



PATIENT

Donzi Allegretta

SPECIES

Canine

BREED

Doberman Pinscher

SEX

Neutered Male

AGE

10 Years

WEIGHT

89 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse LVT,
CVT

HOSPITAL NAME

Farview Animal Clinic

REFERRING VET

Dr. Mosaad

INVOICE

12363

DATE

11/20/25

PRESENTING CLINICAL SIGNS

PU/PD, rads show enlarged spleen, v+/D+ Current meds: Metronidazole 500mg BID, Cerenia

Abnormal PE/Chem/CBC/UA Results: Amylase 1332, HGB 19.4, HCT 56.04

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 (to a depth of 3.0 cm) were normal. Urinary bladder wall thickness measured 0.95 cm.

The **residual prostate** measured 1.0 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 8.0 cm in length. The right kidney measured 7.52 cm in length.

Adrenal Glands

The **left adrenal gland** presented nodular and heterogenous measuring 3.18 cm x 0.68 cm width at the cranial pole and 0.59 cm width at the caudal pole.

The **right adrenal gland** presented with normal size and contour measuring 1.3 cm width at the cranial pole and 0.63 cm width at the caudal pole and 2.83 cm in length.

Spleen

The **spleen** presented folded upon itself and given the appearance of enlargement yet was largely unremarkable.

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

Gastrointestinal

The **stomach** was dilated with fluid and gas. The small intestine was thickened and spastic. Areas of the small intestine revealed muscularis hypertrophy in this patient. The colon was unremarkable.

Pancreas



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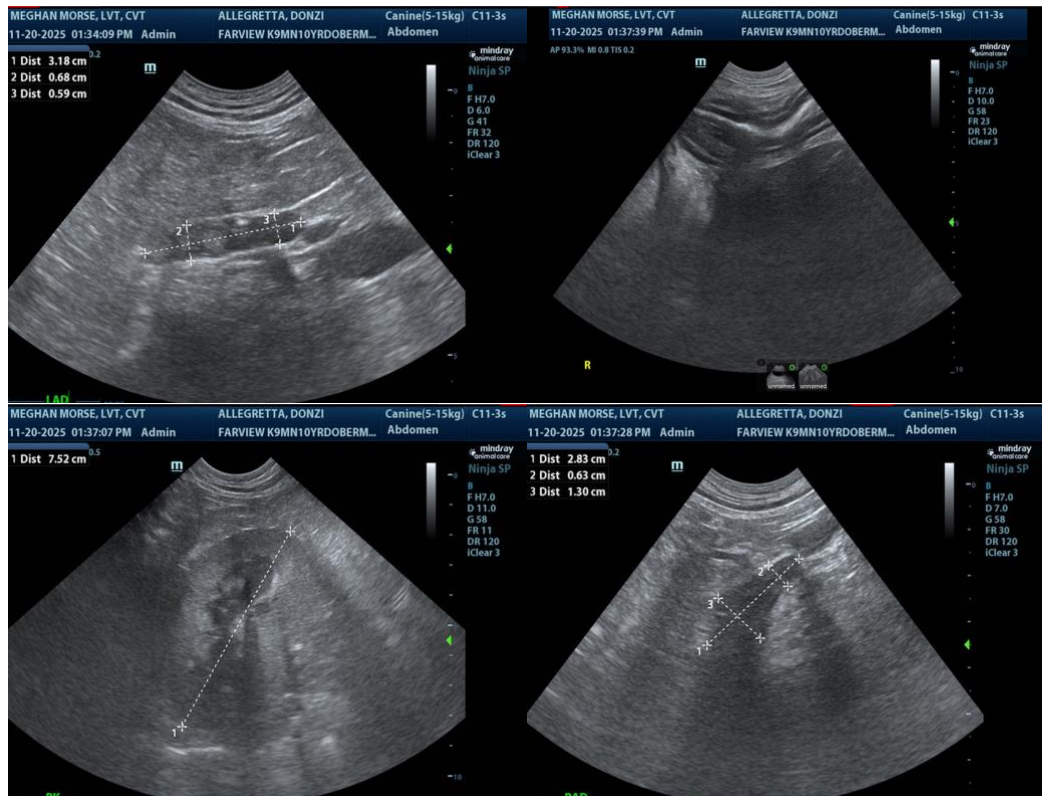
The **pancreas** presented hypoechoic and irregular, particularly in the left pancreatic base with irregular swelling and duct dilation. Enhanced mesentery was noted.

ULTRASONOGRAPHIC FINDINGS

- Bladder thickening.
- Age-related renal changes.
- Nodular left adrenal gland- likely hyperplasia, potential emerging carcinoma or pheochromocytoma.
- Underlying inflammatory bowel, likely acute on chronic gastroenteritis pattern with pancreatitis.
- Folded spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for UTI is indicated. Serial blood pressure monitoring is indicated. GI protectant protocol, pain management, diet change are all indicated. Urinary work up is warranted given the bladder wall thickening. No evidence or suspicion of neoplasia nor foreign bodies.





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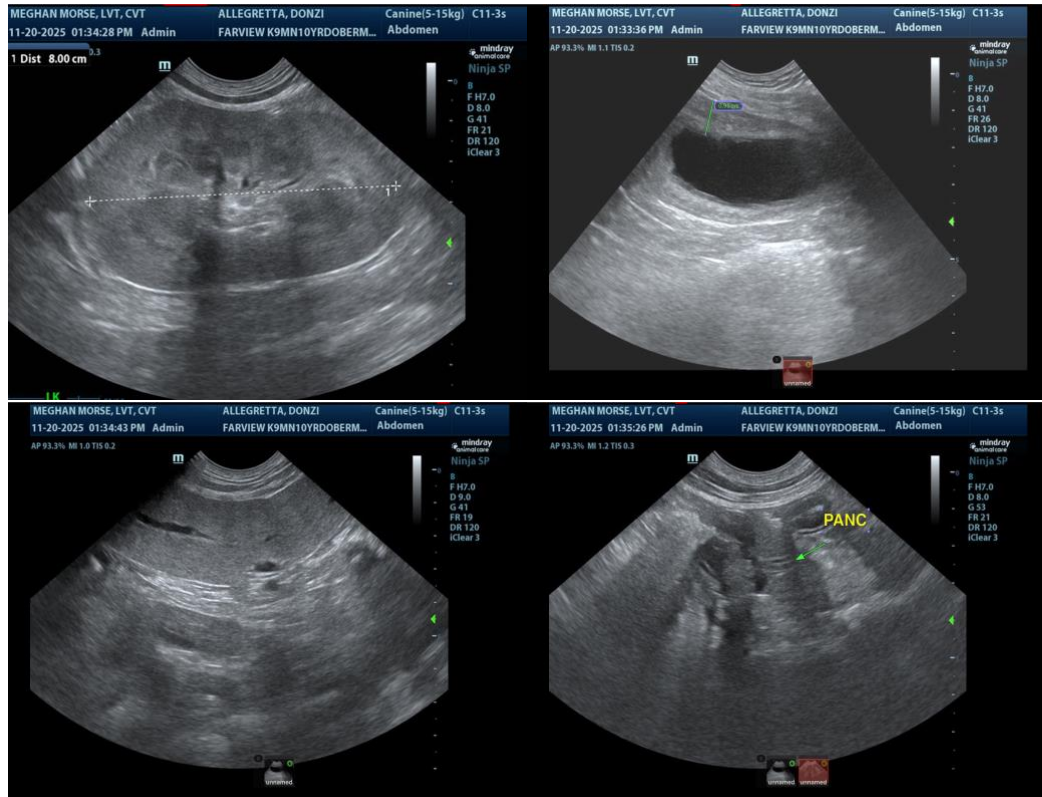
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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