



**PATIENT**

Sage Burg

**SPECIES**

Canine

**BREED**

Weimaraner

**SEX**

Spayed Female

**AGE**

6 Years

**WEIGHT**

60 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Meghan Morse LVT,  
CVT

**HOSPITAL NAME**

Orchard Grove Animal  
Hospital

**REFERRING VET**

Dr. Cassano

**INVOICE**

12591

**DATE**

12/05/25

**PRESENTING CLINICAL SIGNS**

Weight loss, v+, anorexia, known to eat things she shouldn't Current meds: Cerenia given today \*Was fed 7 small pieces of kibble 8am this am, a few biscuits prior to scan, and bone broth, was not fed a full meal\*

Abnormal PE/Chem/CBC/UA Results: Amylase low, Lyme +, rest WNL

**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. A minimal amount of urine was present at the time of the sonogram. 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 left kidney measured 6.32 cm in length. The right kidney measured 5.9 cm in length.

**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 left adrenal gland measured 2.0 cm x 0.60 cm width at the cranial pole and 0.60 cm width at the caudal pole. The right adrenal gland measured 2.78 cm x 0.84 cm width at the cranial pole and 0.53 cm width 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** was filled with ingesta and fluid with a large amount of gas noted. Hyperperistalsis was present. The pylorus was visible with no overt obstruction. Some chyme was noted in the pyloric



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antrum. Transit of chyme was occurring into the small intestine. The distal small intestine was empty and unremarkable. Some transit of stool in the colon also appeared to be present.

**Pancreas**

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**

- Delayed outflow gastric pattern without overt foreign body- pyloric dysfunction/bloating suspected.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend 12-18 hour NPO followed by slurried feeding. GI protectants, fecal test, parasite management are recommended. Likely gastritis with pyloric dysfunction and cannot completely rule out the presence of gastric foreign matter yet this is not evident. Medical management is indicated. Screening for Addison's is warranted even though the adrenals appear normal. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered. No evidence of neoplasia. If clinical signs persist, recheck sonogram once complete NPO status essential for further visibility of the gastric wall as there is a large amount of chyme, kibble, fluid and gas obscuring acoustic penetration at all angles in the stomach.

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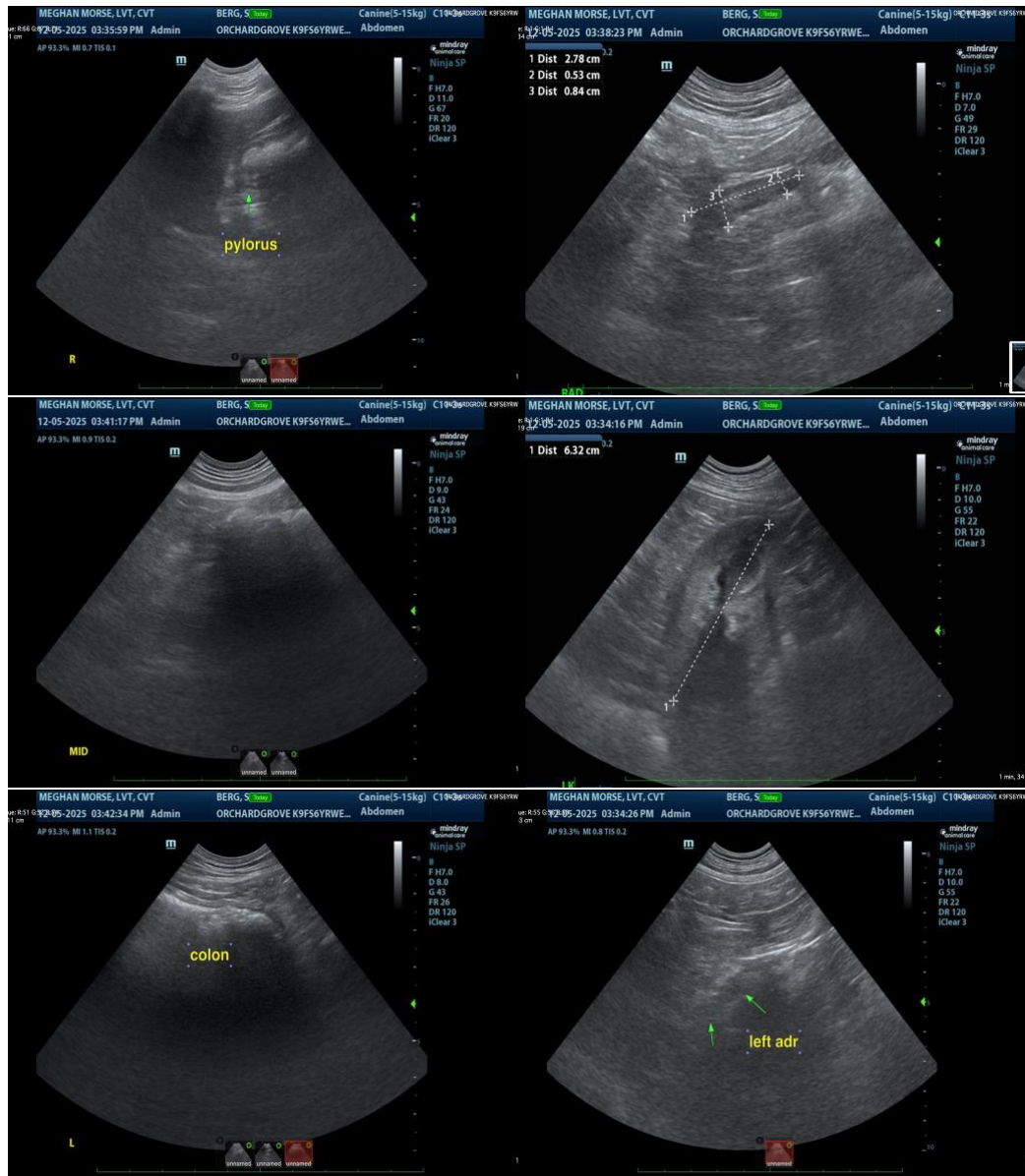
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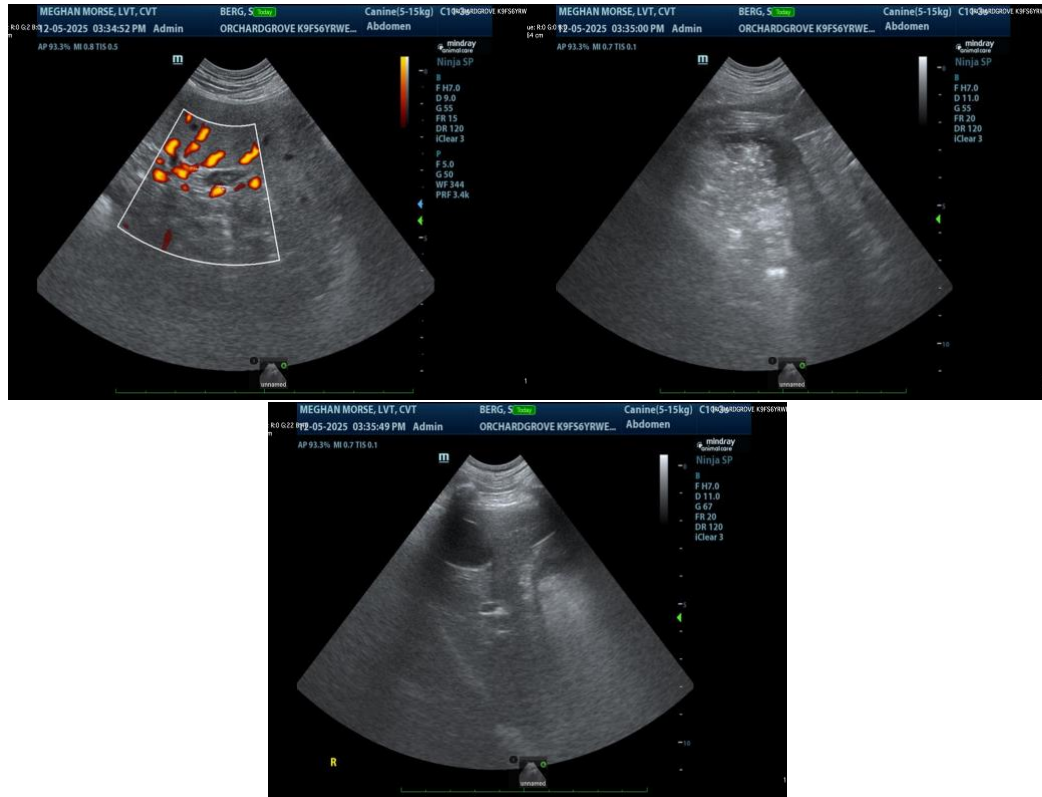
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,**

CEO, Owner, Founder -- SonoPath.com

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