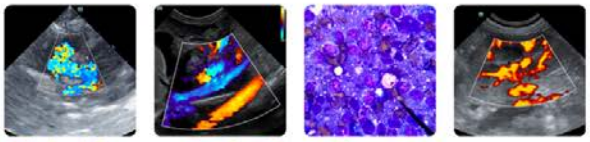

PATIENT

Leah Long

SPECIES

Canine

BREED

Doberman Pinscher

SEX

Spayed Female

AGE

12 Years 9 Months

WEIGHT

59 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ashley Whitesell

HOSPITAL NAME

Dickson Animal Clinic

REFERRING VET

Dr. Richard Hovis

INVOICE

71688

DATE

11/11/25

PRESENTING CLINICAL SIGNS

History of inflammatory bowel disease since 12-2020. History of hypothyroidism since 1-2025. Bloodwork unremarkable. Radiographs lack detail in the cranial abdomen and Leah is not eating like she used to. Current medications 1) Prednisone 10mg Monday Wednesday Friday 2) Metoclopramide 10mg twice a day 3) Prilosec 20mg twice a day 4) Thyroid Tabs 1.0mg twice a day 5) Mirtazapine 15mg once a day 6) Sentinel 7) K9 Advantage 2 8) Whole Hearted Lamb and Rice Leah will have 600mg Gabapentin and 300mg Trazodone on board

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.9 cm. The right kidney measured 6.77 cm. Pinpoint mineralizations noted in both kidneys, non-obstructive.

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 0.77 cm at the cranial pole and 0.34 cm at the caudal pole. The left adrenal gland measured 0.51 cm at the cranial pole and 0.35 cm at the caudal 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 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 presented some dependent debris with essentially normal contour. Slight sand also noted, not clinically significant. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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Gastrointestinal

Minimal amount of luminal artifact noted in the **stomach**. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

Pancreas

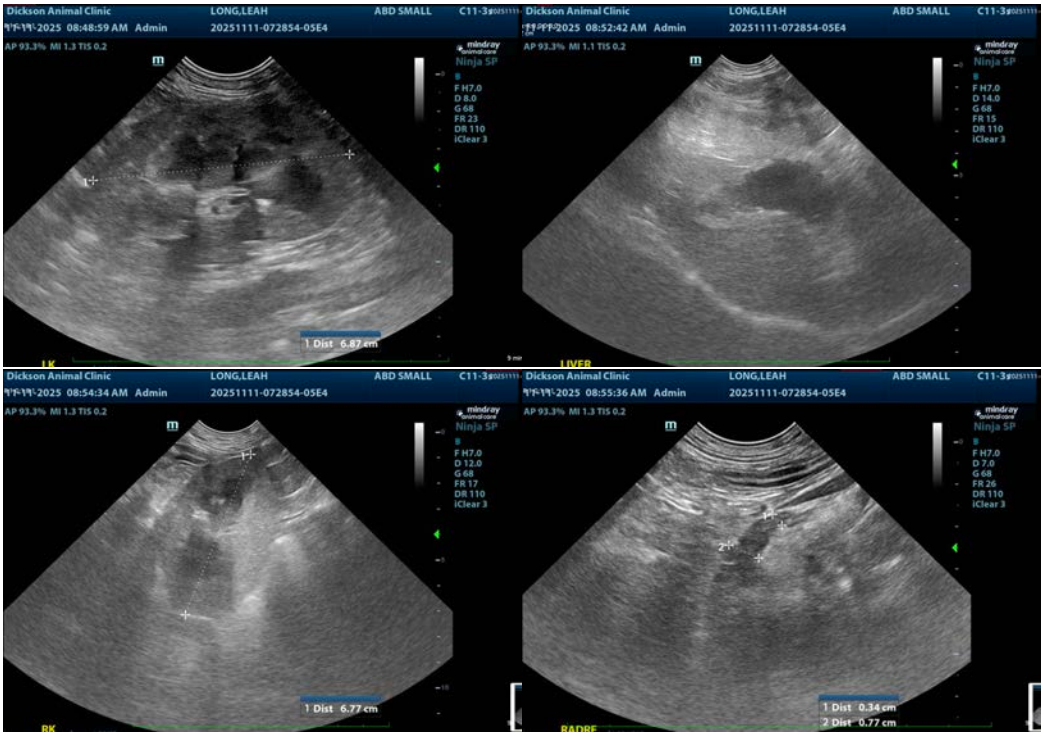
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain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

ULTRASONOGRAPHIC FINDINGS

- Age related renal changes with slight pinpoint mineralizations.
- Age related hepatic changes.
- Age related pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Age related abdominal changes. No evidence of significant structural disease. Structurally insignificant inflammatory bowel possible. Otherwise, food intolerance or occult parasitism should be considered, given the patient history. The prednisone may be suppressing a more significant presentation, yet the abdomen appears quiescent at this time.



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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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info@SonoPath.com