



PATIENT

Scotty Scott

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

12yr

WEIGHT

68.2lb

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

Summit Dog and Cat
Hospital

REFERRING VET

Dr Baker

INVOICE

24178

DATE

03/12/2026

PRESENTING CLINICAL SIGNS

- Worsening anemia, diarrhea with blood
- Pale, Tacky MM, Lethargic, Weak
- Current medication- Probiotics, SAME, Apoquel, Propectalin

Abnormal PE/Chem/CBC/UA Results: HCT 36.3 (L) on 3/6/26, HCT 34 (L) on 3/12/26, worsening anemia, r/o bleeding mass etc.

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 was 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 6.8 cm.

The right kidney measured 6.34 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 2.51 cm x 0.74 cranial x 0.33 cm caudal.

The left adrenal gland measured 2.43 cm x 0.55 cm cranial x 0.49 cm caudal.

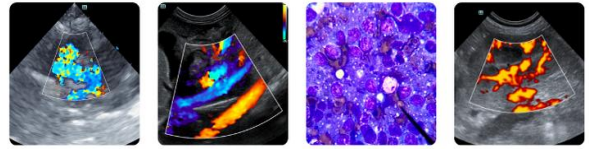
Spleen

The spleen revealed slightly hypoechoic heterogenous parenchymal changes. No overt mass noted.

Liver

The liver images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal



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The stomach revealed a minor amount of anechoic fluid with areas of mucosal remodeling and hyperechoic inclusion. Chronic gastritis or microulcerative disease possible. 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.

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Pancreas

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected.

BREED

Golden Retriever

ULTRASONOGRAPHIC FINDINGS

SEX

- Chronic ulcerative gastritis

MN

- Age related liver/pancreas changes

AGE

12yr

- Slight heterogenous hypoechoic spleen, no overt mass noted

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Some areas of hyperechoic inclusions in the gastric wall would suggest ulcerative disease. No evidence or suspicion of neoplasia. If any NSAIDs are being utilized in this patient, recommend stopping for at least three weeks. Management for enterotoxins and parasites indicated. GI blood loss may be a cause of minor anemia. A GI protectant protocol such as the following should prove effective.

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Some or all of the follow protocol or similar may be considered with assessment of clinical response. A clinical trial of **Zithromax (Dogs: 5-10 mg/kg PO q24h. May increase dosing interval to q48h after 3-5 days of treatment)**, **Metronidazole (10-20 mg/kg PO BID)**, **Pepcid (0.5-1 mg/kg PO SID.)** and **Sucralfate (0.5-2 g/dog PO)** or **Omeprazole (1 mg/kg PO SID.)** over the next 3 weeks along with a **novel-protein or hydrolyzed diet** with slurry feeding BID/TID 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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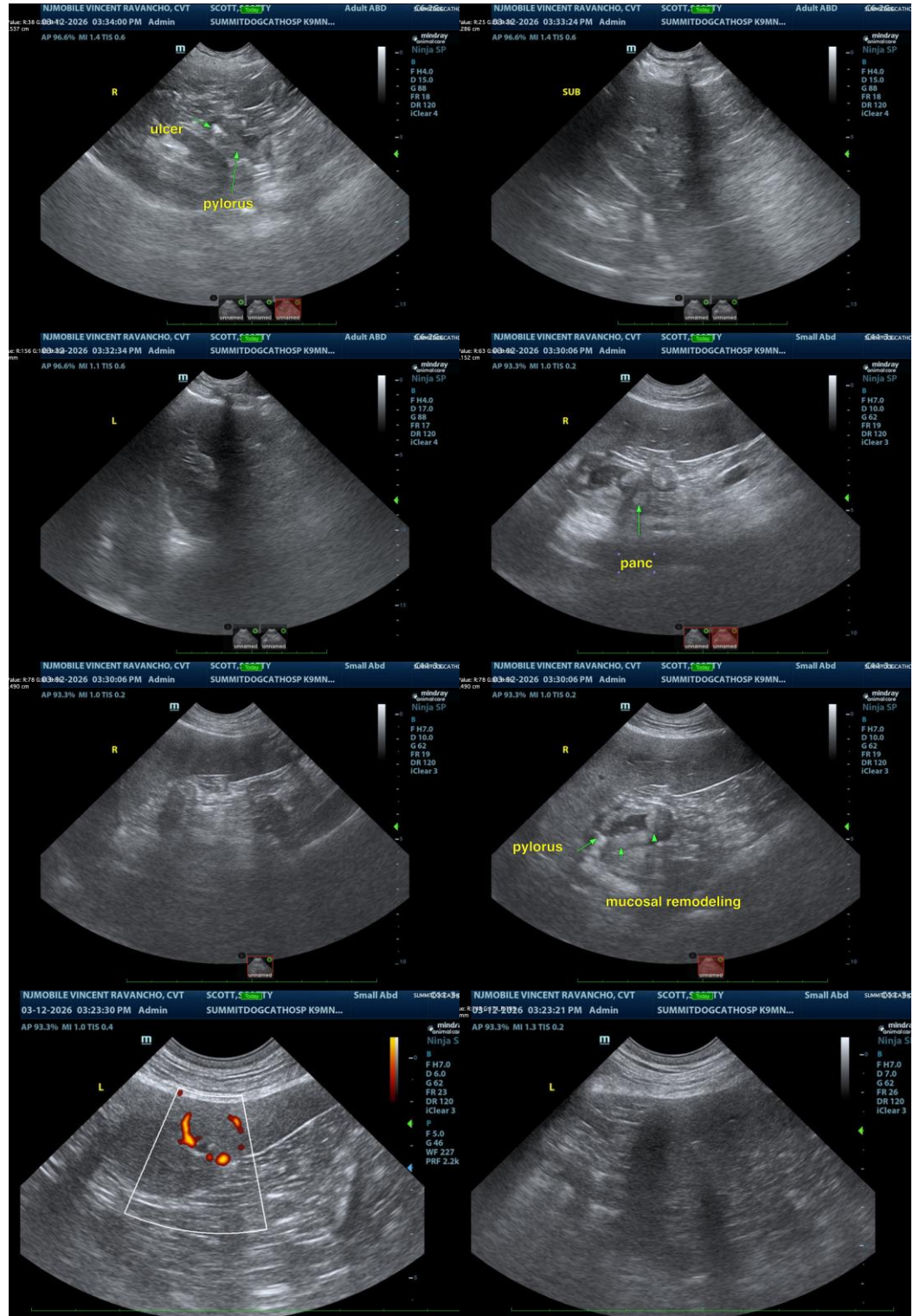
Dr Baker

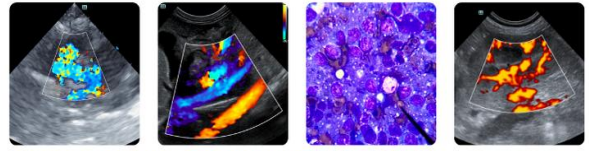
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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