



PATIENT

Milton Thomas

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

14 Years

WEIGHT

22 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Elaina Petrone

HOSPITAL NAME

Long Branch AH

REFERRING VET

Dr. Elaina Petrone

INVOICE

35376

DATE

1/12/26

PRESENTING CLINICAL SIGNS

History: Pet's signalment: Milton, 14-year-old male neutered Wire Fox Terrier History: Patient is presenting for a scheduled abdominal ultrasound. The ultrasound was recommended to investigate previously identified abnormalities on blood work concerning the liver. Owner reports the patient is doing well at home No vomiting or diarrhea Patient has a known history of a heart murmur. Patient was appropriately fasted for the procedure. Takes Pimobenden medication daily. Last echo through sonopath 2023-cardiac Stage B2, LA:Ao 1.7, MR max: 6.0

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 to moderate 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 this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. The right kidney measured 5.2 cm. The left kidney measured 5.2 cm. Microcystic cortical renal changes were noted.

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 0.62 cm at the caudal pole and 0.6 cm at the cranial pole. The left adrenal gland measured 0.63 cm at the caudal pole and 0.66 cm at the cranial 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 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. Minor striating bile was noted in the gallbladder.

Gastrointestinal

The **gastric wall** was thickened in this patient with some loss of mural detail and empty lumen. The small intestine and colon were unremarkable with normal curvilinear patterns and content.



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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.

Other

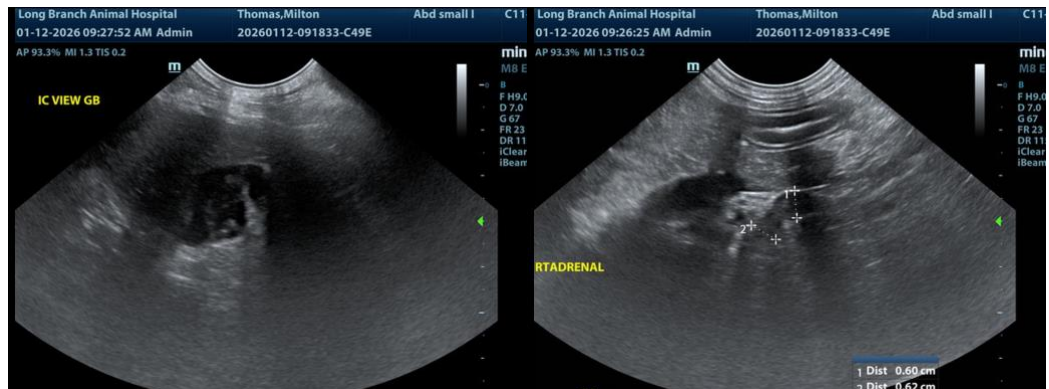
A rapid view of the **heart** revealed valvular disease with slight left atrial enlargement. Only left ventricular and left atrial volume overload were noted.

ULTRASONOGRAPHIC FINDINGS

- Geriatric abdomen
- Minor gastric thickening
- Microcystic cortical renal changes
- Valvular disease with slight left atrial enlargement
- Left ventricular and left atrial volume overload

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt cause of weight loss was noted in this patient. Adjustment in current medication protocol to add an Ace Inhibitor and spironolactone would be subjectively appropriate, in addition to the pimobendan, yet the cardiac presentation is not likely a cause of the weight loss. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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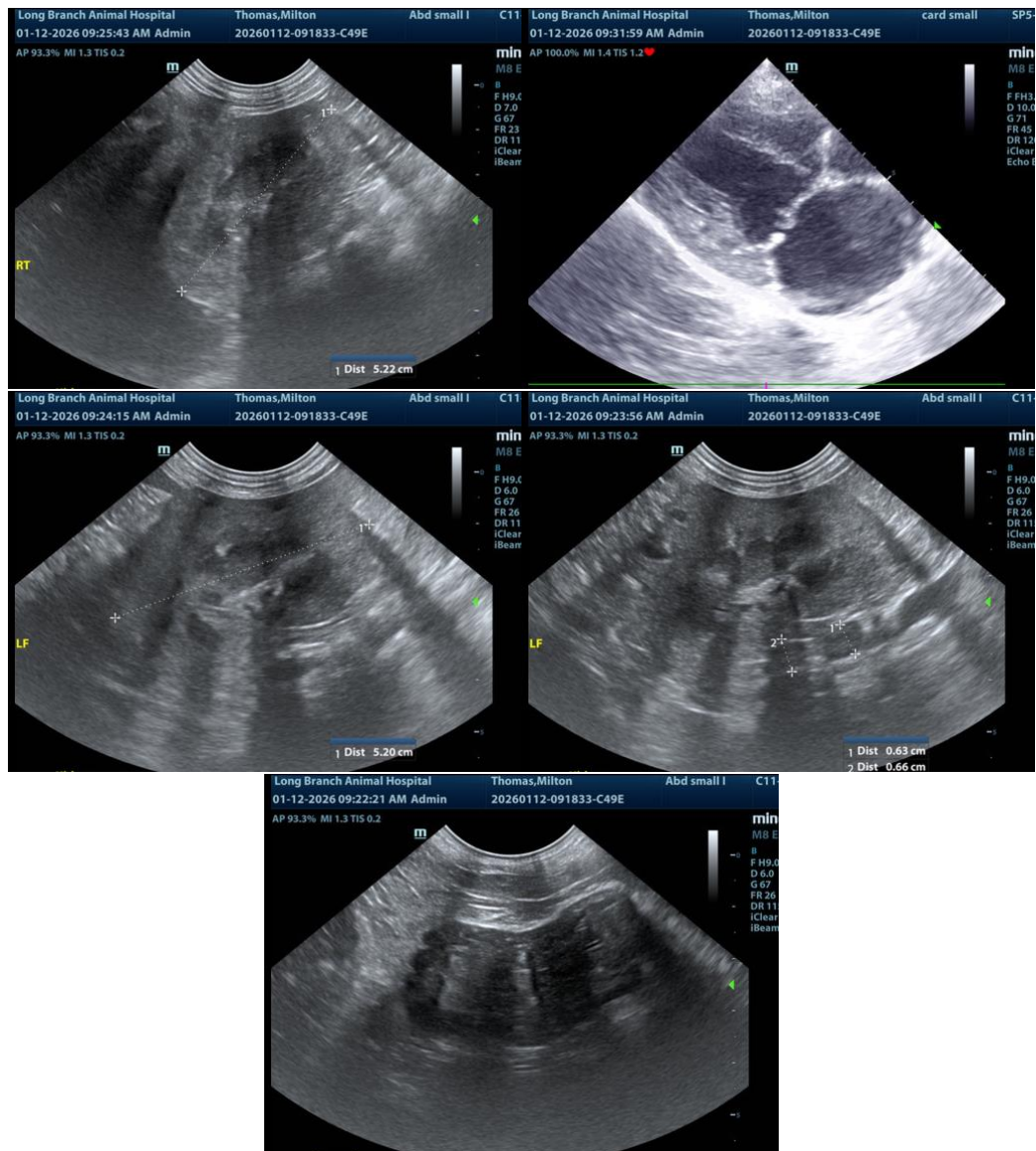
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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