



PATIENT

Armani Singh

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

11

WEIGHT

6.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Heather Brenner

HOSPITAL NAME

Riverside Animal Clinic

REFERRING VET

Dr. Heather Brenner

INVOICE

72303

DATE

12/3/25

PRESENTING CLINICAL SIGNS

Diabetic 2 years. Acute onset bloody diarrhea and vomiting and not eating, did eat bites of a seasoned chicken night before symptoms started. December 2 treated symptomatically Metronidazole 25mg BID, propectalin paste 1mL TID, Cerenia 16mg 1/2 SID, SQF. December 3 still not eat, stools still watery with significantly less blood.

Abnormal PE/Chem/CBC/UA Results: December 2 afebrile, tense abdomen, positive GI sounds. December 3 temp 102.8, 3 hours later 101.6, abdomen still tense with GI sounds. CBC RBC normal, WBC 2.6, Neut 0.07 bands suspected, Lymph 0.55, Mono 2, Eos 0.02, PLT 133. SMDA 37,, BUN 40, ALKP 359, CI 108, PL normal <30. USG 1.034, pH 7, protein 500, GLC 100, BILI 6, inactive sediment. Resting cortisol 6.04 unlikely hypoadrenocorticism.

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 2.0 cm beyond the cystourethral junction. The pelvic urethra was imaged 2.0 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 right kidney measured 4.14 cm. The left kidney measured 4.02 cm. Slight pinpoint mineralizations noted.

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 1.41 cm x 0.50 cm at the cranial pole and 0.56 cm at the caudal pole. The right adrenal gland measured 1.54 cm x 0.78 cm at the cranial pole and 0.58 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



PATIENT

Armani Singh

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

11

WEIGHT

6.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Heather Brenner

HOSPITAL NAME

Riverside Animal Clinic

REFERRING VET

Dr. Heather Brenner

INVOICE

72303

DATE

12/3/25

contour. 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.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Some spastic small intestine noted. Areas of hyperperistalsis were noted. This is consistent with response to irritation. Soft stool noted in the colon. Some reactive mesentery noted around the intestinal tract.

Pancreas

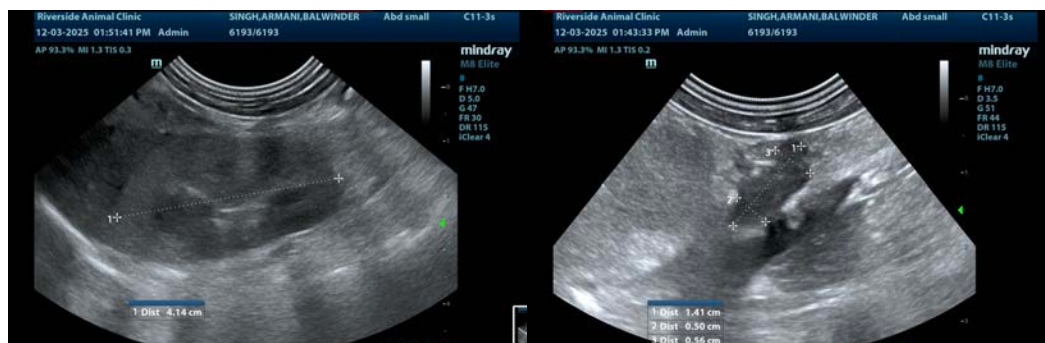
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain 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

- Mild non-specific gastroenteritis.
- Age related renal, hepatic, and pancreatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Differentials for diarrhea include occult parasitism, dietary indiscretion, dietary intolerance, antibiotic responsive colitis, intestinal dysbiosis and occult Addison's should all be considered as causes of diarrhea in this patient. A hydrolyzed diet trial may be in this patient's best interest +/- probiotics. 24-hour NPO and reintroduction of bland diet indicated. I recommend a baseline cortisol or ACTH stimulation test, a fresh fecal smear and fecal floatation analysis if not already performed. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm. Most acute cases of diarrhea will respond to probiotic therapy, fiber, and gastrointestinal diets over the next 3-5 days.





PATIENT

Armani Singh

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

11

WEIGHT

6.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Heather Brenner

HOSPITAL NAME

Riverside Animal Clinic

REFERRING VET

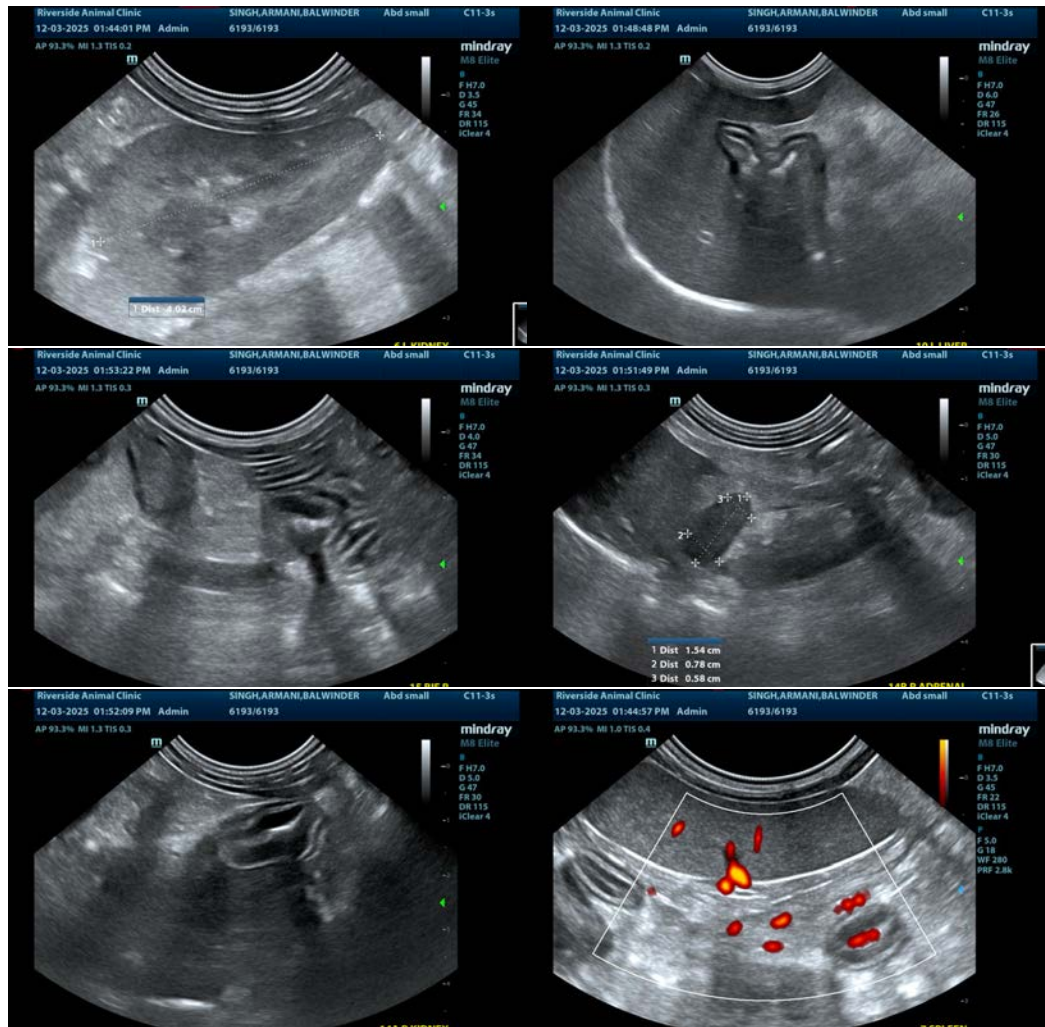
Dr. Heather Brenner

INVOICE

72303

DATE

12/3/25



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,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com