



PATIENT

Scooby Singh

SPECIES

Canine

BREED

French Bulldog

SEX

Intact Male

AGE

9 Months

WEIGHT

13.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Petzoic VH

REFERRING VET

Dr. Ehab

INVOICE

36386

DATE

3/26/26

PRESENTING CLINICAL SIGNS

- Frenchie, a 9-month-old French Bulldog, presented for a 2-day history of vomiting water.
- Vomiting began 2 days ago.
- The owner reports that the patient vomits clear liquid (water) immediately after drinking.
- There has been 1 episode of vomiting per day for the past 3 days.
- The vomitus is primarily water, though a small amount of digested food was noted on one occasion.
- Bowel movements are reported as normal, with the most recent one occurring this afternoon. No diarrhea has been observed.
- No coughing or sneezing has been reported.
- Suspected foreign body and GI obstruction
- Bloodwork was done: ALT was found about 350 and Total Bilirubin about 30
- GI system and liver/gallbladder need to be checked

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 prostate was uniform, measuring 1.5 cm.

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 kidneys measured 4.0 cm each.

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 0.36 cm at the caudal pole and 0.28 cm at the cranial pole. 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. Cranial and caudal folding of the spleen 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. 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

There was mild increased submucosal echogenicity in the **stomach**. A minor amount of gastric stasis was noted in the gastric fundus. The small intestine and colon was 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.

Free Abdomen

A mesenteric **lymph node** measured 0.91 cm.

ULTRASONOGRAPHIC FINDINGS

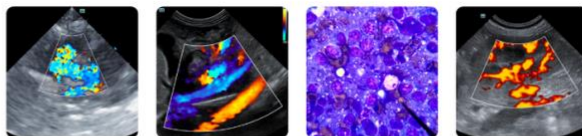
- Nonspecific gastritis pattern with thickened submucosa- chronic upper GI insult is likely, such as helicobacter, parasite disease, dietary intolerance all possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopy would be ideal for further definition; however, a clinical trial of the following may prove effective.

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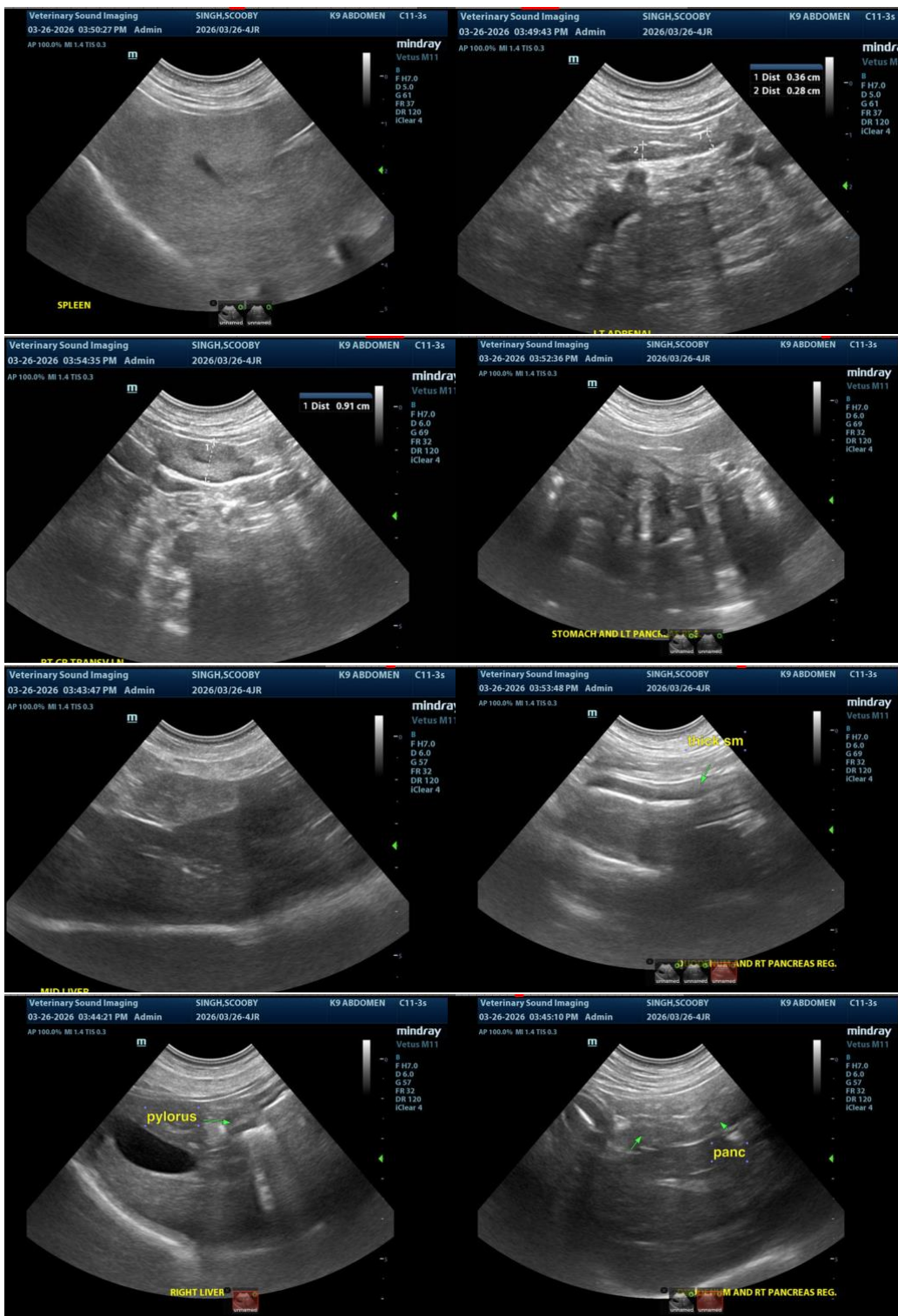
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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