



PATIENT PRESENTING CLINICAL SIGNS

Cooper Donaldson

History: Not eating, panting, uncomfortable, cried when picked up, asking to go outside a lot (unsure if having bm or urinations outside as he normally goes to an area of the yard the owner doesn't see). Owner suspects GI tummy pain as he has had 2 bouts of vomiting/diarrhea in the past few months. Had an episode of back pain a year ago. On exam cranial abdominal pain, somewhat hunched. No spinal/back/neck pain appreciated. Otherwise examination is normal
Abnormal PE/Chem/CBC/UA Results: CBC/Biochem performed at last episode of GI issues 6 weeks ago - normal, including PSL.

SPECIES

Canine

BREED

Maltese

SEX

Male

AGE

9.5 years

WEIGHT

3.5 kg

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 left kidney measured 3.61 cm. The right kidney measured 3.05 cm.

INTERPRETED BY

Eric Lindquist, DMV
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Adrenal Glands

The left **adrenal gland** was 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 0.5 cm. The right adrenal gland was not visualized.

IMAGING PERFORMED BY

Dr. Hauer

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Mariposa VH

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.

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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

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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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SPECIES

Gastrointestinal

Canine

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. A minor amount of luminal fluid was noted in the stomach. Minor transit of chyme was noted in the small intestine. 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.

BREED

Maltese

SEX

Pancreas

Male

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.

AGE

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

3.5 kg

Structurally unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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There was no evidence of visceral disease that would be responsible for the abdominal tension/pain. Referred back pain should be considered in this patient.

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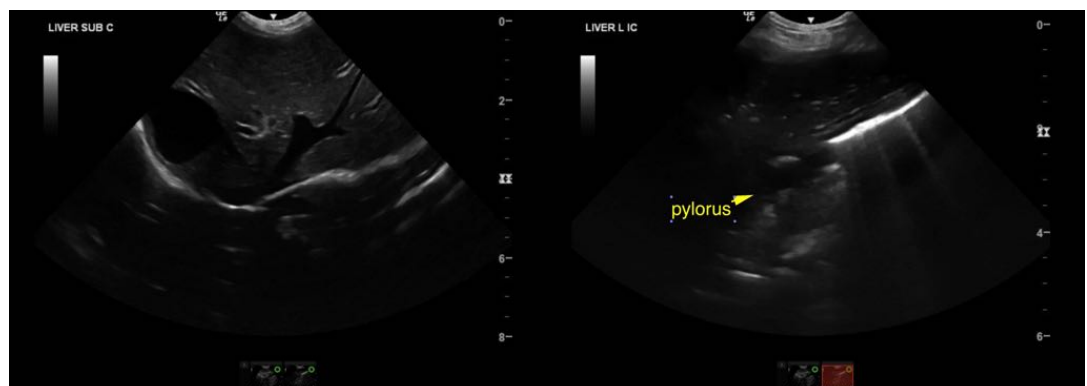
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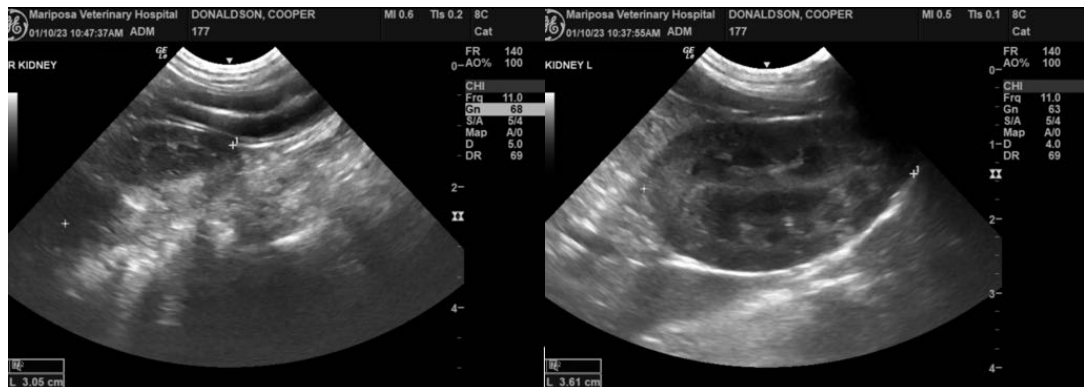
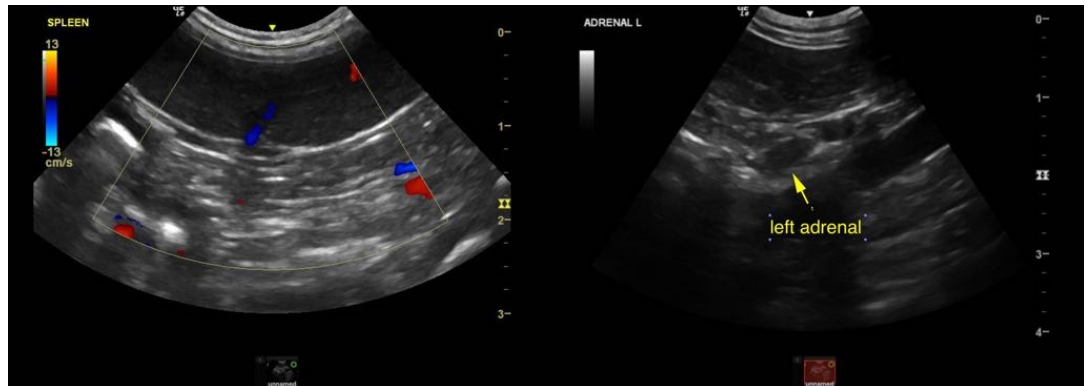
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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