



PATIENT

Dawson Michelson

SPECIES

Canine

BREED

Schnoodle

SEX

Neutered male

AGE

9 years

WEIGHT

16 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Brenner

HOSPITAL NAME

Riverside Animal Clinic

REFERRING VET

Dr. Cline

INVOICE

73524

DATE

3/17/26

PRESENTING CLINICAL SIGNS

February 1, 2026 vomited dark blood like material.

March 2, 2026 vomited with some blood, vomit after ate bland diet. Treated Cerenia, Amoxicillin, Pepcid, I/D low fat which dog would not eat well.

March 16, 2026 decreased appetite and now diarrhea, no more vomit. 1 pound weight loss in last month.

March 2, 2026 exam no abnormality noted. CBC normal, Chem normal, PL 920 (0-200). March 16 tense abdomen. PL improved to 218 (0-200). GI profile pending with PL, TLI, Cobalamin, Folate. March 17 tense abdomen almost splinting and quiet but present GI sounds. Chem still normal!

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 right kidney measured 4.13 cm. The left kidney measured 3.83 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 left adrenal gland measured 1.66 x 0.37 cm at the cranial pole and 0.42 cm at the caudal pole. The right adrenal gland measured 1.6 x 0.69 cm at the cranial pole and 0.56 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 was noted.



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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. Minor gallbladder sediment was noted and not pathological.

Gastrointestinal

The **gastric** wall revealed slight hyperechogenic changes. This is suggestive for a mucosal ulcer, yet this does not appear to penetrate into the wall and remains in the mucosal aspect.

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

Minor ulcerative gastritis pattern, no other evidence of pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Medical management should prove adequate in this patient. GI protectant protocol such as the following is recommended. Otherwise, endoscopy is indicated.

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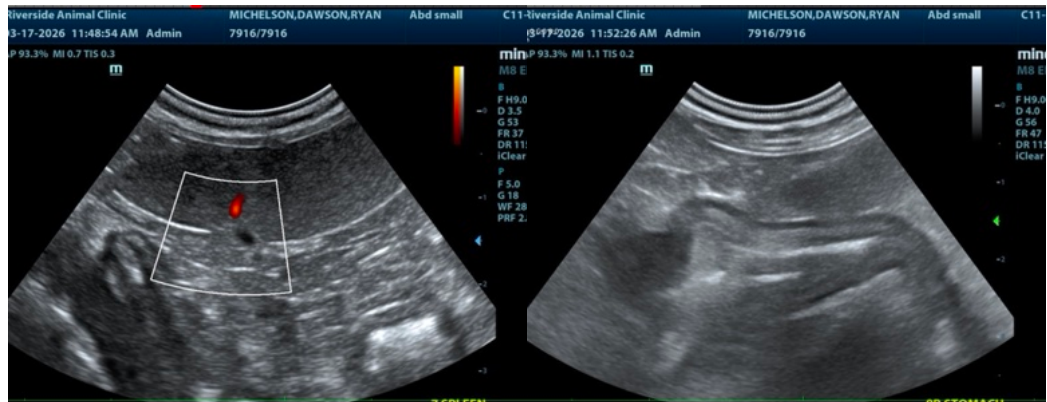
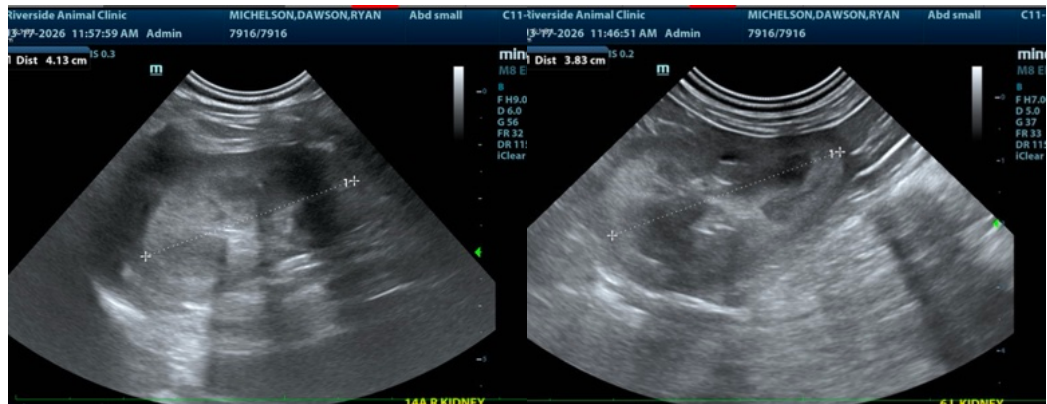
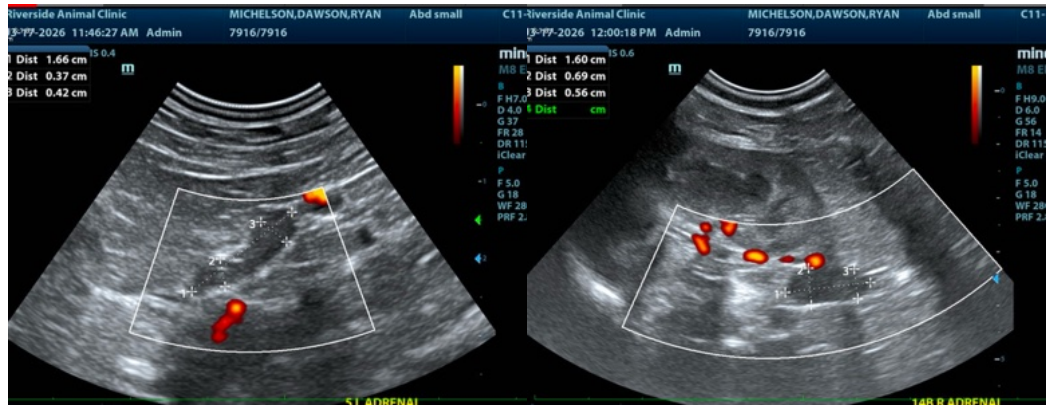
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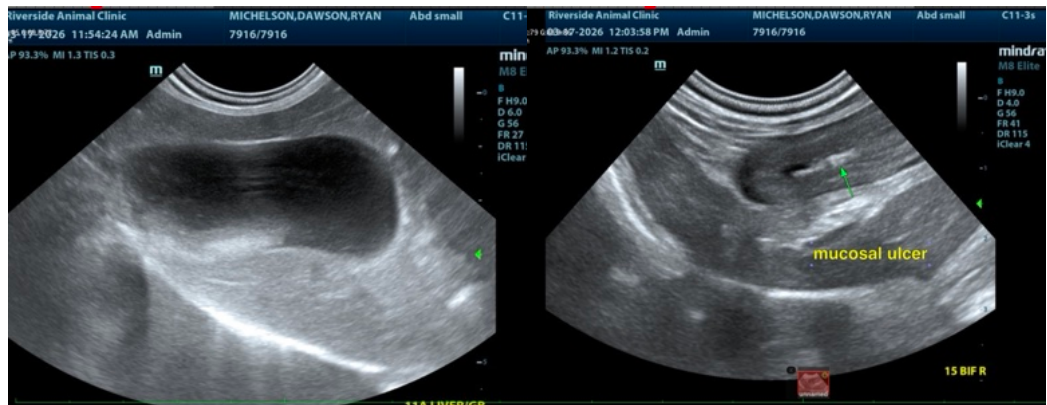
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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