



## PATIENT

Charli Ann Beckman

## SPECIES

Canine

## BREED

Poodle Mix

## SEX

Spayed female

## AGE

4 years

## WEIGHT

12.6 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Alex Alvarado

## HOSPITAL NAME

Country VC

## REFERRING VET

Dr. Alvarado

## INVOICE

75381

## DATE

5/12/26

## PRESENTING CLINICAL SIGNS

History: Long history of GI symptoms: intermittent colitis and food sensitivity plus significant GERD issues with a lot of burping, raising head, licking lips. Had a cholecystectomy in Oct 2025 and things improved at that time, but never 100%. In the last month the GERD-type issues have increased again and patient is waking up owner in the night with discomfort, burping, licking lips, trying to sit herself upwards.

Abnormal PE/Chem/CBC/UA Results: Bloodwork normal at the time of surgery in Oct 2025. Currently bloodwork unremarkable other than ALT of 447 Histopathology of GB showed mild to moderate chronic papillary, ectatic and cystic epithelial hyperplasia with mild chronic lymphoplasmacytic cholecystitis, congestion and hemorrhage

## 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 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 right kidney measured 4.2 cm. The left kidney measured 3.3 cm.

### Adrenal Glands

The **adrenal glands** were not overtly visualized. However, the regions of the adrenal glands appeared unremarkable.

### 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 was noted.

### Liver

The **liver** was slightly subnormal in size. The liver revealed slightly increased portal markings. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. The hepatic vascularity



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appeared normal. There was no evidence of masses. The gallbladder was not visualized as it was previously removed. The gallbladder fossa was unremarkable with no residual pathology.

## Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

## Pancreas

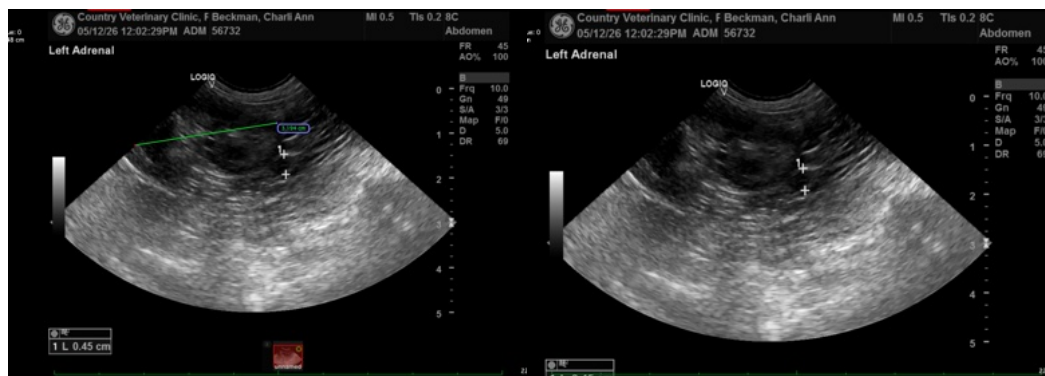
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

Unremarkable abdomen with minor hepatic remodeling.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the breed predisposition and lack of visible adrenal glands, screening for Addison's is indicated and can manifest with GI issues especially gastritis and ulcerative gastritis. Even though no overt ulcerative changes were noted, given the patient's history, GI protectant protocol is indicated.





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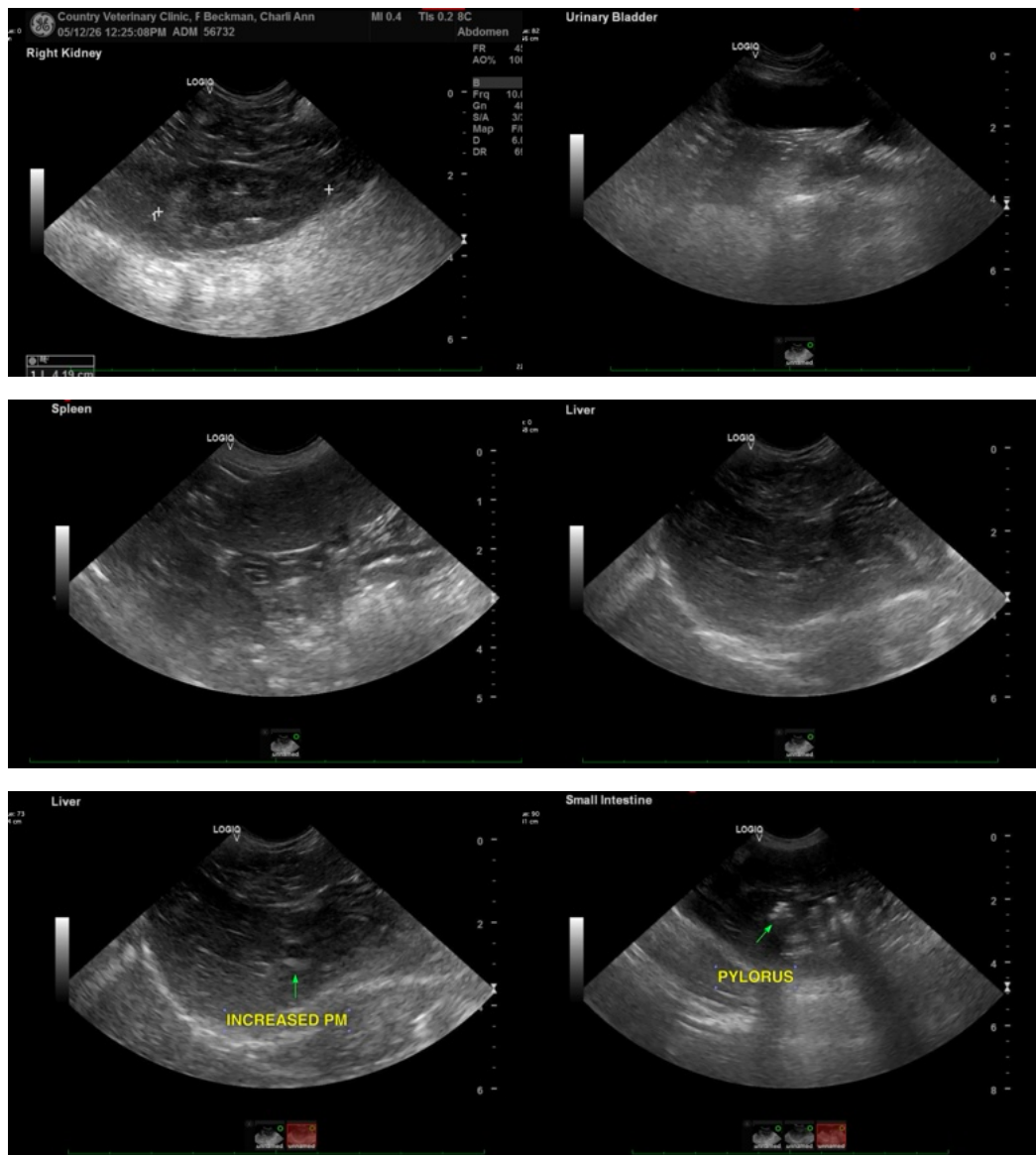
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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