



**PATIENT**

Caico Badham

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Male

**AGE**

9 years

**WEIGHT**

53.8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Haghighat

**HOSPITAL NAME**

Beaches Fallingbrook  
VC

**REFERRING VET**

Dr. Haghighat

**INVOICE**

97959

**DATE**

3/30/22

**PRESENTING CLINICAL SIGNS**

History: Caico is a 9y/o neutered male mixed breed canine presented for chronic diarrhea over the last few months. - Appetite and drinking are normal. - Fecal was negative but positive for Cyniclomycetes guttulatus. BW: - total protein 38 - albumin 17 - globulin 21

**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 residual prostate was 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 5.65 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 right adrenal gland measured 0.63 cm. The left adrenal gland measured 0.68 cm at the caudal pole and 0.55 cm at the cranial 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.

**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. Slightly echogenic and thickened gallbladder wall.

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine



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demonstrated normal luminal chyme and stool consistency respectively. The mesenteric lymph nodes were reactive and measured 2.53 x 0.37 cm.

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**Pancreas**

The **pancreas** revealed coarse architecture with undulating contour and dilated duct. Low grade inflammation is possible.

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**Free Abdomen**

Some nebulous mesentery was noted in the region of the right pancreatic limb. Low-grade inflammation is suspected.

**SEX**

Male

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

9 years

Slight reactive mesenteric lymph nodes.

Heterogenous pancreas. Suspect low-grade inflammation.

**WEIGHT**

53.8 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected. A clinical trial of the following is recommended. Hydrolyzed diet, Enrofloxacin and Metronidazole over a 7-10 day period as well as a maldigestion panel is warranted if any weight loss is an issue.

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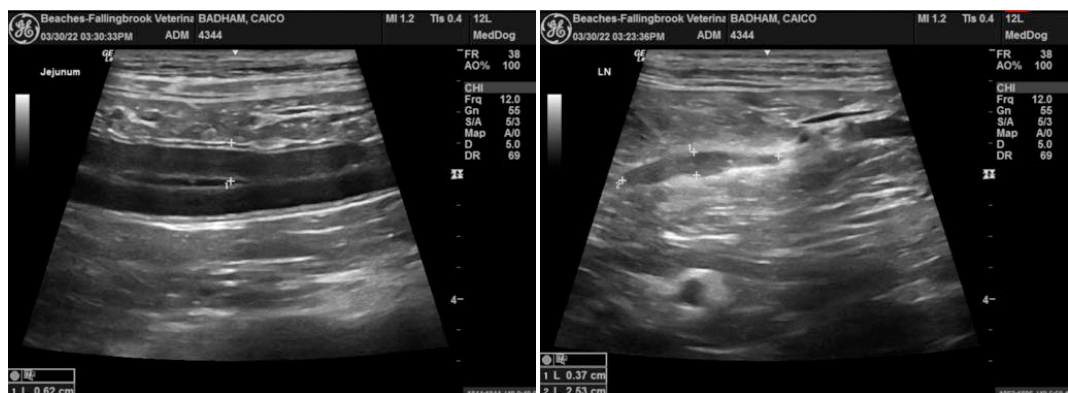
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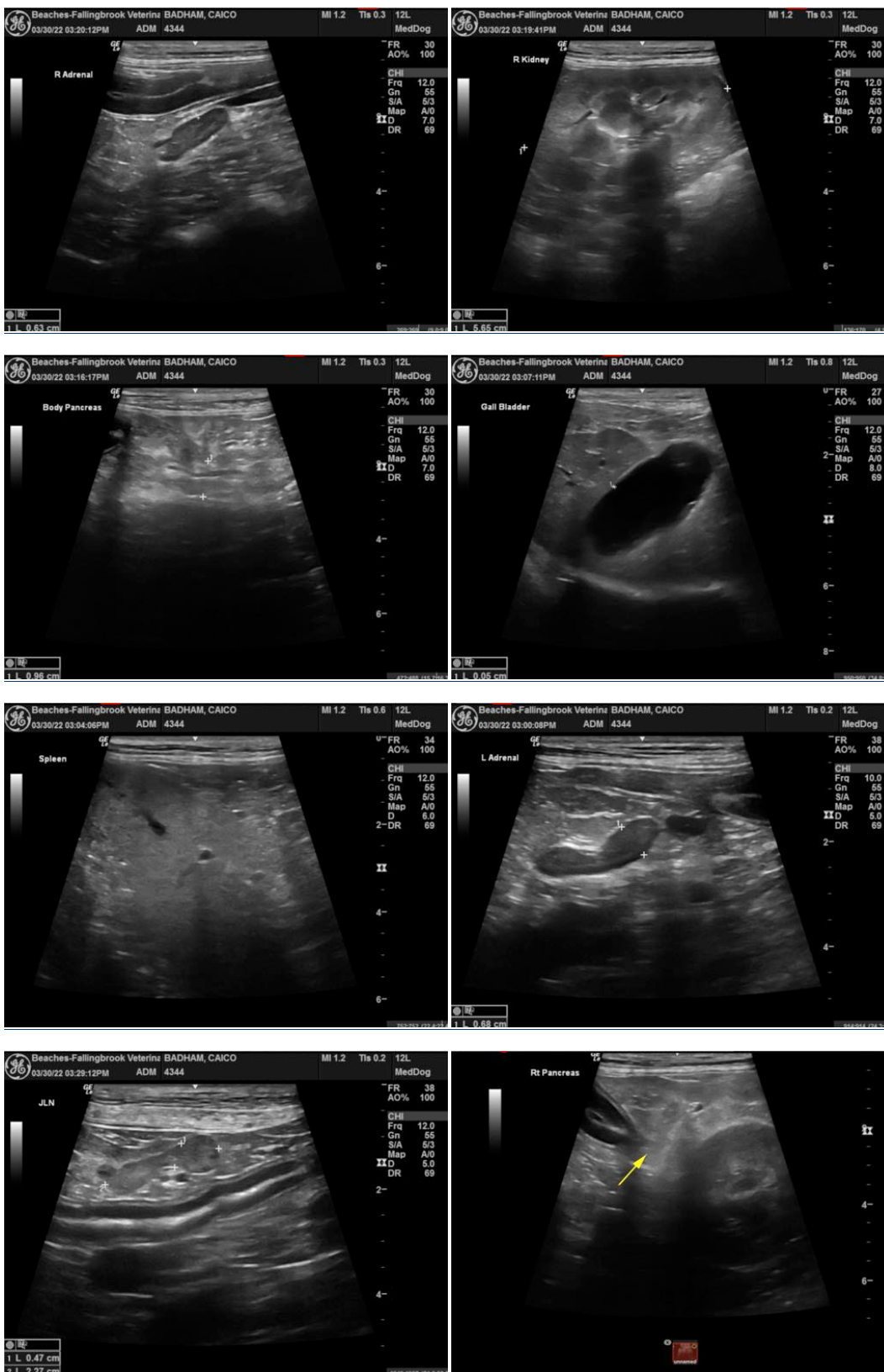
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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