



**PATIENT**

Leroy Montag

**SPECIES**

Canine

**BREED**

Pug

**SEX**

Neutered Male

**AGE**

12

**WEIGHT**

12

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Maniar

**INVOICE**

13110ag

**DATE**

3/6/23

**PRESENTING CLINICAL SIGNS**

History: vomiting decreased appetite, diarrhea, concerned of end stage renal failure

**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 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 4.24 cm in length. The right kidney measured 4.85 cm in length.

**Adrenal Glands**

The left adrenal gland was mildly enlarged at the cranial pole measuring 1.97 cm x 1.01 cm. The right adrenal gland was not visualized.

**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 submitted revealed mildly increased portal markings with coarse architecture. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

**Gastrointestinal**

The upper gastrointestinal tract in this patient revealed minor edematous wall. There was no evidence of foreign bodies. Minor areas of fluctuant fluid accumulation were noted within the lumen with hyperperistalsis. This pattern continued to the ileocecal valve. The colon revealed a fluid filled lumen. This presentation is most consistent with gastrointestinal irritation/inflammation without obstruction. Soft focal material was noted in the colon.

**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Non-specific gastroenteritis



**PATIENT**

- Minor degenerative renal changes

Leroy Montag

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Systemic BP and a full urinary work up with IVF support are all indicated with treatment for gastroenteritis. If renal values are elevated, then renal toxin or infectious agent should be considered.

**SPECIES**

Canine

**BREED**

Pug

**SEX**

Neutered Male

**AGE**

12

**WEIGHT**

12

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

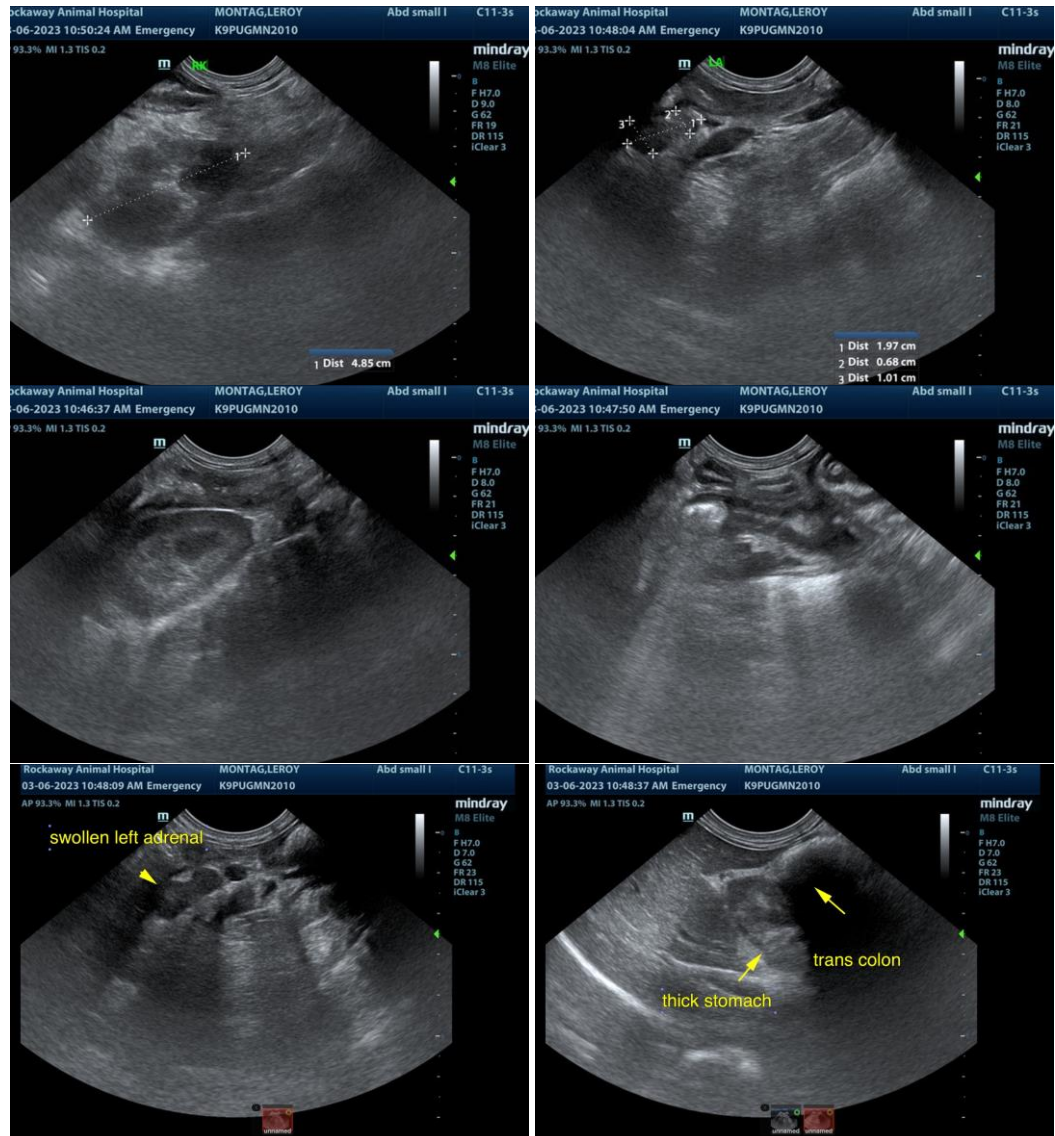
Dr. Maniar

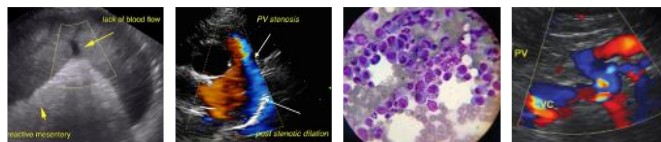
**INVOICE**

13110ag

**DATE**

3/6/23





**PATIENT**

Leroy Montag

**SPECIES**

Canine

**BREED**

Pug

**SEX**

Neutered Male

**AGE**

12

**WEIGHT**

12

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Maniar

**INVOICE**

13110ag

**DATE**

3/6/23



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