



PATIENT PRESENTING CLINICAL SIGNS

Ben Hicks History of abdominal discomfort and borborygmus. Possibly PU/PD as well. Suspect possible food allergy. Changed to HA diet and treated with Dexamethasone inj. SQ last week. Still has decreased appetite and bout of black stools w/mucous over the weekend.

SPECIES Abnormal PE/Chem/CBC/UA Results: BW: WNL RADS (8/2021) attached, bone chips in colon, WNL otherwise.

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Maltese **Urinary System**

SEX The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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.

Neutered male

The residual prostate measured 0.7 cm.

AGE

8 years

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 3.6 cm. The left kidney measured 2.86 cm.

WEIGHT

9.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 0.32 cm at the caudal pole and 0.29 cm at the cranial pole. The right adrenal gland measured 1.31 cm at the cranial pole and 0.53 cm at the caudal pole.

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

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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.

REFERRING VET

Dr. Giroux

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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

DATE

1/24/22



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

Ben Hicks

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. 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

Pancreas

SEX

Neutered male

The **pancreas** revealed subtle, minor, hypoechoic changes with minor irregular contour. Sonographer noted a positive Murphy's sign in this region. However, the changes were exceedingly minor. Referred back pain may be an issue in this patient. Orthopedic assessment of the thoracolumbar spine is recommended.

AGE

8 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

9.4 lbs

Subtle, minor, heterogenous pancreatic changes.

Otherwise, unremarkable abdomen.

INTERPRETED BY

Eric Lindquist, DMV
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreatic changes may be normal for this patient or related to prior episodes of pancreatitis, yet the changes were exceedingly minor. Consider referred back pain as the cause of abdominal discomfort. Given the patient's history empirical GI protectant protocol would be indicated.

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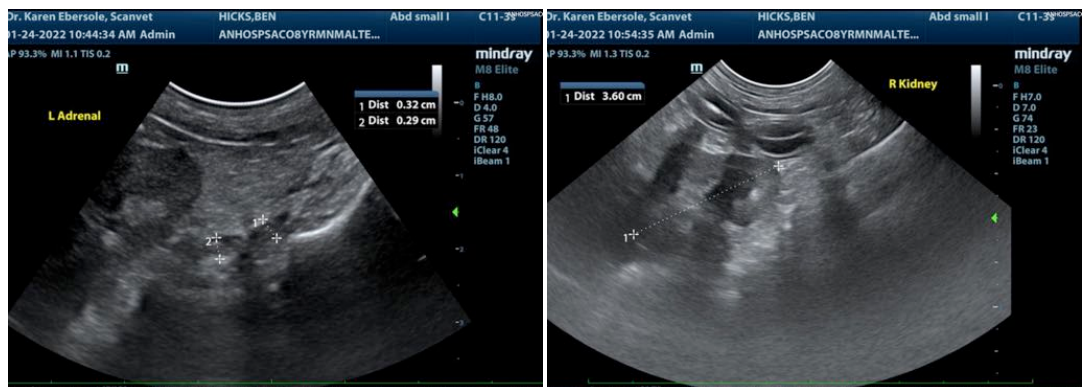
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Ben Hicks

SPECIES

Canine

BREED

Maltese

SEX

Neutered male

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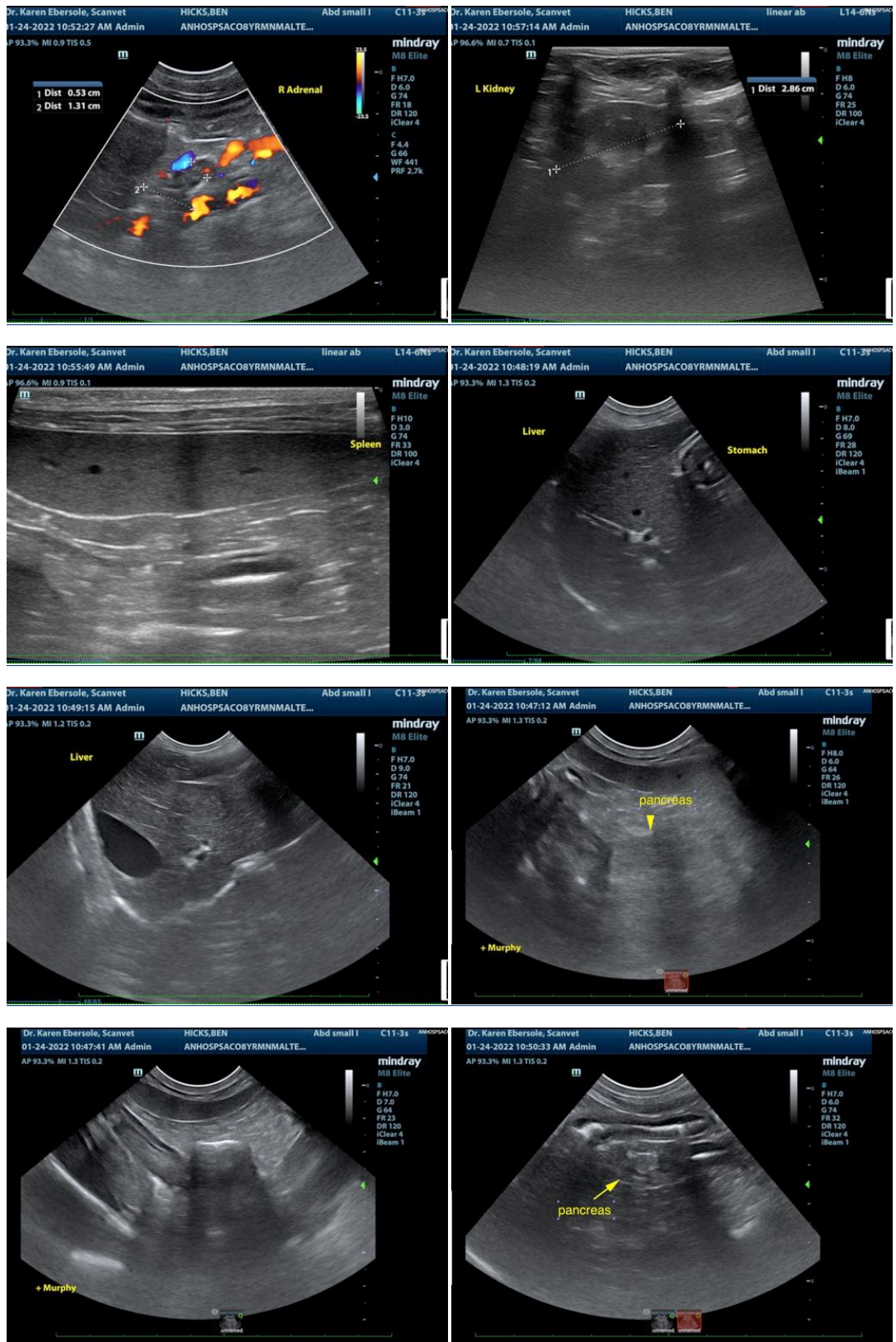
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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