



PATIENT PRESENTING CLINICAL SIGNS

Max Piccone Weight loss, elevated bilirubin, ALP and ALT -- mild. Intermittent chronic diarrhea.
Abnormal PE/Chem/CBC/UA Results: ALT 123, TBIL 0.4

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Pug

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

SEX

Neutered male

AGE

13 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. Slight mineralization was noted in the kidneys. The right kidney measured 5.25 cm. The left kidney measured 4.64 cm.

WEIGHT

16.2 lbs

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 at the cranial pole and 0.6 cm at the caudal pole.

IMAGING PERFORMED BY

Dr. Prescott

Spleen

HOSPITAL NAME

Roundout Valley VA

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. Prescott

Liver

INVOICE

92226

The **liver** had non-specific, coarse architecture and was mildly subnormal in size. Occasional, hyperechoic, lipogranulomatous type nodule was noted. The gallbladder and common bile duct were unremarkable.

DATE

10/7/21



PATIENT

Max Piccone

Gastrointestinal

SPECIES

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. Some retention of ingesta was noted in the stomach. 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

Pug

Pancreas

SEX

Neutered 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

13 years

ULTRASONOGRAPHIC FINDINGS

Non-specific, inflammatory hepatopathy liver pattern. Mild microhepatica.

WEIGHT

16.2 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile and Leptospirosis titers are warranted +/- ultrasound-guided FNA.

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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.

IMAGING PERFORMED BY

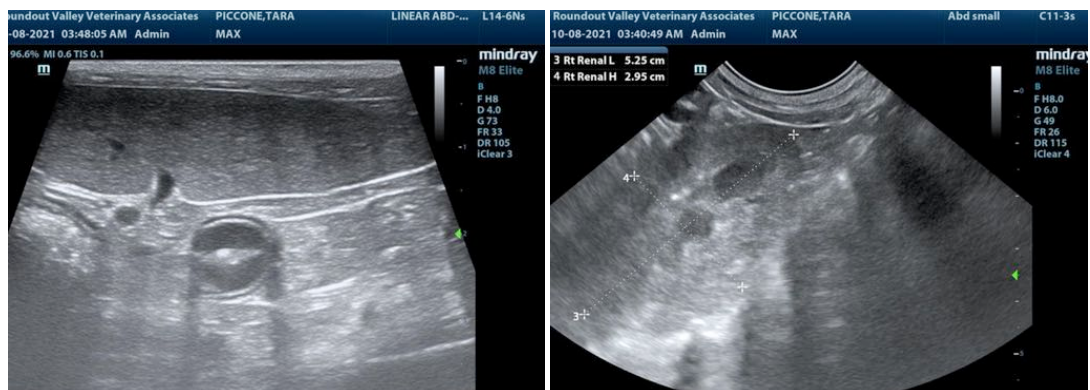
Dr. Prescott

HOSPITAL NAME

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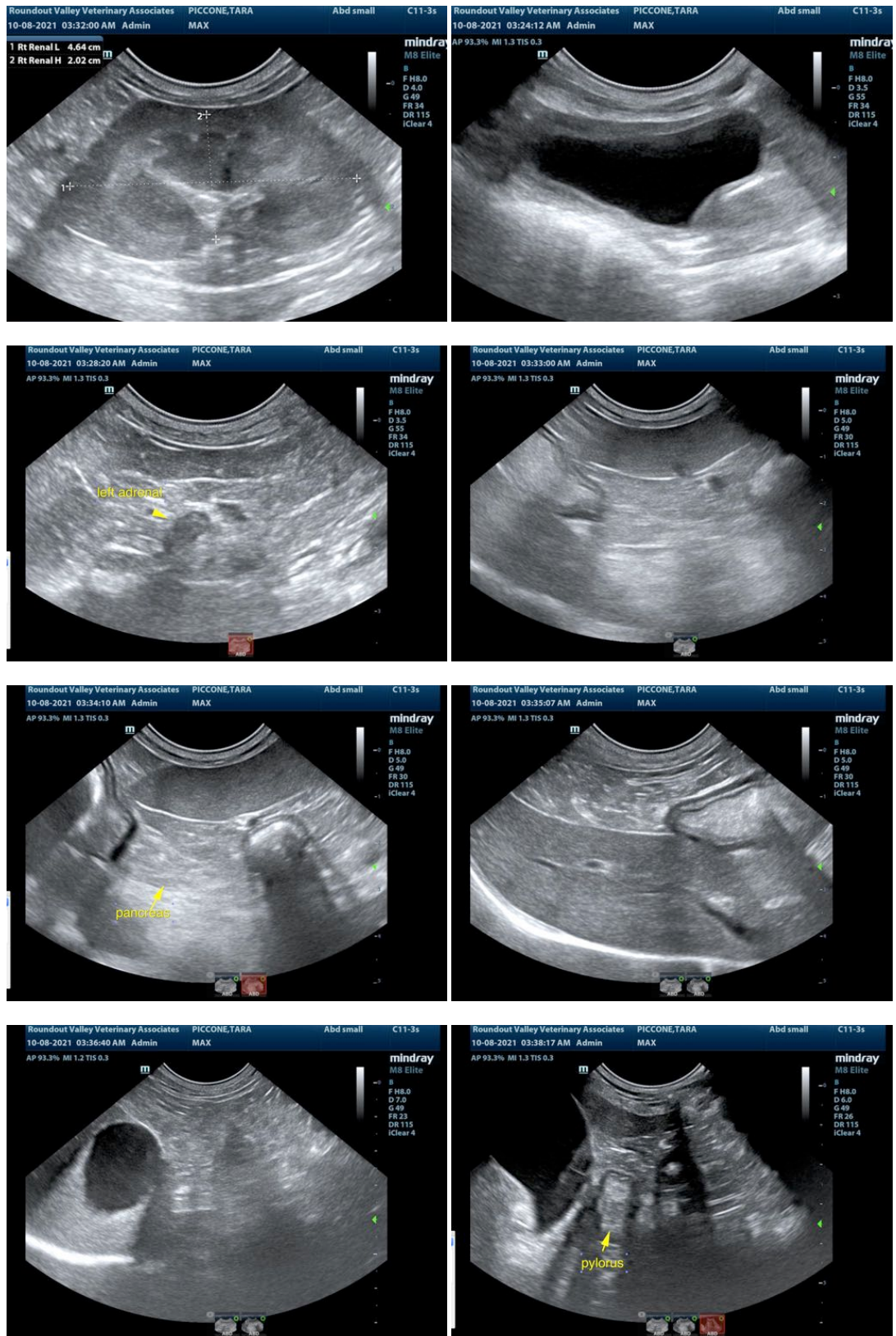
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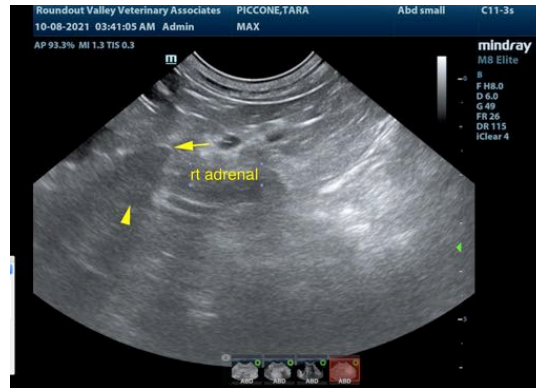
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com
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