



PATIENT

Moses Jester

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Intact Male

AGE

10 Years

WEIGHT

16.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Tiffany Boomer

HOSPITAL NAME

Moyock AH

REFERRING VET

Dr. Tracy Eure

INVOICE

36057

DATE

3/2/26

PRESENTING CLINICAL SIGNS

CAME IN ON 2/27/26 FOR NOT EATING WELL, VOMITING (QUITE A BIT OVER SEVERAL DAYS, AND 8X THE MORNING OF 2/26) SNAPPED AT MOM, WHICH IS UNLIKE HIM AND LETHARGIC AT HOME. DOES HAVE MILD/MOD DENTAL DISEASE...MAINLY HALITOSIS AND TARTAR. MILD GINGIVITIS. INTACT. NO KNOW URINE ISSUES. PROSTATE DID NOT FEEL OVERLY ENLARGED ON PE, BUT PATIENT IS NOT THE BEST FOR BEING EXAMINED AND HOLDING STILL. NOT DRINKING MUCH. MOM THOUGHT GUMS WERE PALE AT HOME.

Abnormal PE/Chem/CBC/UA Results: CHEM, CBC CPL RELATIVELY NORMAL. SEE RESULTS ATTACHED. RADS REVEALED EMPTY STOMACH, GAS THROUGHOUT ENTIRE TRACT POSSIBLY ENLARGED LIVER AND/OR SPLEEN PER DOC ON DUTY THAT DAY.

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction. The prostate (2.4 cm) was uniform, no evident pathology. 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 4.8 cm. The right kidney measured 4.8 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 0.4 cm. The right adrenal gland measured 0.6 cm.

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. Caudal folding of the spleen was noted.

Liver

The **liver** itself was unremarkable. A minor amount of gallbladder sand was noted, nonobstructive.

Gastrointestinal

The **stomach** was anechoic fluid filled with prominent mucosa. No evidence of foreign bodies. This is most consistent with gastritis. Peripheral inflammation was noted. A mild amount of pyloric remodeling was noted with hypoechoic irregular parenchymal changes. Cannot rule out



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microulcerative disease. The small intestine and colon were unremarkable with normal curvilinear patterns and content.

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

- Gastritis/possible microulcerative
- Minor gallbladder sand, nonobstructive

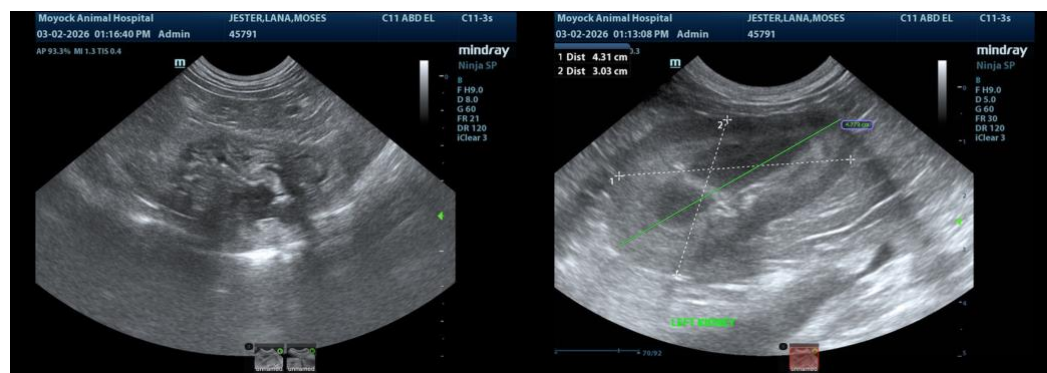
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

GI protectant protocol is warranted and should prove effective, such as the following:

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.

Recheck sonogram in 3-5 days if clinical signs are persistent.





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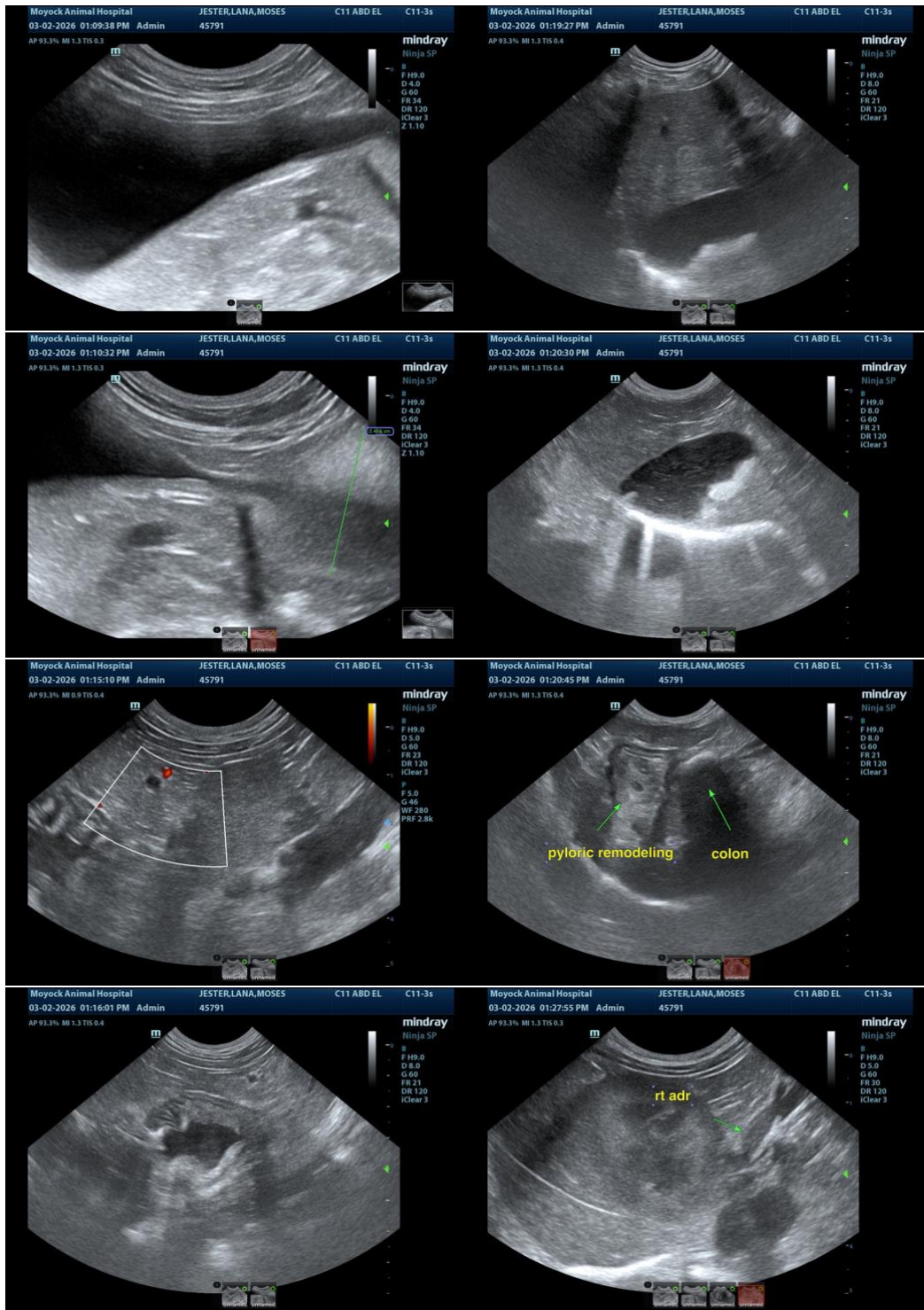
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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