



PATIENT

Syd Battaglia

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

6

WEIGHT

93

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Maniar

INVOICE

15823

DATE

05/06/26

PRESENTING CLINICAL SIGNS

Re check from yesterday vomited stopped now on Cerenia but dog is still very tense in the abd and painful

LIMITED ULTRASONOGRAPHIC EXAMINATION

Gastrointestinal

The **stomach** revealed a minor amount of fluid-filled lumen. No evidence of obstruction. Some hyperechoic changes were noted in the mucosa and may be related to ulcerative disease. The small intestine appears to be resolving.

Pancreas

The **pancreas** appeared unremarkable.

ULTRASONOGRAPHIC FINDINGS

- Improving GI presentation.
- Unremarkable pancreas.

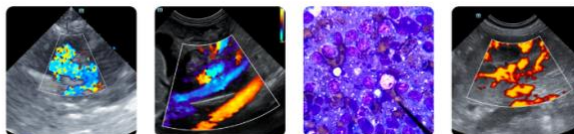
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the abdominal pain is unclear as the GI presentation appears to be resolving. Recommend pain management with assessment for other cause of pain response such as orthopedic pain. GI protectant protocol long-term such as the following would be recommended with recheck as needed.

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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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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