



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Milo Michael

**SPECIES**  
Canine

**BREED**  
Pug Mix

**SEX**  
Intact male

**AGE**  
9 years

**WEIGHT**  
11.1 kg

**INTERPRETED BY**  
Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**  
Erin Wicks

**HOSPITAL NAME**  
Shores VEC

**REFERRING VET**  
Dr. Zlppay

**INVOICE**  
94762

**DATE**  
12/20/21

**History:** at our hospital for AUS. Started late November, screaming in pain, took to vet, Lyme negative, CPL abnormal, treated outpatient and changed food to i/d. Did better for a couple of days then brought to ER 11/27, treated with Pred, Clavamox, SQF. Owner says he does better when slow fed, but still seems painful. Ate at 7am and seemed ok but then an hour later screaming in pain. Prednisone seemed to help per owner. Previous Health Concerns: no Current Medications: Gabapentin, Probiotic Appetite/When did they eat last: 7am

**Abnormal PE/Chem/CBC/UA Results:** Abdominal: too tense to assess especially cranial abdomen Genitourinary: large very tender prostate and rectal exam (11/27) Genitourinary: prostate sl enlarged but not painful; AGs normal d/c screamed in pain to express the right one 12/21 Bloodwork 11/27 cbc: stress leukogram chem; increase amylase and lipase; sl increase calcium; epoc; increased lactate ua; ++ protein sp grav 10 30 ph 6

**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 was noted. Ureteral papillae were normal.

The **prostate** measured 2.0 cm in width with minor heterogenous changes. There was no evidence of significant disease.

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 4.9 cm. The right kidney measured 5.03 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 2.05 x 0.59 cm at the cranial pole and 0.52 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 was noted.



**PATIENT** *Liver*

Milo Michael

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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**Gastrointestinal**

The **stomach** revealed slight shadowing material that measured approximately 1.0 cm. The small intestines and colon were unremarkable.

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**Pancreas**

Minor heterogenous **pancreatic** changes were noted.

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**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

11.1 kg

Unremarkable abdomen.

Large amount of abdominal fat.

Minor, heterogenous pancreatic changes.

**INTERPRETED BY**

Benign hepatopathy with mild remodeling.

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

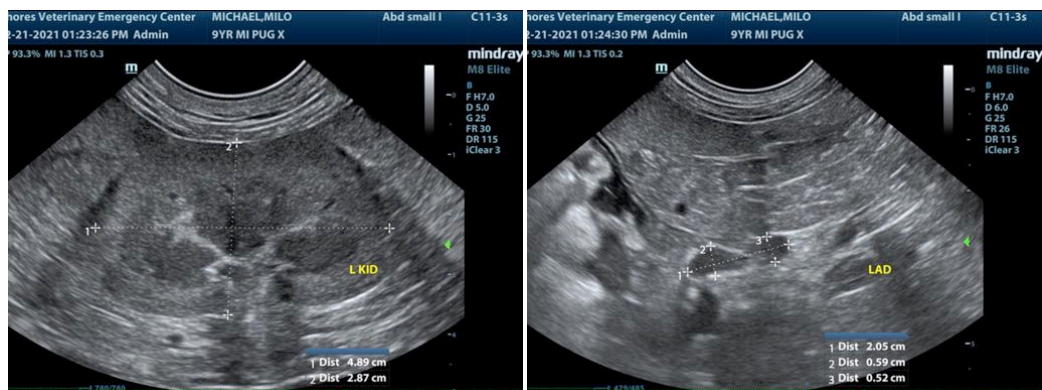
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There was no evidence of significant disease that would be responsible for the pain. Referred back pain should be considered. Minor pancreatitis may be present; however the changes were minimal.

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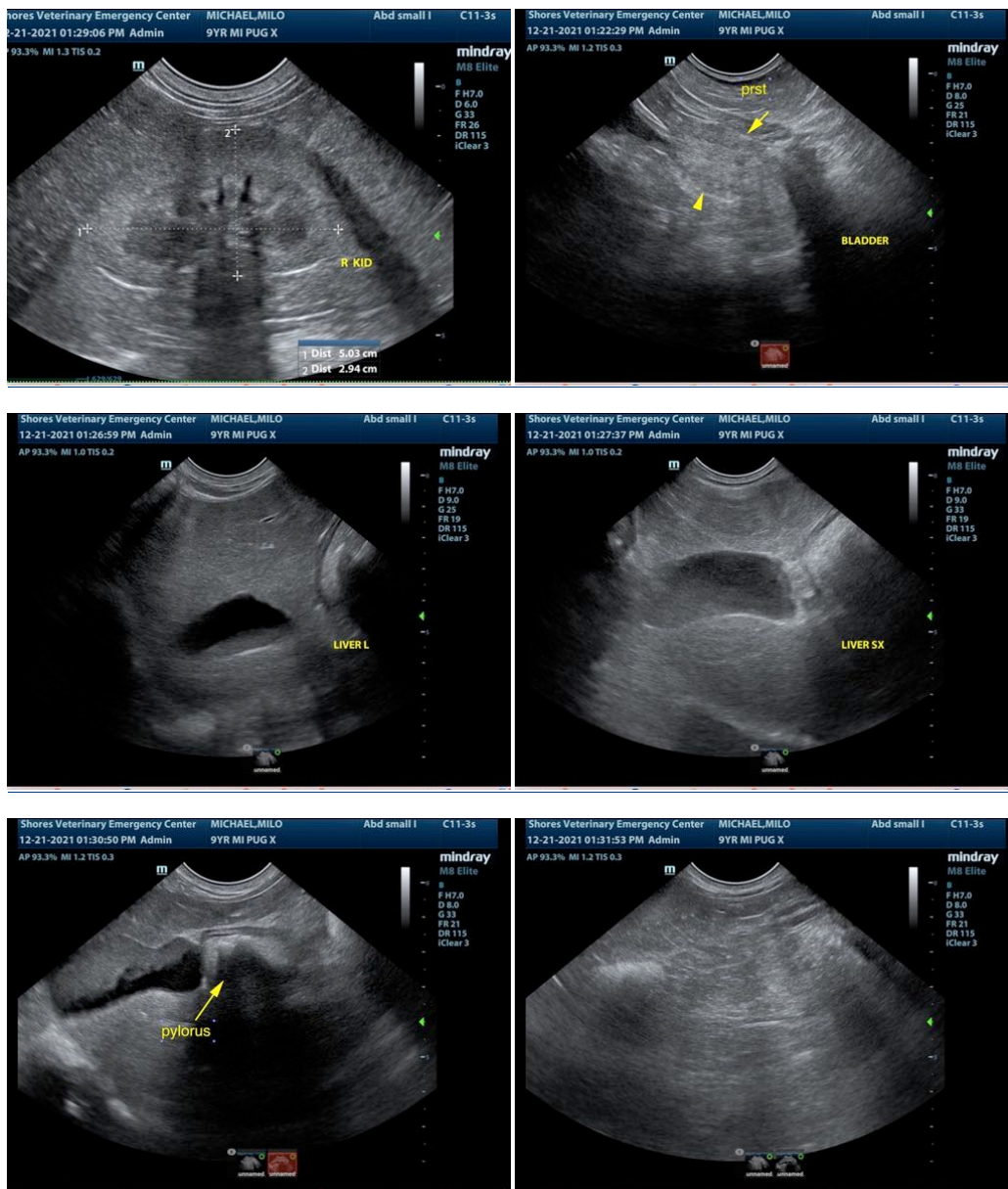
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com