



PATIENT

Charlie Pagano

SPECIES

Canine

BREED

Maltese

SEX

Neutered Male

AGE

4

WEIGHT

12.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jesse Gasparro

HOSPITAL NAME

Flanders Veterinary
Clinic

REFERRING VET

Dr. Aleda Cheng

INVOICE

74546

DATE

4/17/26

PRESENTING CLINICAL SIGNS

Pt presented on 4/13 for being withdrawn, lethargic, having trouble climbing stairs, inappetence. Supportive care performed - no significant change. Rechecked on 4/15 for not using back legs, will just stand still or lay down. O can get pt to walk by supporting the hind end. Pt was eating but not really drinking. Pt was lethargic

Abnormal PE/Chem/CBC/UA Results: 4/13 - Tense painful abdomen, tacky mm in house BW - WNL
4/15 - very mild decreased withdrawal reflex Rads - very full abdomen, large amount of stool in the colon. 4DX - negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a minor amount of suspended debris, otherwise unremarkable. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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. Left kidney measured 3.72 cm. Right kidney measured 4.29 cm.

Adrenal Glands

The **left adrenal gland** was subnormal in size at 0.29 cm.

The **right adrenal gland** was subnormal in size at 4.0 mm.

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 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 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.



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Pancreas

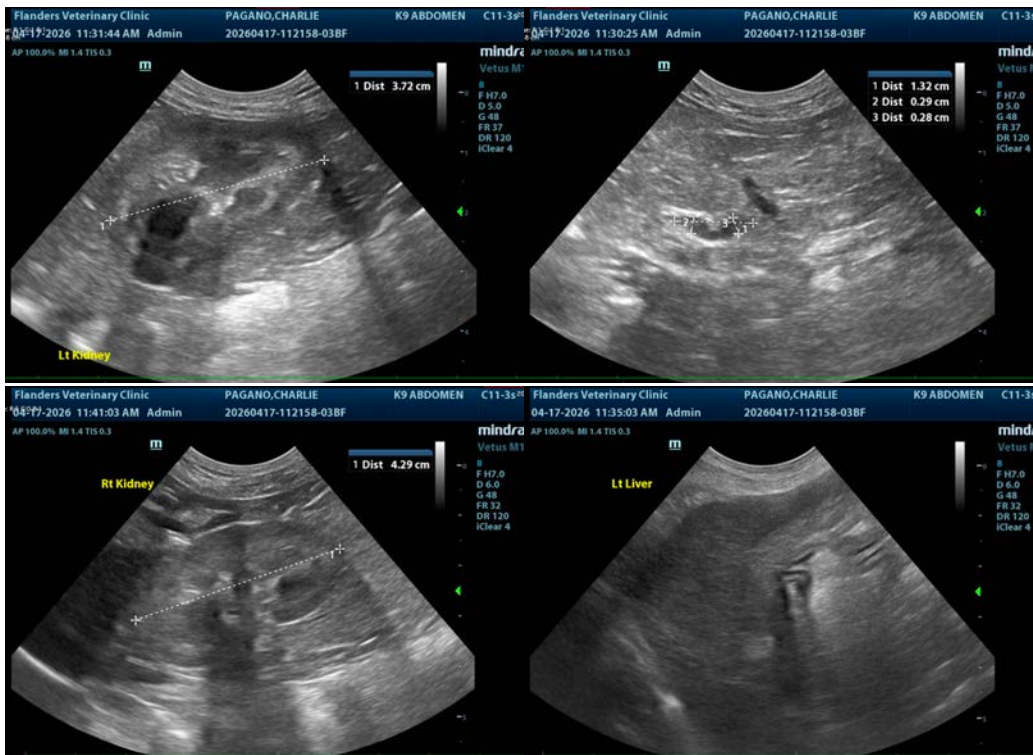
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Subjectively subnormal adrenal size.
- Minor urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Structurally unremarkable abdomen. Screening for Addison's indicated. Otherwise, no evidence of pathology. If the patient is not Addisonian, then orthopedic pain, CNS or thoracic disease should all be considered, given the vague clinical signs.





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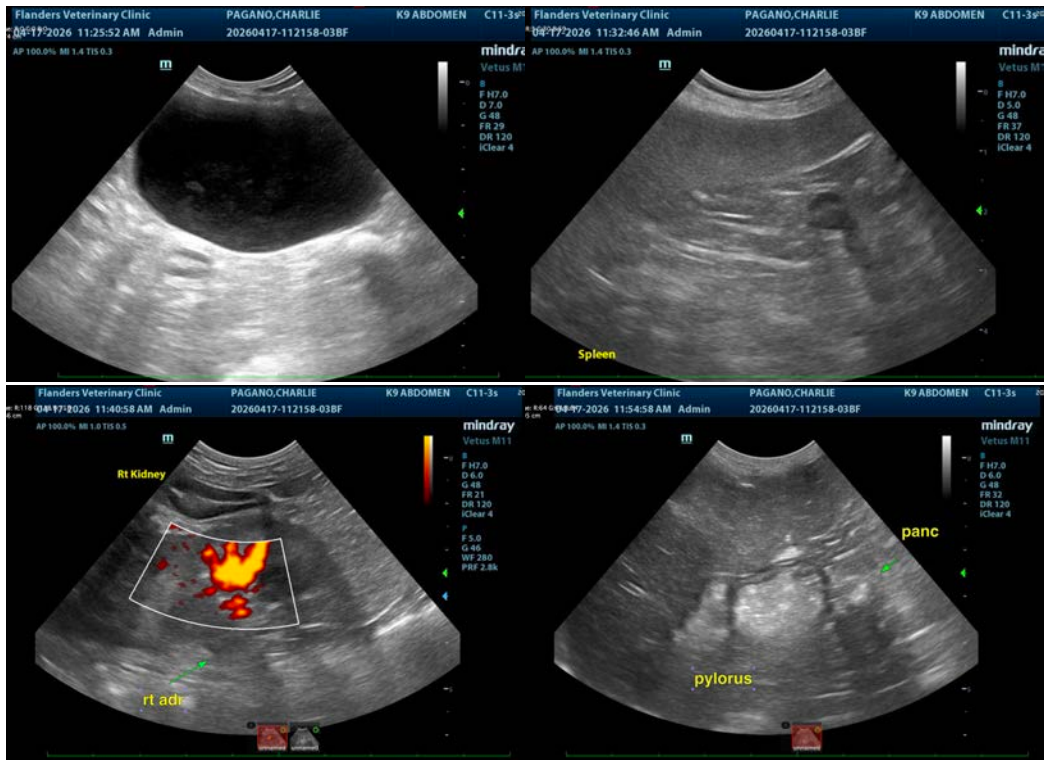
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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