested food. P is on a fish-based diet and has been for 1y. PE unremarkable. P has lost about 4 lbs in the past few months. Small frequent meals did not resolve problem. P current on HW/flea/tick prevention. No other meds.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/T4 - WNL (12/6/25) FF - NPS (9/8/25) Abdominal rads (12/6/25) - decreased serosal detail in cranial abdomen

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra (to a depth of 2.0 cm) 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 iliac trifurcation was unremarkable.

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 left kidney measured 6.5 cm in length. The right kidney measured 5.7 cm in length.

Adrenal Glands

The regions of the **adrenal glands** were imaged with no evident pathology.

Spleen

The **spleen** presented with slight hypoechoic nondisruptive nodules at the mid cranial body, likely hyperplasia measuring 0.94 cm and 0.50 cm.

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

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

PATIENT

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Slight splenic nodules- not disruptive, likely hyperplasia.
- Structurally unremarkable abdomen otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening for occult Addison's disease is warranted given the regions of the adrenal glands being imaged yet not overtly visible and may be small. An endoscopy may be the best approach in this patient since structurally, the GI tract does not appear pathological. The following may prove effective.

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.

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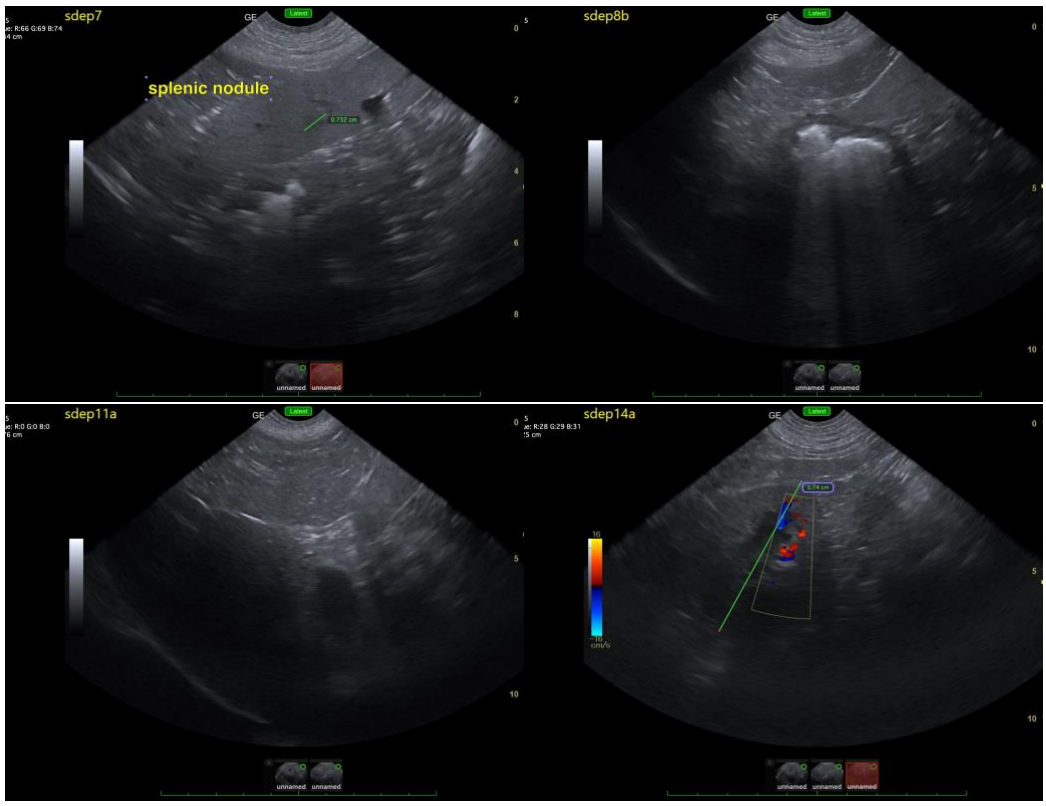

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,

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