



PATIENT

Jenny Davis

SPECIES

Canine

BREED

Catahoula Mix

SEX

Spayed Female

AGE

8 Years

WEIGHT

28 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Jolee Stegemoller,
DVM

HOSPITAL NAME

North Idaho Animal
Hospital (VCA)

REFERRING VET

Jolee Stegemoller,
DVM

INVOICE

16308

DATE

06/03/26

PRESENTING CLINICAL SIGNS

Several year history of chronic inflammatory enteropathy clinical signs with intermittent diarrhea, reduced appetite, and abdominal pain. Had interventional cardiology for pulmonic stenosis and dentigerous cysts treated as a young dog. Has a history of giardia that was difficult to treat. Was under care of UC Davis for CIE and did multiple diet trials but never had endoscopy or biopsies. Currently being treated for giardia (even though negative test results) with Panacur/metronidazole.

Abnormal PE/Chem/CBC/UA Results: TAMU GI Panel - PLI - 1355 Performed 5/28, 902 performed on 5/8 Antech PSL - 294 performed on 5/8 Idexx Catalyst CL Slide - 47 Performed 6/3 TLI >50.0 Fecal PCR Negative, Fecal Keyscreen Negative

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 6.1 cm in length. The right kidney measured 7.4 cm in length.

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 2.4 cm x 0.5 cm width at the cranial pole and 0.5 cm width at the caudal pole. The right adrenal gland measured 3.1 cm x 0.8 cm width at the cranial pole and 0.6 cm width at the caudal pole.

Spleen

The **spleen** revealed a 0.6 cm hypoechoic subtle nondisruptive at the cranial body at the spleen.

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



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A minor amount of **gastric** fluid accumulation was noted, possibly minor gastritis. Mild pyloric thickening was noted with echogenic changes. The small intestine and colon were unremarkable. No evidence of foreign bodies. No transmural pathology 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

- Structurally unremarkable abdomen with possible minor gastritis pattern.
- Splenic nodule- hyperplasia likely, round cell neoplasia, emerging hemangiosarcoma unlikely.

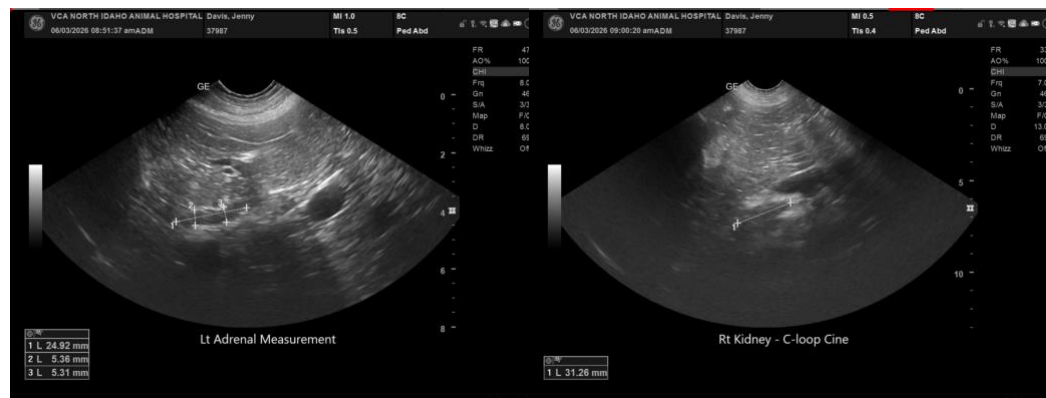
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Management for gastritis is indicated. The following clinical trial 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.

FNA of the splenic nodule is indicated for further definition. Recheck sonogram in 3-4 weeks.





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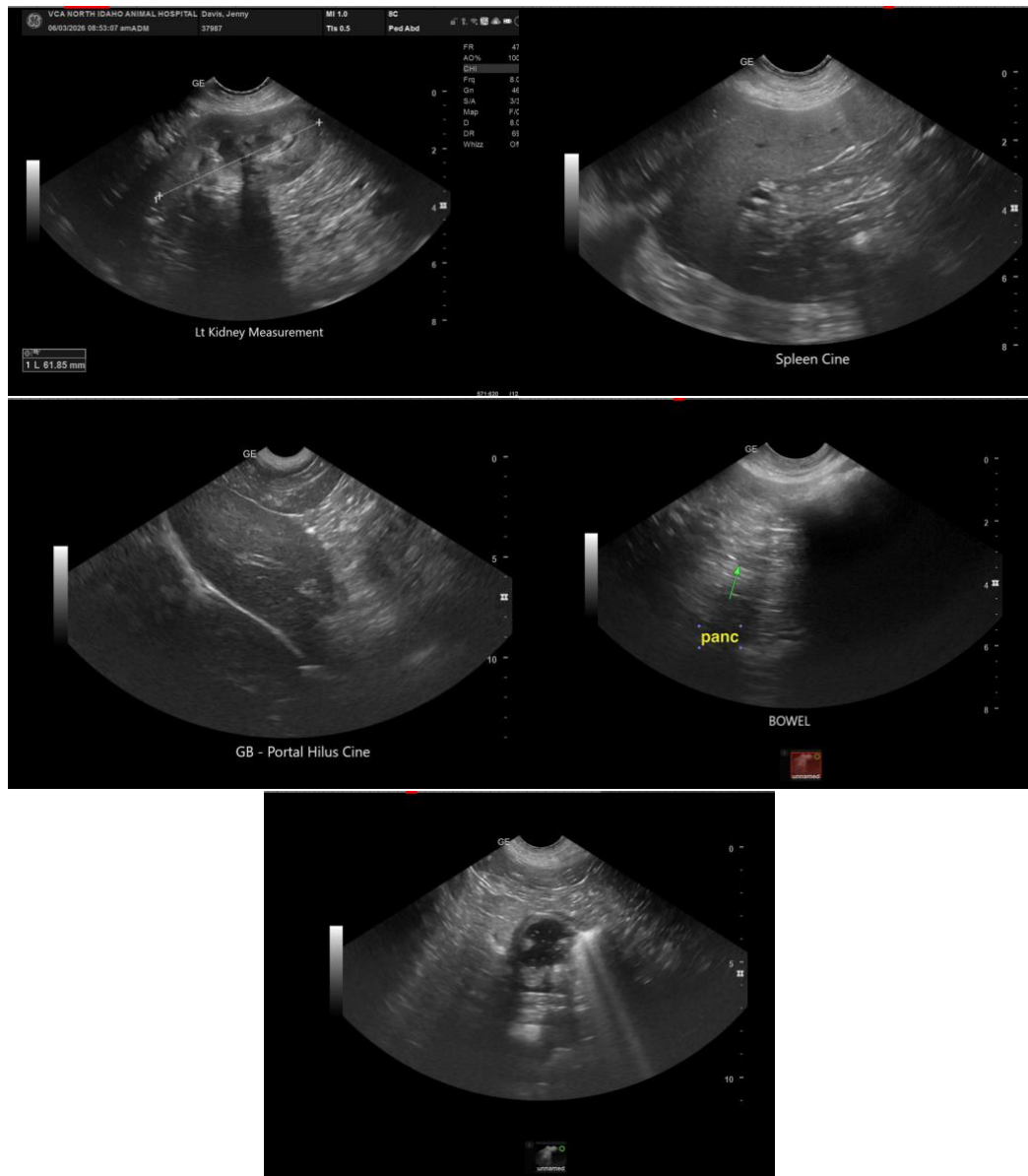
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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