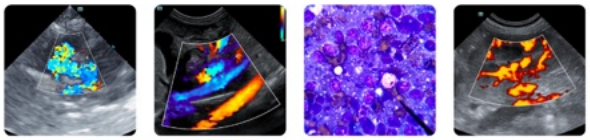


PATIENT

Frank Onstott

SPECIES

Canine

BREED

Pug

SEX

Neutered male

AGE

8 years

WEIGHT

23.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kevin Moon DVM

HOSPITAL NAME

Shiloh VH

REFERRING VET

Dr. Onstott

INVOICE

74427

DATE

4/13/26

PRESENTING CLINICAL SIGNS

History: P has Systemic Lupus Complex. Intermittent proteinuria & low albumin
Acutely- lameness LF with multifocal sclerotic lesion on long bones
CURRENT MEDICATIONS: - Cyclosporine – 50 mg PO SID (5 mg/kg SID), Pentoxifylline – 200 mg PO BID (25 mg/kg BID), Doxycycline – 50 mg PO BID (5 mg/kg BID), Niacinamide – 500 mg PO BID, Vitamin E – 268 mg PO SID, Clomipramine – 10 mg PO SID (1 mg/kg SID), Deramaxx – 12.5 PO SID, +/- Gabapentin – 150 mg PO BID PRN
- Welactin, - Movoflex, - Ursolyx, - Seresto Collar, - Sentinel Spectrum, RCVD Rabbit
CBC/Chem/T4/UA from 4/12/26 normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction and appeared normal. 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 **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 left kidney measured 4.8 cm. The right kidney measured 5.8 cm.

Adrenal Glands

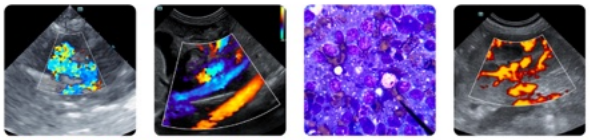
The left **adrenal gland** was uniform and measured 0.58 cm at the caudal pole. The right adrenal gland was slightly heterogenous, yet normal in size and contour. The right adrenal gland measured 1.0 cm at the cranial pole and 0.87 cm at the caudal pole.

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 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. The gallbladder presented acceptably thin walls with



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primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. 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.

ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys appear normal. Therefore, proteinuria is likely secondary to the autoimmune complex. If significant proteinuria is present then protein losing nephropathy is likely. Otherwise, protein losing enteropathy is possible even though no specific GI changes are noted.

Internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services

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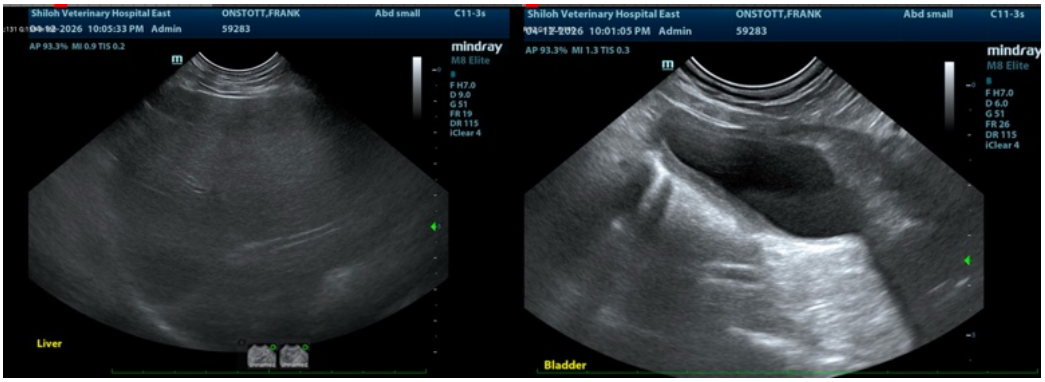

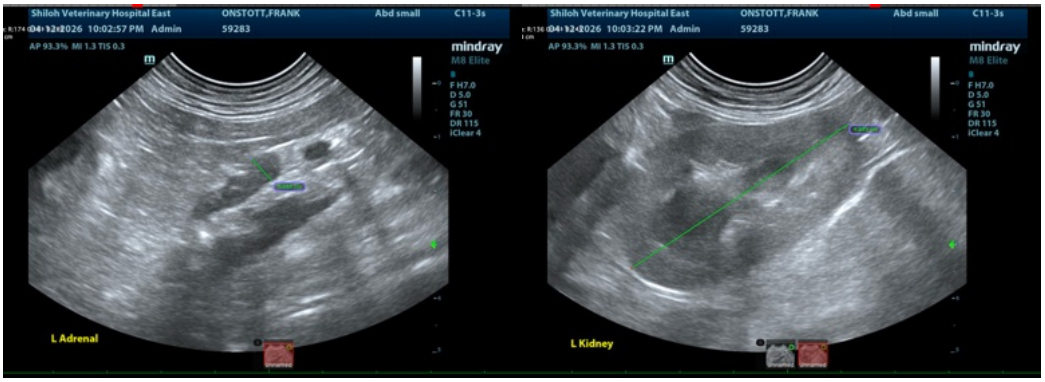

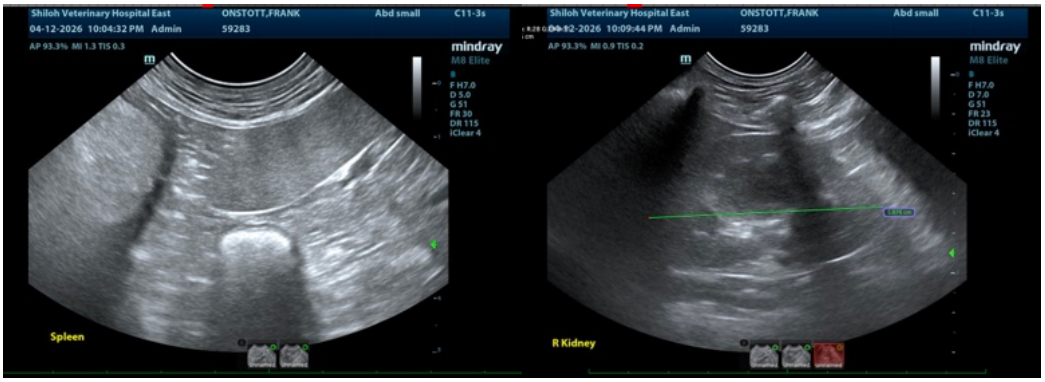

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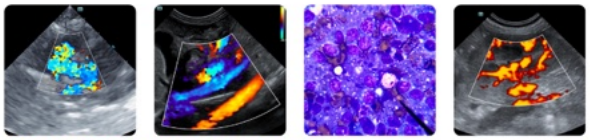

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Educational Teleconsultation Services™

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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 of SonoPath.com

info@SonoPath.com