



PATIENT

TT Raiff

SPECIES

Canine

BREED

Yorkie Terrier Mix

SEX

Neutered male

AGE

14 years

WEIGHT

5.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Wasserman

HOSPITAL NAME

Highlands AH

REFERRING VET

Dr. Jutras

INVOICE

72082

DATE

3/2/26

PRESENTING CLINICAL SIGNS

- Vomiting started 2 months ago intermittently
- Vomiting every other day bile
- Good appetite with small meals
- Passing lots of gas.
- No current medications
- Sedated with 0.05ml of Dexdomitor 0.5mg/ml IV
- Chemistry: BUN High normal RBC count High Normal Chest rads clear of any neoplastic criteria

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. Microcystic cortical changes were noted in the kidneys. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Minor mineralization was noted in the kidneys. The right kidney measured 4.11 cm. The left kidney measured 3.67 cm. Blood flow was fairly normal on power Doppler assessment of the kidneys.

The residual prostate measured 0.5 cm.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 1.77 x 0.58 cm at the caudal pole and 0.45 cm at the cranial pole. The right adrenal gland measured 1.4 x 0.71 cm at the cranial pole and 0.57 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



PATIENT

TT Raiff

congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

SPECIES

Canine

Liver

BREED

Yorkie Terrier Mix

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.

SEX

Neutered male

AGE

14 years

Gastrointestinal

WEIGHT

5.3 lbs

Mild **gastric** hypertrophy was noted without loss of mural detail. This is consistent with chronic gastropathy measuring up to 0.7 cm in thickness. The lumen was largely empty other than minor amount of luminal fluid. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some 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. Pancreatic lymph nodes are slightly enlarged and rounded measuring 1.0 cm in width.

IMAGING PERFORMED BY

Dr. Wasserman

HOSPITAL NAME

Highlands AH

ULTRASONOGRAPHIC FINDINGS

REFERRING VET

Dr. Jutras

Geriatric abdomen with mild gastric hypertrophy/gastropathy pattern.

Age related renal changes with polycystic cortices, moderate degenerative changes.

INVOICE

72082

Mild bilateral adrenal hypertrophy.

Pancreatic lymphadenopathy.

DATE

3/2/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Management for gastritis is indicated. Given the patient's history endoscopy would be ideal. A clinical trial of the following may prove effective. A recheck sonogram is recommended in 3 weeks.



PATIENT

TT Raiff

SPECIES

Canine

BREED

Yorkie Terrier Mix

SEX

Neutered male

AGE

14 years

WEIGHT

5.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Wasserman

HOSPITAL NAME

Highlands AH

REFERRING VET

Dr. Jutras

INVOICE

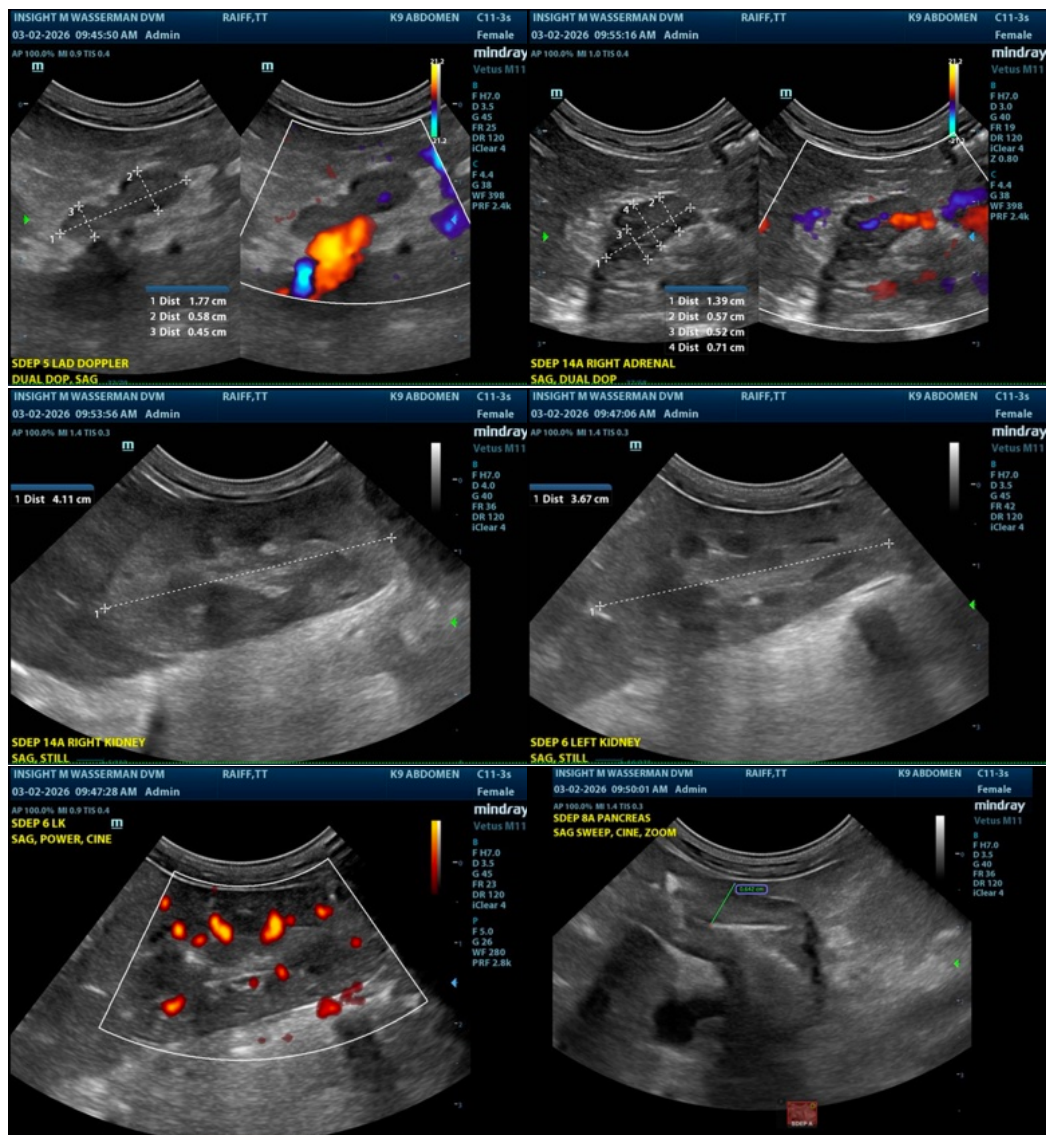
72082

DATE

3/2/26

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.





PATIENT

TT Raiff

SPECIES

Canine

BREED

Yorkie Terrier Mix

SEX

Neutered male

AGE

14 years

WEIGHT

5.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Wasserman

HOSPITAL NAME

Highlands AH

REFERRING VET

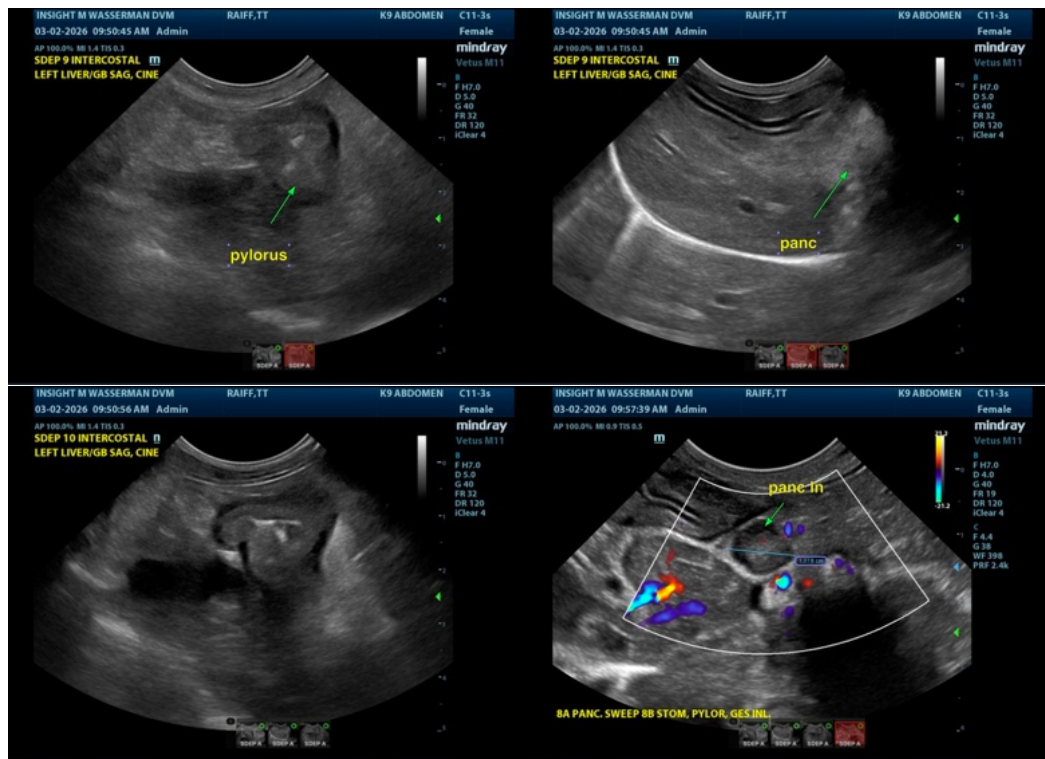
Dr. Jutras

INVOICE

72082

DATE

3/2/26



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

info@SonoPath.com