



**PATIENT**

Buddy Iannone

**SPECIES**

Canine

**BREED**

Pug

**SEX**

Neutered male

**AGE**

14 years

**WEIGHT**

25 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Striano-Kaplan

**HOSPITAL NAME**

Ramsey VH

**REFERRING VET**

Dr. Striano-Kaplan

**INVOICE**

92187

**DATE**

10/5/21

**PRESENTING CLINICAL SIGNS**

History: H/O Chronic cough - Seen in August - tracheal cough - thoracic/abdominal radiographs taken. Doing better on Diphenoxylate.  
Overweight KCS Elbow crepitus Radiographs from 8/2021 with rad review - revealed transient collapse of trachea at the level of carina, age related pulmonary parenchyma, splenic tail mass, bilateral elbow DJD

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 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.

The residual prostate measured 0.6 cm.

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 left kidney measured 4.47 cm. The right kidney measured 4.74 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 left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.8 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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted.



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**Gastrointestinal**

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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.

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**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**AGE**

14 years

**Free Abdomen**

A lipomatous type accumulation was noted between the left kidney and spleen in this patient. This is not pathological.

**WEIGHT**

25 lbs

**ULTRASONOGRAPHIC FINDINGS**

Unremarkable abdomen.

**INTERPRETED BY**

Largely, geriatric changes.

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

Caudal abdominal lipoma adjacent to the spleen.

**IMAGING PERFORMED BY**

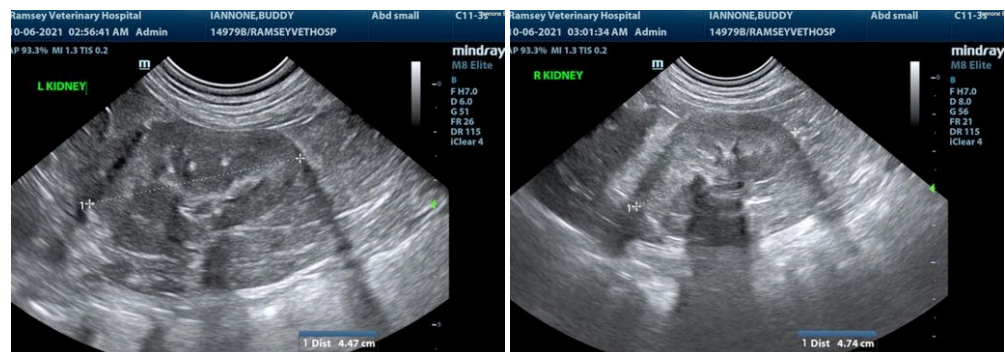
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Dr. Striano-Kaplan

There was no evidence of primary visceral disease.

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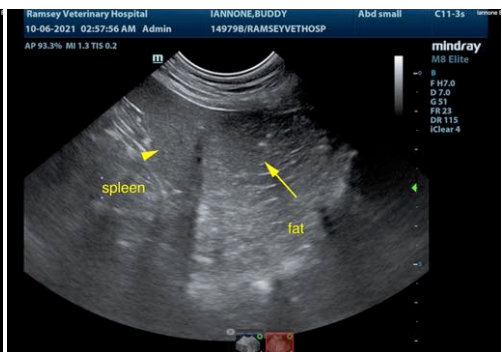
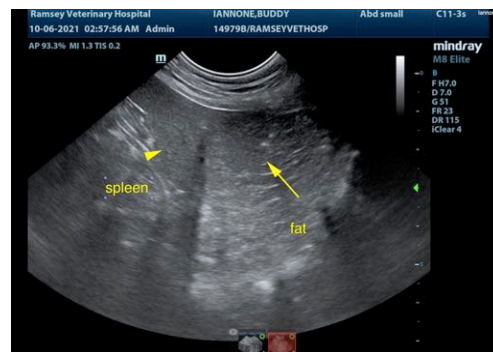
Dr. Striano-Kaplan

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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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**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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