



PATIENT

Dini Millan

SPECIES

Canine

BREED

Maltese Mix

SEX

Intact Male

AGE

2 Years

WEIGHT

8.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Animal Health Center

REFERRING VET

Dr. Blease

INVOICE

36413

DATE

3/27/26

PRESENTING CLINICAL SIGNS

- possible blockage
- bw and X-rays done
- denamarin and baytril

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 **prostate** was uniform, measuring 2.3 cm. Minor heterogenous changes were noted.

The **testicles** were imaged and found to uniform.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex, and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.5 cm. The left kidney measured 4.15 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology; however, portions of the adrenal glands were obscured by the regional inflammation.

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** revealed slight increased portal markings. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** itself was unremarkable. **See Pancreas section for small intestine description. The colon was unremarkable. Reactive mesentery was noted associated with the intestine with regional lymph node enlargement.

Pancreas



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Heterogenous mixed hypoechoic ill-defined parenchymal tissue was noted in the region of the right **pancreatic** limb, the right pancreatic base and cranial abdomen. This is likely hematoma from trauma. Some ill-defined intestine is noted in this region; I cannot rule out intestinal perforation, however, much of the portions of the bowel were thickened, surrounded by fluid pockets.

Free Abdomen

The mesenteric **lymph nodes** were slightly enlarged (1.8 cm x 2.8 cm), irregular, and regionally inflamed. Enhanced mesentery was noted in the mid abdomen. Slight pockets of fluid were noted caudal to the right kidney, measuring approximately 1.5 cm.

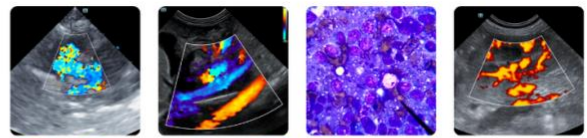
ULTRASONOGRAPHIC FINDINGS

- Heterogenous irregular tissue in the right caudal abdomen involving retroperitoneal, right pancreas, and portions of intestine. Reactive lymph nodes were noted in the region.
- Slight pockets of fluid caudal to the right kidney
- Minor heterogenous prostatic changes
- Slight increased portal markings in the liver

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend aggressive medical management in this patient, with recheck sonogram every 48 hours to ensure adequate resolution. Surgical exploratory may be necessary with debridement of necrotic tissue. Despite the history, cannot rule out a neoplastic process that's extending into the abdomen. There is a possibility of small intestinal perforation. If clinical decline is occurring, immediate recheck sonogram indicated or exploratory surgery.





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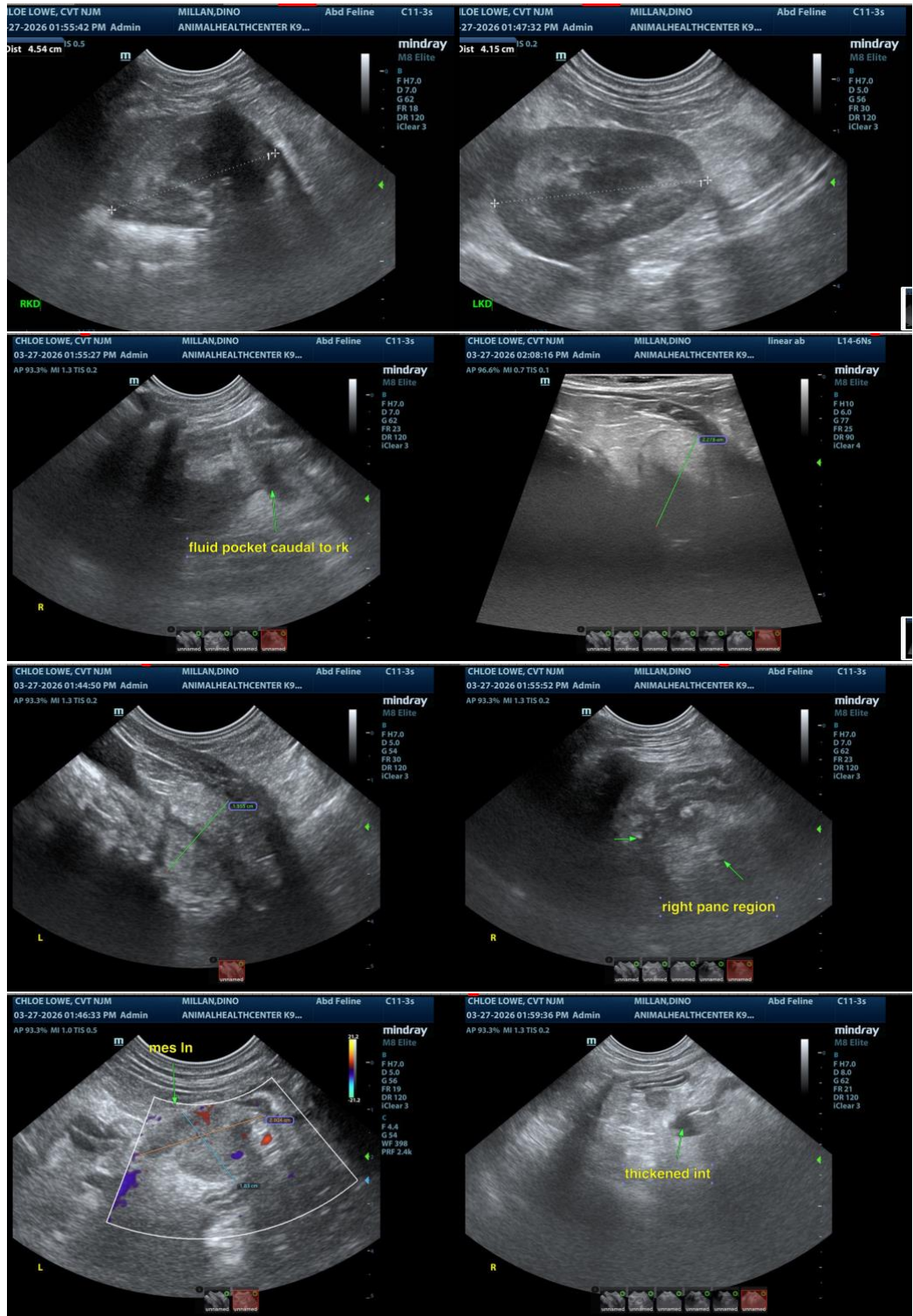
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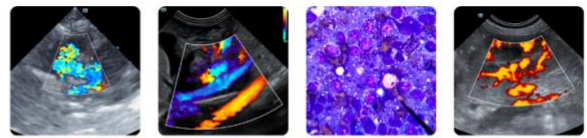
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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