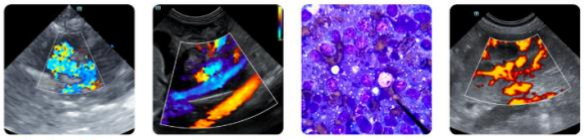

PATIENT

Sorra Hall

SPECIES

Canine

BREED

Shepherd Mix

SEX

Spayed Female

AGE

11

WEIGHT

23.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Ryan Bergner, LVT

HOSPITAL NAME

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PRESENTING CLINICAL SIGNS

Presented on (5/14/26) for recheck of intermittent vomiting of fluid (NOT food). No toxin exposure, no history of dietary indiscretion. No hx of eating foreign material. Vomiting started ~2 months ago: 3/10/26: 5–6-day hx of vomiting; 1 episode diarrhea. Symptomatic treatment of maropitant was tried (along with metronidazole and probiotic) and bland diet of chicken/rice. 3/11/26: P still vomiting yellow liquid (no more diarrhea), so did. P was given SQ fluids, Vit B12 injection, more maropitant. 4/27/26 - P still intermittently vomiting yellow liquid despite giving a 3rd course of maropitant. Started omeprazole 20 mg po BID. 5/14/26 - Lost ~2 lb in past 2 months (BCS 5/9). P still intermittently vomiting (usually yellow liquid, still never food) despite getting omeprazole 20 mg po BID (and sometimes maropitant). Appetite generally good. Full abdominal ultrasound done along with V/D and lateral abdominal radiographs to further assess vomiting - all images sent to EVET for interpretation. 6/2/26: vomiting of fluid about SID persisting despite starting Prednisone 1mg/kg BID on 5/15/26 for possible IBD. P has still been on omeprazole 20 mg BID and Cerenia PRN. Still has good appetite. Has lost ~10 lb since 5/14.

3/11/26: CBC/Chem/pancreatic lipase - all were unremarkable except very mildly increased ALT. Very brief abdominal ultrasound was done then (Liver, kidneys, urinary bladder WNL. No free abdm fluid. Gall bladder - appears slightly large (5x7cm) with bright echogenicity - possible some extra sludge but is not looking like duct disease (and total bilirubin was WNL on Chem panel). 5/14/26: Evet x-ray report: Whilst there is no evidence of an obstructive pattern, chronic IBD cannot be excluded. Mild or chronic pancreatitis, as well as hepatopathy cannot be ruled out and further investigation is advised.

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.

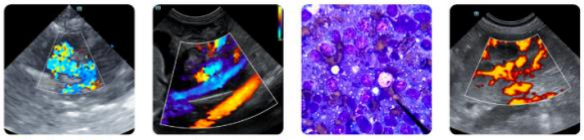
The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. Slight pinpoint mineralizations were present. The left kidney measured 5.9 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed, yet the left adrenal gland was at the upper limits of normal. 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 0.84 cm width. The right adrenal gland measured 1.1 cm width at the cranial pole and 0.6 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



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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 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

A minor amount of mucosal remodeling and pyloric hypertrophy was present in this patient consistent with chronic **GI** upset yet nonspecific presentation. Intestinal wall thickness measured up to 0.49 cm.

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

- Largely age-related abdominal changes.
- Pinpoint renal mineralizations.
- Mild hepatic remodeling.
- Chronic GI upset.
- Eft adrenal gland at the upper limits of normal.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A clinical trial of the following may prove effective if endoscopy is not an option, yet if patient is refractive to dietary management, then helicobacter type protocol and mucosal biopsies through endoscopy would be ideal. Rare potential of occult Addison's disease. Baseline cortisol would be indicated to rule out that potential. Hydrolyzed BID can feeding is recommended.

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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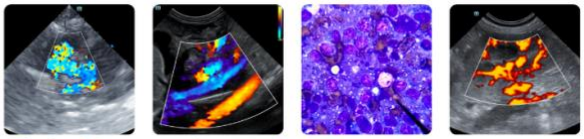

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Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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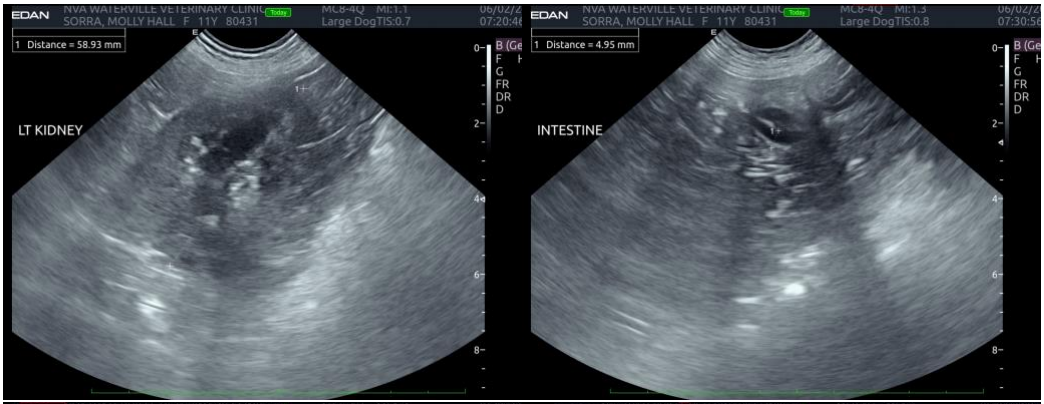

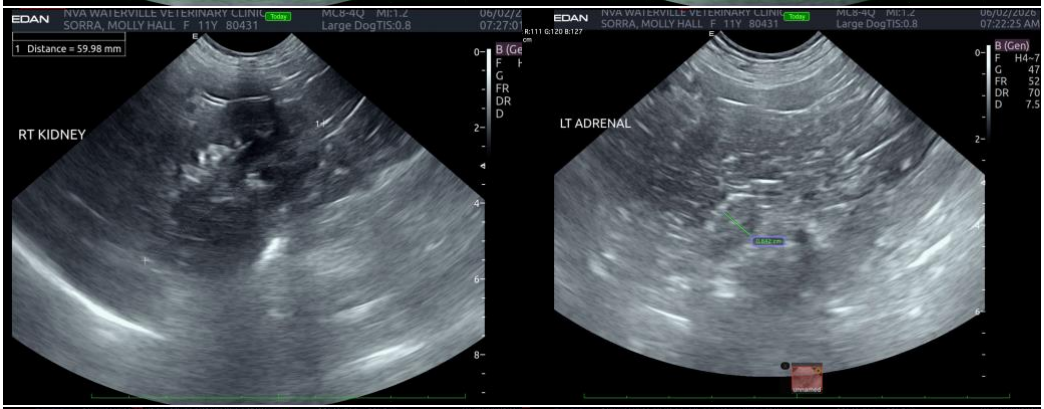

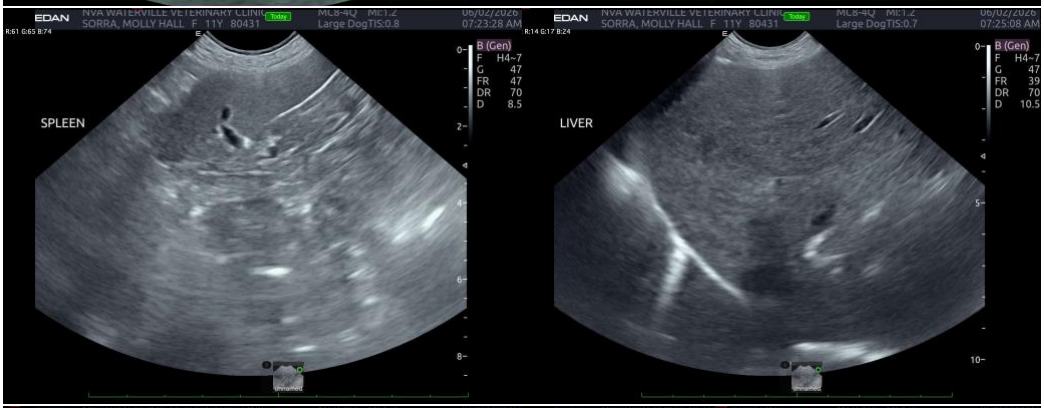

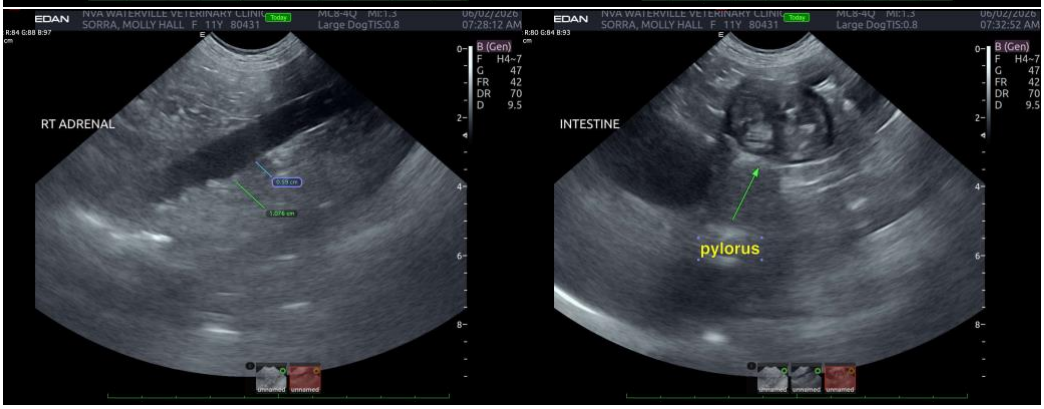

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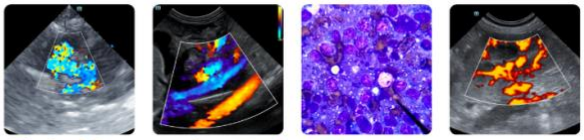

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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