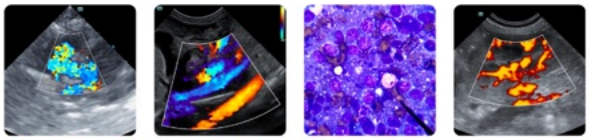


PATIENT

Jagger Asatiani

SPECIES

Canine

BREED

Great Dane

SEX

Male

AGE

15 months

WEIGHT

145 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Varujan Belekdanian

HOSPITAL NAME

Overpeck Creek AH

REFERRING VET

Dr. Belekdanian

INVOICE

70011

DATE

1/12/26

PRESENTING CLINICAL SIGNS

History: Jagger is a 15 month old MI great dane. Patient is currently being seen by a dermatologist and is on a novel protein diet. Patient has always been a normal body condition. Fecal analysis came back negative, ATCH stim came back WNL, UPC came back as 0.2.
Abnormal PE/Chem/CBC/UA Results: chronic history of loose stool and hypoalbuminemia of 1.9, and hyperglobulinaemia of 5.5 on 12-20-2025. Patient has had some mild weight loss, being 144 lbs on 12-18-2025, and then 142.2 lbs on 1-03-2025.

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 9.4 cm. The right kidney measured 9.0 cm.

Adrenal Glands

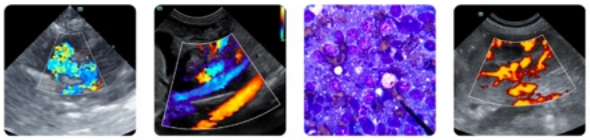
The left **adrenal gland** was flattened in this patient and measured 0.44 cm. The right adrenal gland was normal in size and contour measuring 1.2 x 0.5 cm.

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.

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

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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.

Pancreas

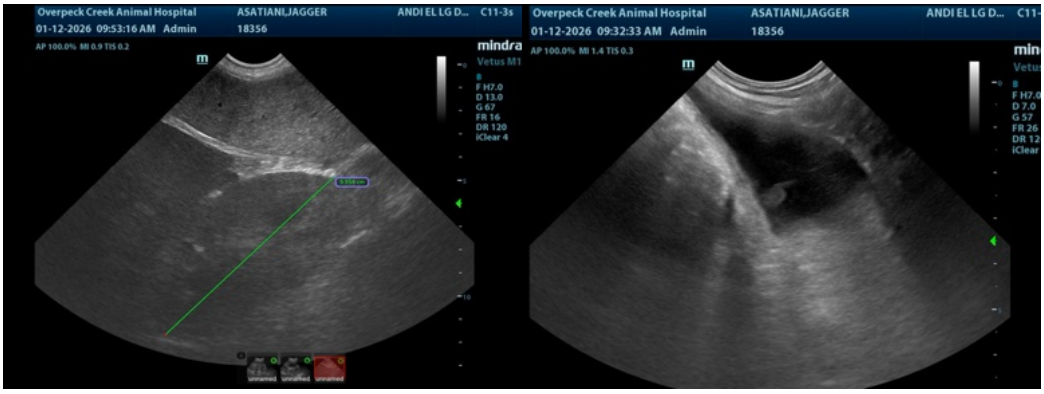
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Unremarkable abdomen with subjectively flattened adrenal glands. This may be a normal variant for this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history screening for Addison's is indicated with full ACTH stimulation or baseline cortisol. If no significant proteinuria is present then protein losing enteropathy is likely even though the GI tract appears unremarkable. There was no evidence of structural disease.



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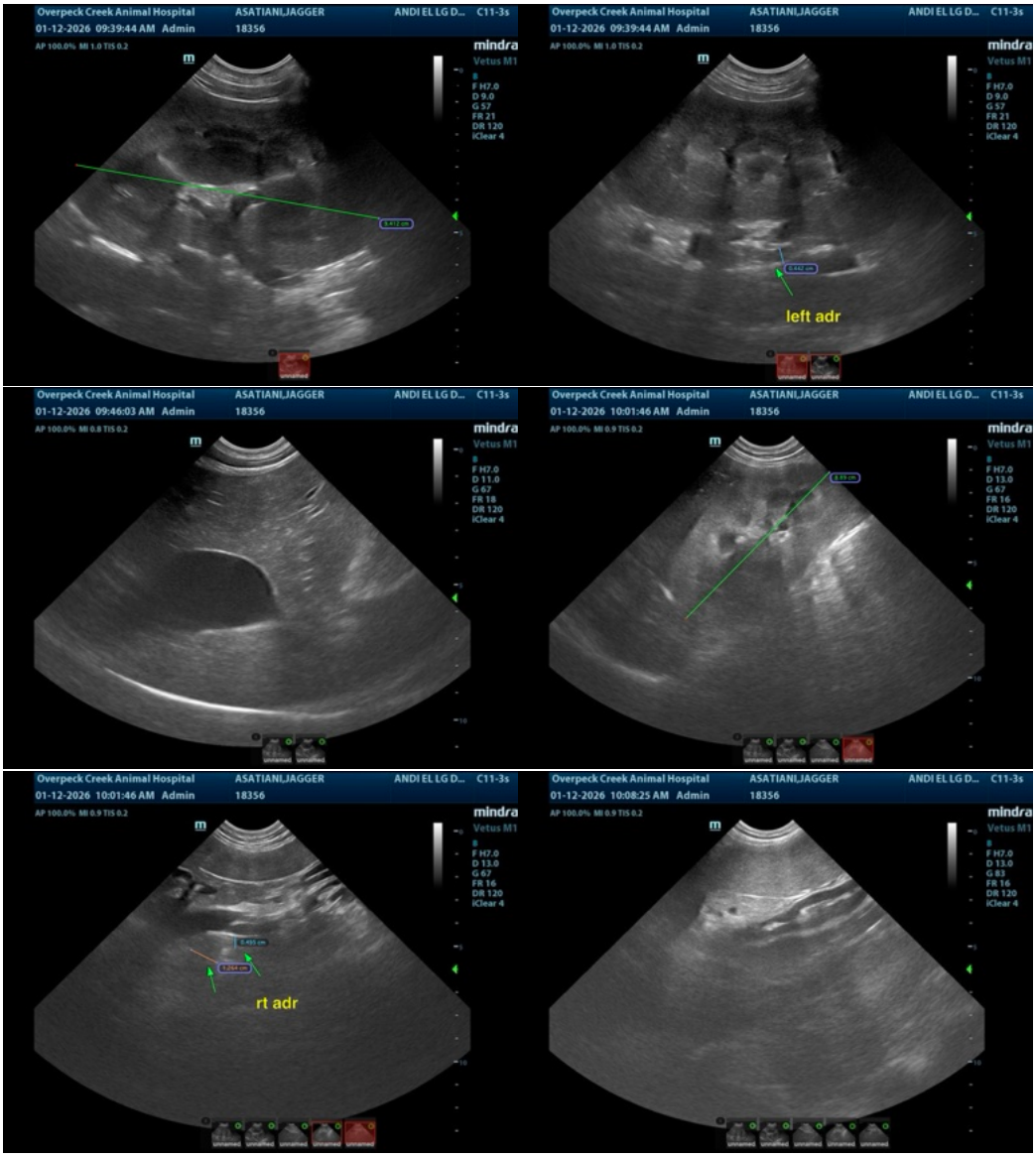

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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