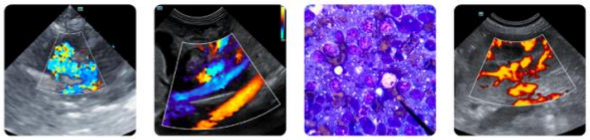


PATIENT

Oscar Gilbert

SPECIES

Canine

BREED

Maltese

SEX

Neutered Male

AGE

11 Years

WEIGHT

12.9 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kevin Moon, DVM

HOSPITAL NAME

Shiloh VH

REFERRING VET

Arianna Evans, DVM

INVOICE

36149

DATE

3/9/26

PRESENTING CLINICAL SIGNS

Ongoing chronic soft stools (mucoid, straining, occasionally liquid, no blood) since July 2025. Treatments included: pro-pectalin tablets, i/d diet (July), course of metronidazole (July), proviable, GI biome diet (November), and prednisone (February); very little response to treatments. Stools may firm up for a very short period, but returns to diarrhea. Patient lost ~1lb between July and December, but has since gained it back. Appetite has been fair, P recently seeming "less interested" in food.

Abnormal PE/Chem/CBC/UA Results: Keyscreen Fecal negative, O&P negative, GI Panel (PLI 283, < 200) CBc/CHem- ALP 265 (5-131).

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 1.0 cm beyond the cystourethral junction. The residual prostate measured 5.0 mm.

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 this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. Mineralization was noted. The left kidney measured 4.5 cm. The right kidney measured 3.5 cm in length. Calculi were noted (nonobstructive) in the corticomedullary junction and pelvis, measuring up to 0.5 cm.

Adrenal Glands

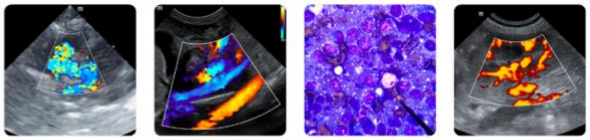
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.6 cm at the cranial pole and 0.4 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 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. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No



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pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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 intestine demonstrated normal luminal chyme. The colon was unremarkable, curvilinear patterns were maintained. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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.

Free Abdomen

An iliac **lymph node** was mildly enlarged (up to 1.0 cm x 0.7 cm). The lymph node presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

ULTRASONOGRAPHIC FINDINGS

- Nephrolithiasis, nonobstructive
- Mild iliac lymphadenopathy
- Structurally normal GI tract and colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Note, the prednisone may be suppressing a more significant presentation. FNA, cytology, and culture are indicated. Rectal exam is indicated. Rectal scraping, parasite assessment, diet change/management, and empirical treatment with an enrofloxacin trial could also be considered. However, I do recommend FNA of the iliac lymph node, which is likely reactive to structurally insignificant colitis, however, cannot rule out an emerging neoplastic event. Anal gland palpation is also warranted to assess for any pathology.

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.

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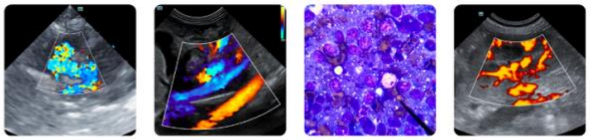

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SonoPath.com info@sonopath.com 1.800.838.4268

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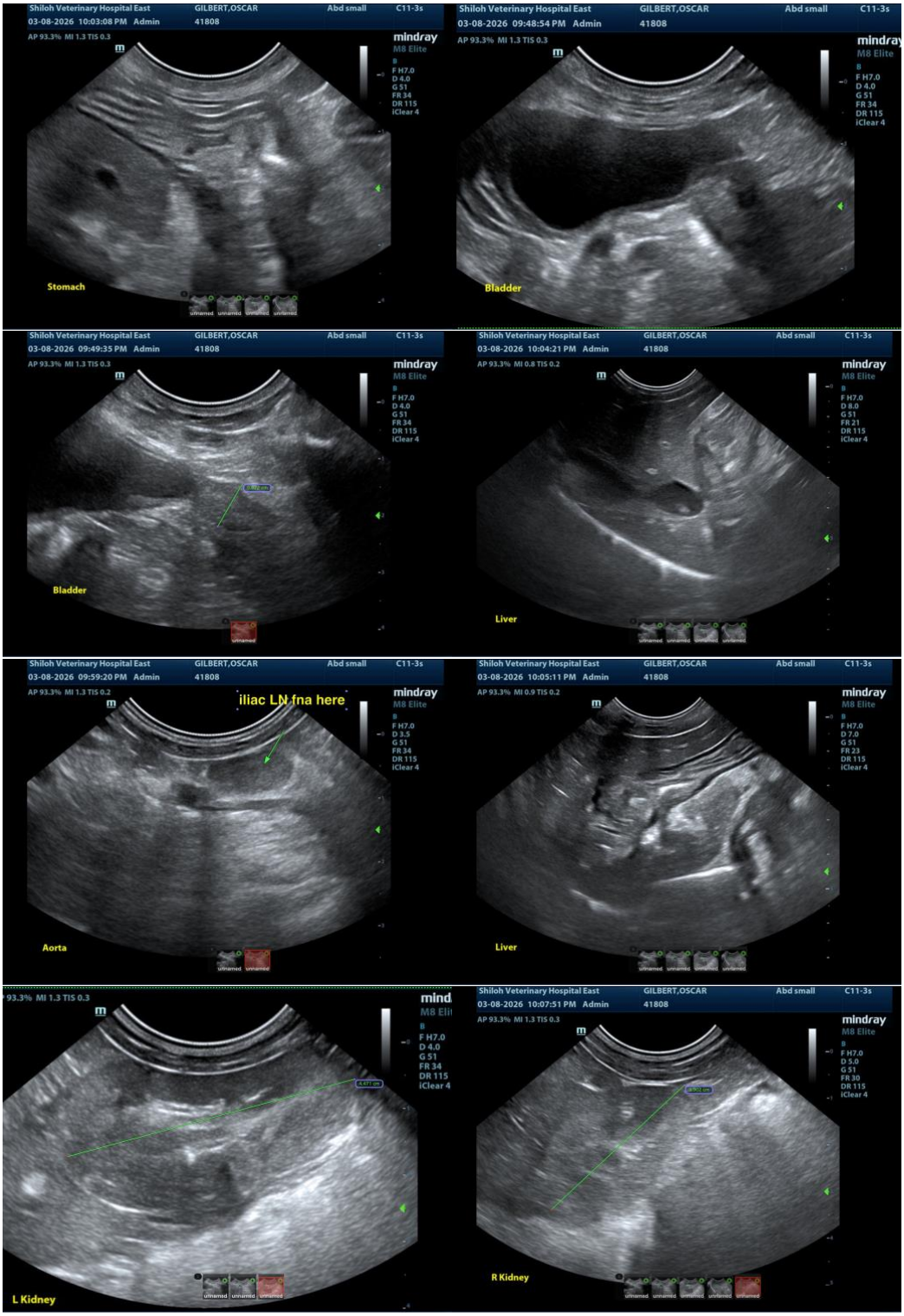

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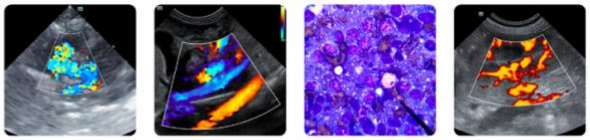

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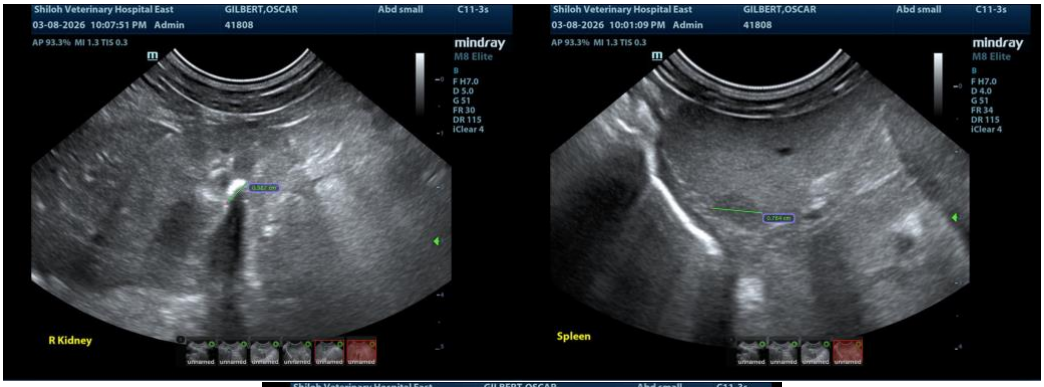

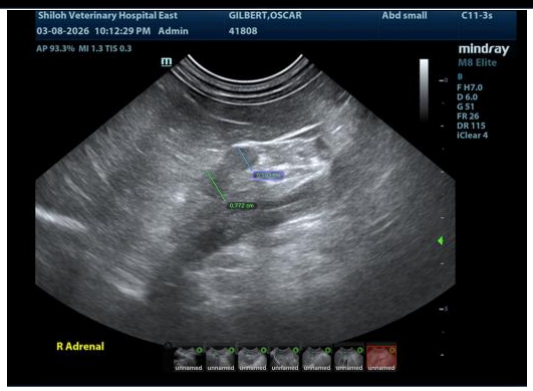

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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