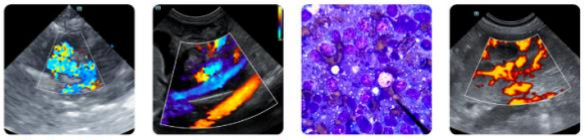

PATIENT

Charlie Fischer

SPECIES

Canine

BREED

Cavapoo

SEX

Neutered Male

AGE

1

WEIGHT

27.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Betsy LaCroix

HOSPITAL NAME

Inspire Animal Hospital Highlands Ranch

REFERRING VET

Dr. Jamie Saliman

INVOICE

15355

DATE

04/22/26

PRESENTING CLINICAL SIGNS

Patient History: Vomiting episodes occurring only at night (around 12am-2am-4am). Previous vomiting episodes included grass and pieces of edible bone. Recent episodes consist of bile. Stool changes: smaller stools noted instead of normal large stools. No diarrhea or coughing observed, was dewormed with Panacur x 5 days. Seems lethargic on walk. ACTH stim test- pending

PE- unremarkable WBC- 17.61, eosos 4.12, HCT 52.7, BUN 29, Cr. 1.5, Cortisol 1.8 USG-1.052

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 **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 in length. The right kidney measured 5.36 cm in length.

Adrenal Glands

The **left adrenal gland** was slightly subnormal in size and measured 0.35 cm width at the cranial pole and 0.35 cm width at the caudal pole.

The **right adrenal gland** was mildly subnormal in size and measured 0.58 cm width at the cranial pole and 0.33 cm width 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 were noted.

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

Mucosal hypertrophy was noted in the **stomach** with mild anechoic fluid in the lumen. NO evidence of foreign bodies. The small intestine and colon were unremarkable.

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Pancreas

The pancreas presented heterogenous with mixed echogenic changes in the right base with irregular contour and enhanced mesentery suggestive of pancreatitis.

Free Abdomen

The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

ULTRASONOGRAPHIC FINDINGS

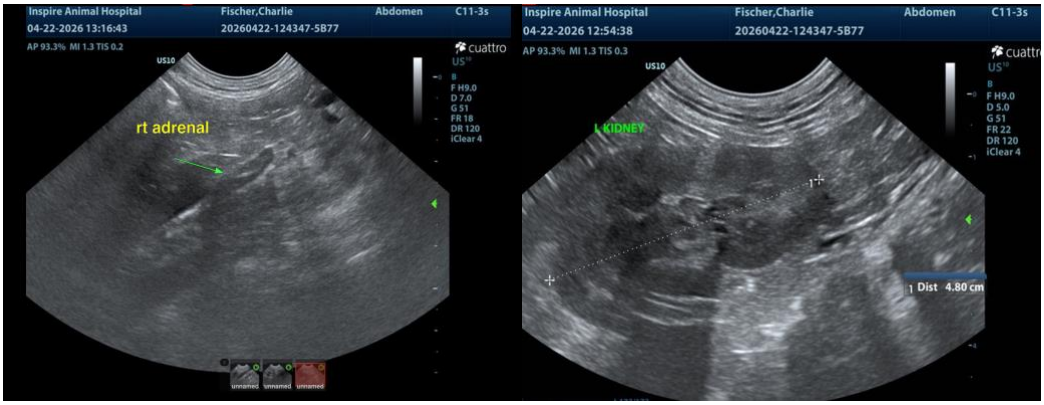
- Possible low-grade pancreatitis.
- Mild gastritis.
- Subnormal adrenal glands.
- Mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The adrenals glands are low normal in size given the 1.8 baseline cortisol. Full ACTH stimulation test is warranted to assess for emerging Addisonian state. GI protective protocol such as the following could be considered.

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.

Otherwise, endoscopy to obtain mucosal biopsies would be appropriate.



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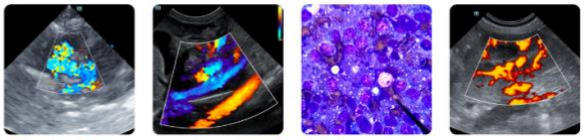

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Educational Teleconsultation Services™

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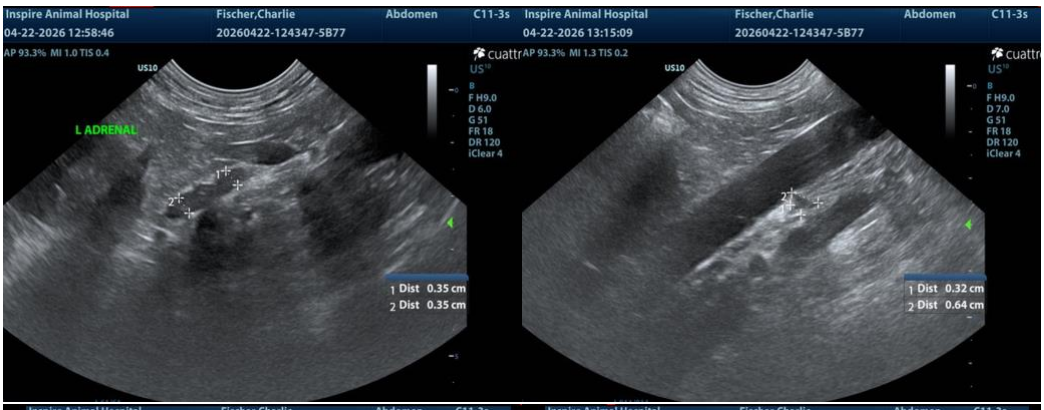

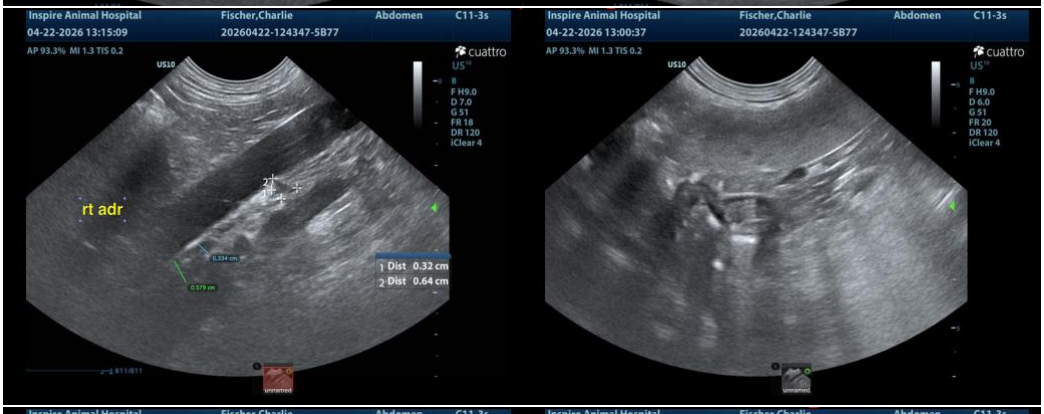

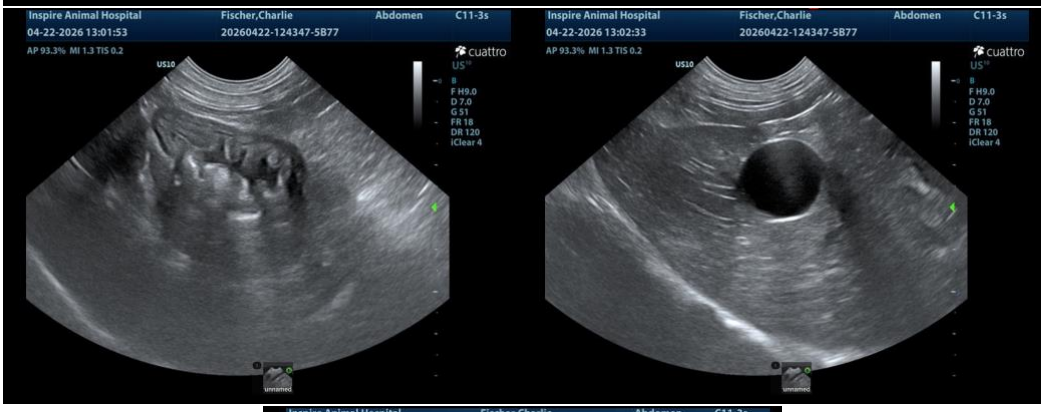

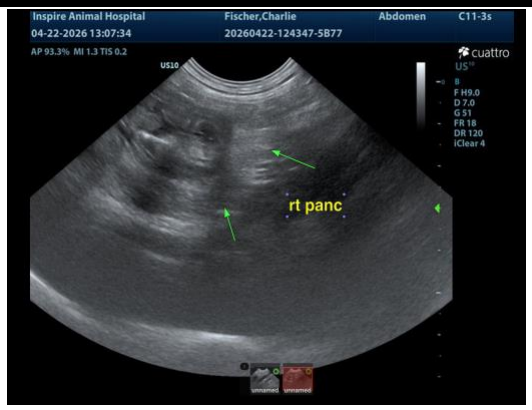

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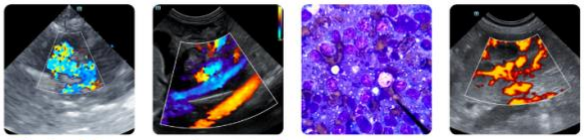

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

info@SonoPath.com