



PATIENT

Emmie Reid

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed female

AGE

5 years

WEIGHT

61 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Ginny Dodd DVM,
DABVP (CFP)

HOSPITAL NAME

Monroe Road AH

REFERRING VET

Dr. Fackrell

INVOICE

68509

DATE

11/10/25

PRESENTING CLINICAL SIGNS

History: Vomiting for over 12 hours, the most recent one had melena
Abnormal PE/Chem/CBC/UA Results: CBC and CHEM in 6/25 was WNL Rads were suspicious for a gastric foreign body or gastritis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

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 6.82 cm. The left kidney measured 5.85 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 right adrenal gland measured 2.45 x 0.61 cm at the caudal pole and 0.63 cm at the cranial pole. The left adrenal gland measured 2.4 x 0.6 cm at the caudal pole and 0.69 cm at the cranial pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. This is a positional variant and is not pathological. There was no evidence of significant disease.

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.



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Gastrointestinal

The **gastric** wall was thickened in this patient with no loss of mural detail; however, some hyperechoic inclusions were noted in the pyloric wall. This is suggestive for ulcerative disease. No overt foreign bodies were noted. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

Pancreas

The right base of the **pancreas** was mildly heterogenous with potential low-grade inflammation.

ULTRASONOGRAPHIC FINDINGS

- Ulcerative gastritis pattern.
- Cystitis bladder pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no overt foreign body. GI protectant protocol is warranted. If surgery is to be performed then inspection of the gastric wall and resection of any ulcerative changes is recommended. The hyperechoic inclusions were mainly mucosal to submucosal and do not appear to be perforating at this point. Recheck sonogram is recommended in 10-14 days if clinical signs if the patient is gradually improving. Urinary work-up is warranted given the bladder presentation to assess for any evidence of UTI.

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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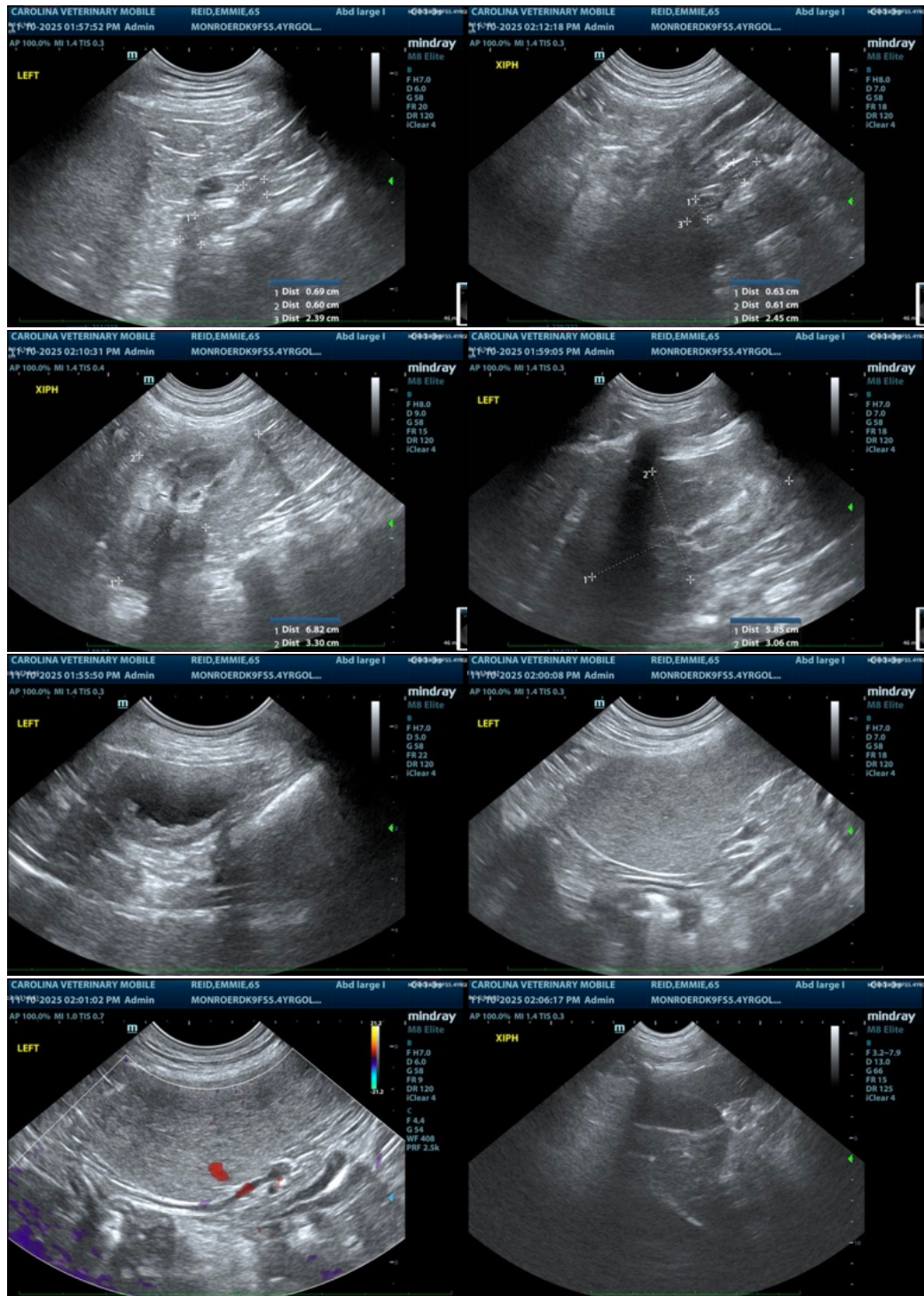
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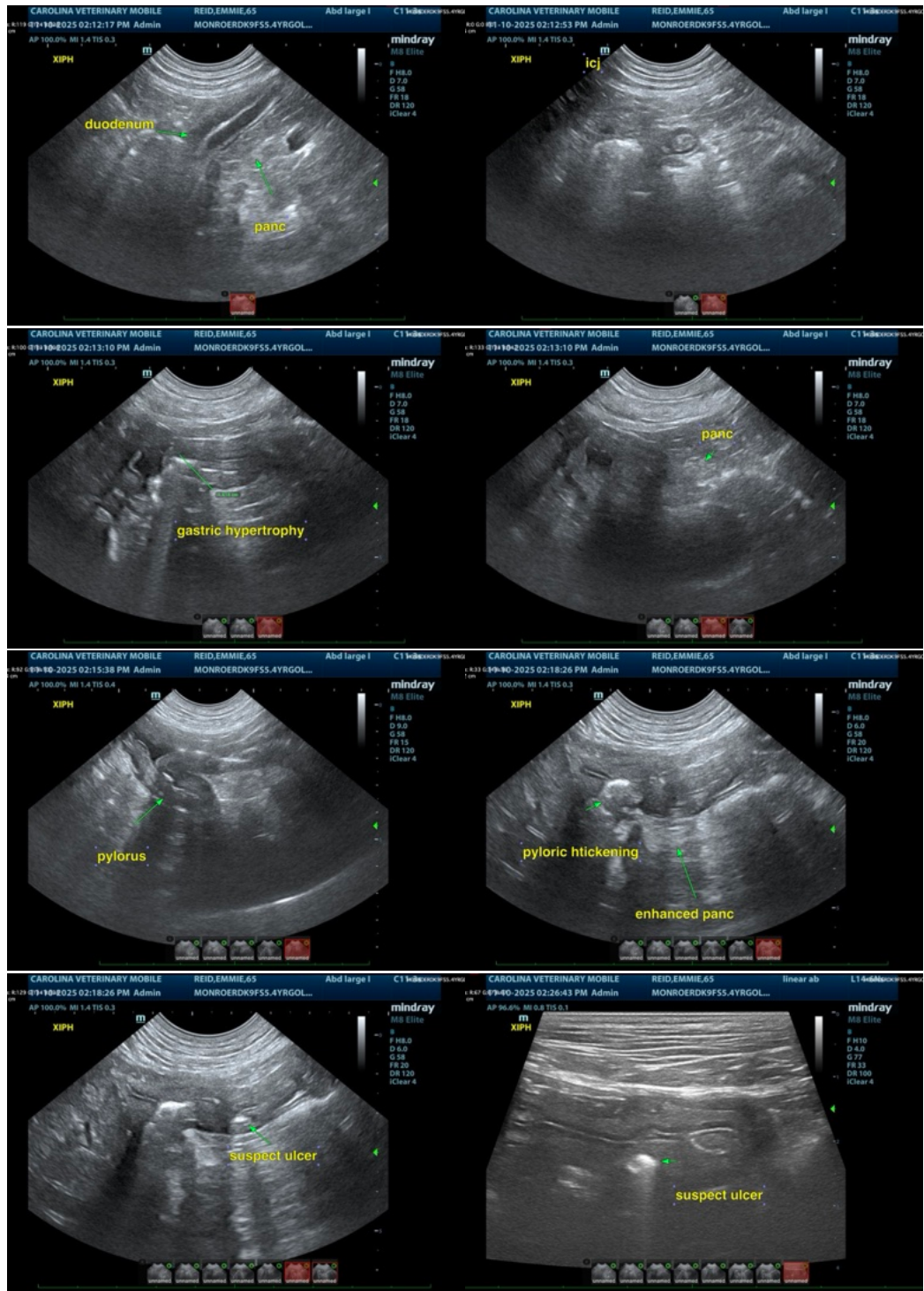
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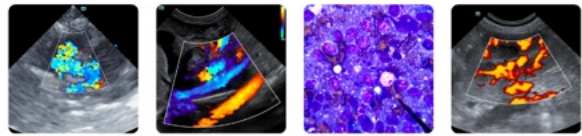
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The information and recommendations provided are based on the images presented by the



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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, Cert. IVUSS, CEO of SonoPath.com

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