



PATIENT

Rusty Chindemi

PRESENTING CLINICAL SIGNS

Increase drinking, vomiting and straining to have a BM. unwilling to eat
Abnormal PE/Chem/CBC/UA Results: Phos:2.3, amyl: >2500 lipa:1954

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Maltese

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.

SEX

Neutered Male

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 4.22 cm. The right kidney measured 4.43 cm. Pinpoint mineralizations noted in both kidneys.

AGE

15 Years

Adrenal Glands

WEIGHT

9.6 Pounds

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 1.79 cm x 0.85 cm at the cranial pole and 0.67 cm at the caudal pole. The right adrenal gland measured 2.02 cm x 0.73 cm.

INTERPRETED BY

Eric Lindquist, DMV

Spleen

DABVP, Cert. IVUSS

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself caudally. 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.

IMAGING PERFORMED BY

Dr. Rodriguez

Liver

HOSPITAL NAME

Foxfield Vet Services

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. Minor micropolypoid gallbladder changes present.

REFERRING VET

Dr. Rodriguez

Gastrointestinal

INVOICE

37278

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. Gas accumulation noted in the fundus. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable. No evidence of foreign body.

DATE

4/29/22



PATIENT

Pancreas

Rusty Chindemi

The **pancreas** was hypoechoic and mildly irregular. Minor enhanced surrounding mesentery noted.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis/pancreatitis
- Geriatric abdomen otherwise with moderate degenerative renal changes and mineralization

BREED

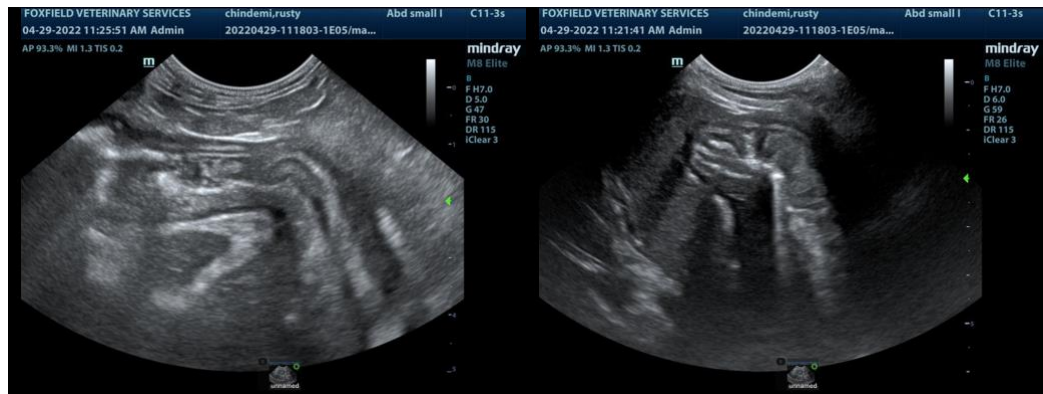
Maltese

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive GI care should prove effective.

SEX

Neutered Male



AGE

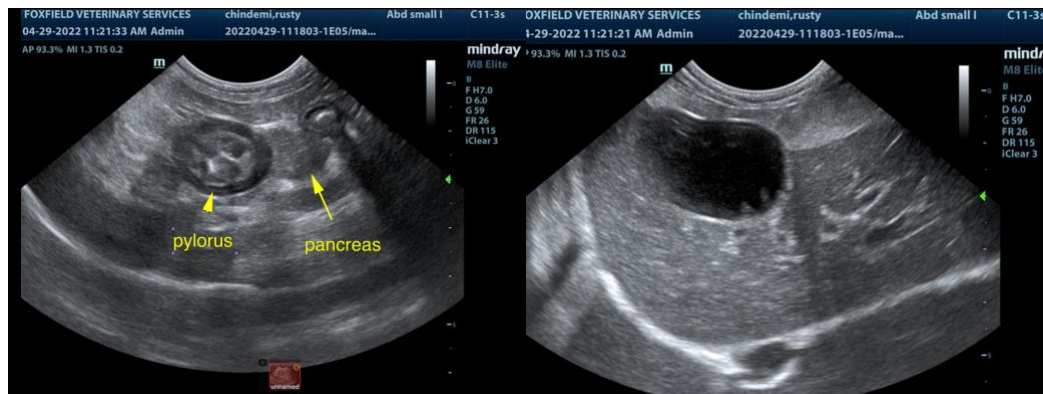
15 Years

WEIGHT

9.6 Pounds

INTERPRETED BY

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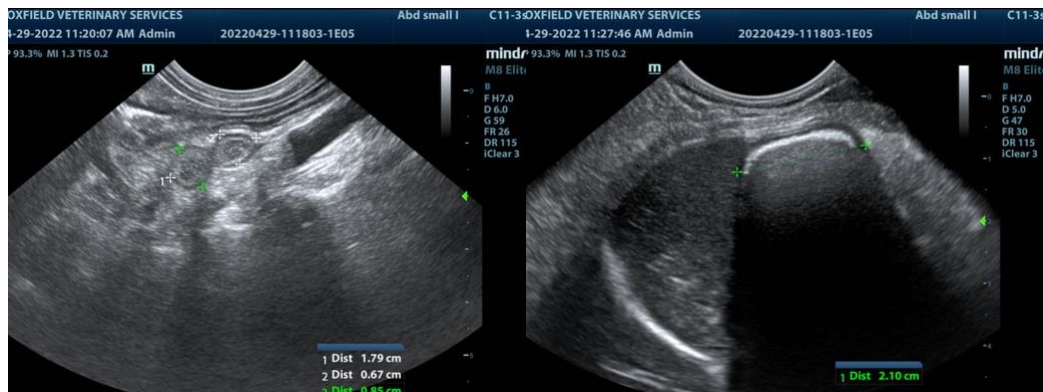


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Canine

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Maltese

SEX

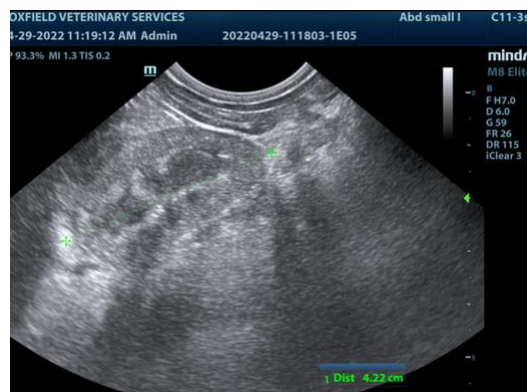
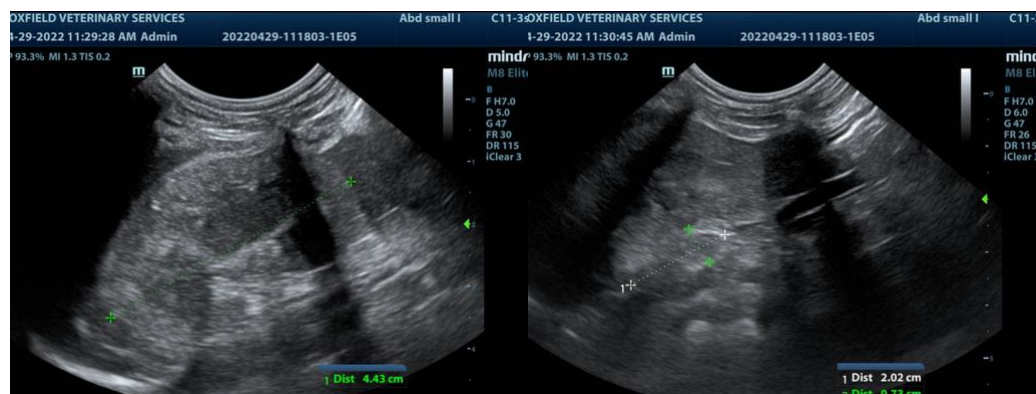
Neutered Male

AGE

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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, Cert. IVUSS, CEO of SonoPath.com

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