



PATIENT

Elka Russ

SPECIES

Canine

BREED

JRT

SEX

Spayed Female

AGE

13 Years

WEIGHT

6.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey AEC

REFERRING VET

Dr, Lydia Coogan

INVOICE

37044

DATE

5/11/26

PRESENTING CLINICAL SIGNS

History: Presented Sunday 5/10 at 11:30a for ongoing vomiting and lethargy. P has been vomiting 1-2 times per day for almost 2 months, Last night did vomit 6 times. She stands and stares and seems out of it. P had a Barium Study at rDVM 4/28, which was all normal.

Abnormal PE/Chem/CBC/UA Results: H/L: gr III/VI left systolic murmur Musc: BCS 3/9 Integ: Healthy coat; edema in right axillary region and extending towards right flank with large soft SQ swelling in right axillary region/caudal right front elbow HAEC Intake Diagnostics: CBC: stress leukogram (neut(15.53), eos(0.04)) Chem: BUN 51, Creatinine 2 EPOC: pO2 65.5 (H) cSO2 94.7 (H) Bicarb 29.0 (H) TCO2 27.7 (H) pH 7.520 (H) BE,ECF 6.2 (H) BUN 40 (H) Creat 2.17 (H) cortisol:5.83 BP: 200 doppler 5/10 ON: BP: 8p- 151, 2a- 176 PCV/TS: 50%/8.0 clear USG: 1.030 EPOC: Bicarb 31.1 (H) TCO2 29.8 (H) pH 7.492 (H) BE,ECF 7.8 (H) K 2.8 (L) Cl 104 (L) BUN 38 (H) Creat 1.9 (H) Glu 126 (H) HCT 35 (L).

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex. The left kidney measured 3.6 cm. Pinpoint mineralization was noted, non-obstructive. Trace pyelectasia was noted. The right kidney measured 3.7 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 0.52 cm. The right adrenal gland measured 0.64 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.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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



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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.

Gastrointestinal

Portions of the **gastric** wall appear to be excessively thickened up to 1.0 cm. The pylorus revealed a minor amount of fluid filled lumen with mild echogenic mucosal microulcerative changes. The small intestine and colon were unremarkable.

Pancreas

The **pancreas** was heterogenous at the right pancreatic base with hyperechoic surrounding fat suggestive for subacute inflammation.

ULTRASONOGRAPHIC FINDINGS

- Low-grade pancreatitis/gastritis pattern with suspicion of mucosal ulcers
- Mild age-related renal changes with non-obstructive pinpoint mineralization and trace pyelectasia.
- Age-related hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

GI protectant protocol such as the following is warranted, as well as IV fluid support, 24-hour NPO and recheck sonogram in 5 - 7 days. No overt evidence of neoplasia, yet portions of the gastric wall appear to be excessively thickened. The azotemia is likely pre-renal in this patient. Cannot rule out periodic passage of calculi, yet no obstructive disease noted at this time.

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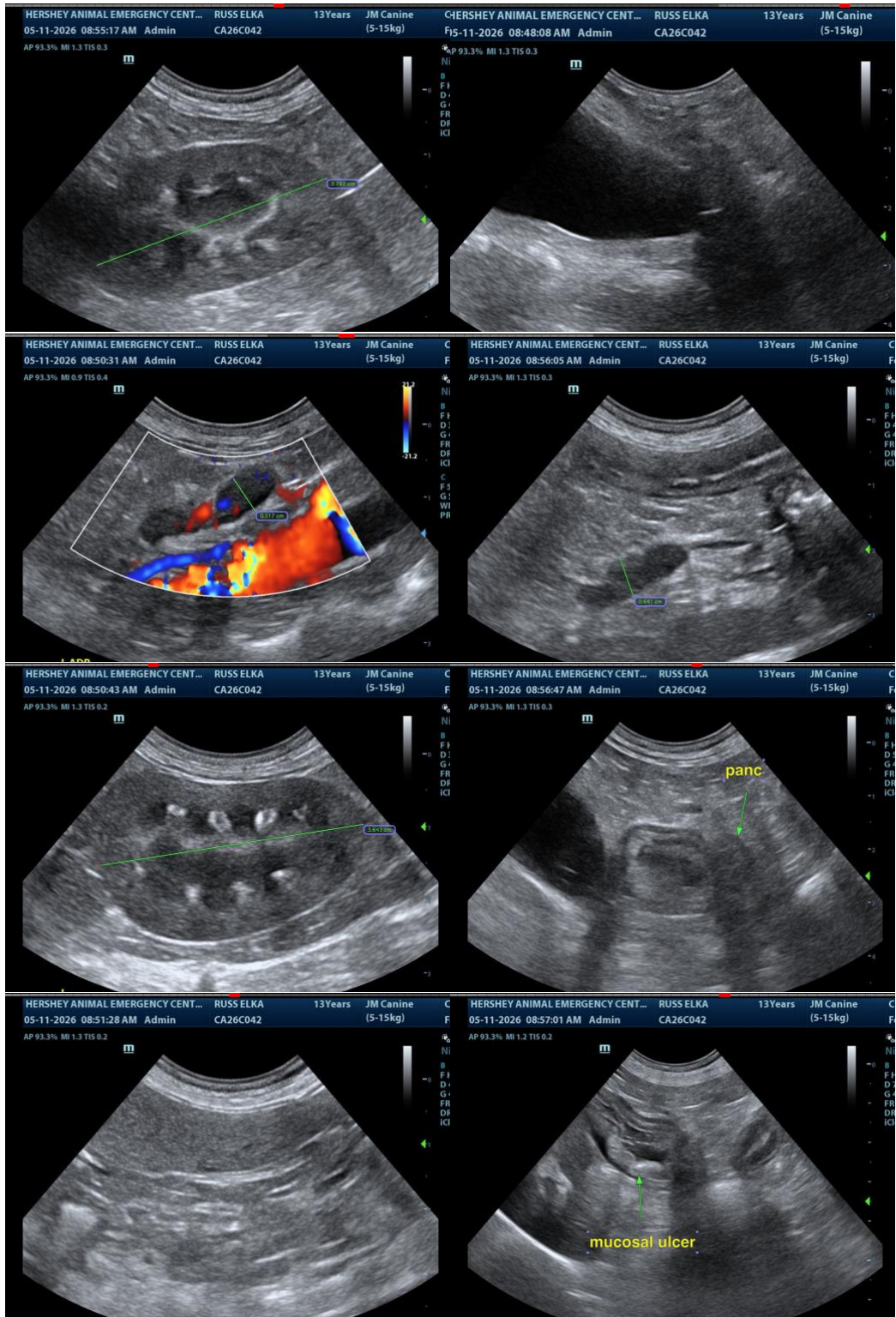
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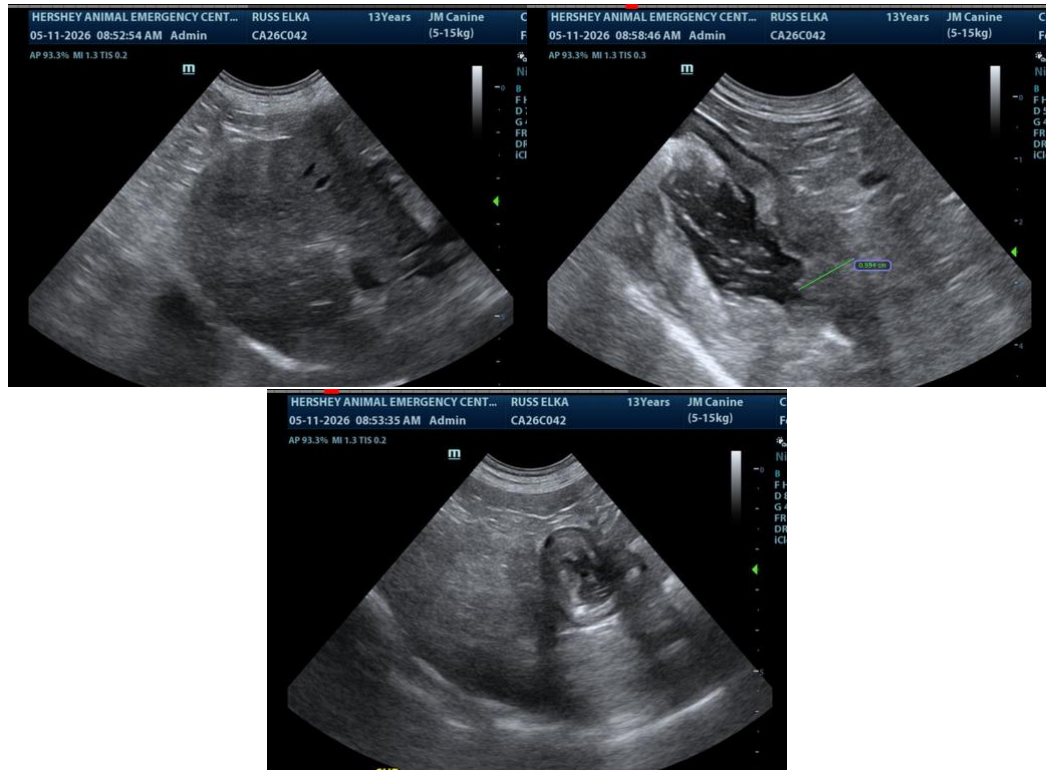
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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