



**PATIENT PRESENTING CLINICAL SIGNS**

Dante Beckford

History: US done here 6/2021, bladder sludge, has had off and on diarrhea, firm pellets, lack of appetite. Not eating enough food to defecate, when he does its small pellets, lots of mucus or diarrhea. Will occasionally vomit, syringe feeding canned food. He has been hiding under the bed for the last few weeks, could be stress related. Distended abdomen, tight to the touch. Has been managing symptoms over the last year or so but recently has gotten worse. Has a lot of nausea. Wondering if has anxiety or dental issue. Her mother has dementia and there is a lot of stress at home. Not sure if this is an IBD issue or something else. Knows his teeth are bad, would like to look into getting Dante scheduled for a dental. Hypothyroid, collapsing trachea, heart murmur, bladder sludge Medications: Levothyroxine 200mcg, Metronidazole, Trachea syrup, Bio gut pills Was on Cerenia & Mirtazapine - Would like a refill of Cerenia possibly Did get extra images at the end on the scan of the prostate.  
Abnormal PE/Chem/CBC/UA Results: PE: ROUNDED abdomen LEFT DORSAL CARDIAC MURMUR, GRADE III/VI NO RECENT LABS

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

Neutered male

**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 was noted. Ureteral papillae were normal.

**AGE**

10 years

**WEIGHT**

12.8 lbs

The residual prostate measured 0.7 cm.

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 right kidney measured 3.73 cm. The left kidney measured 3.37 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Carissa Rhoades

**HOSPITAL NAME**

Elizabeth AH

**Adrenal Glands**

Both **adrenal glands** measure normal, yet appear to be isoechoic to the surrounding fat and somewhat flattened. The right adrenal gland measured 1.36 x 0.5 cm at the cranial pole and 0.42 cm at the caudal pole. The left adrenal gland measured 1.42 x 0.52 cm.

**REFERRING VET**

Dr. Anderson

**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.

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**DATE**

5/1/23

**Liver**



**PATIENT**

Dante Beckford

**SPECIES**

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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. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

***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.

***Pancreas***

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**ULTRASONOGRAPHIC FINDINGS**

Flattened adrenal glands. Otherwise, unremarkable abdomen.

**IMAGING PERFORMED BY**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Screening for Addison's is indicated given the patient's age and appearance of the adrenal glands.

Differentials for diarrhea include 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.

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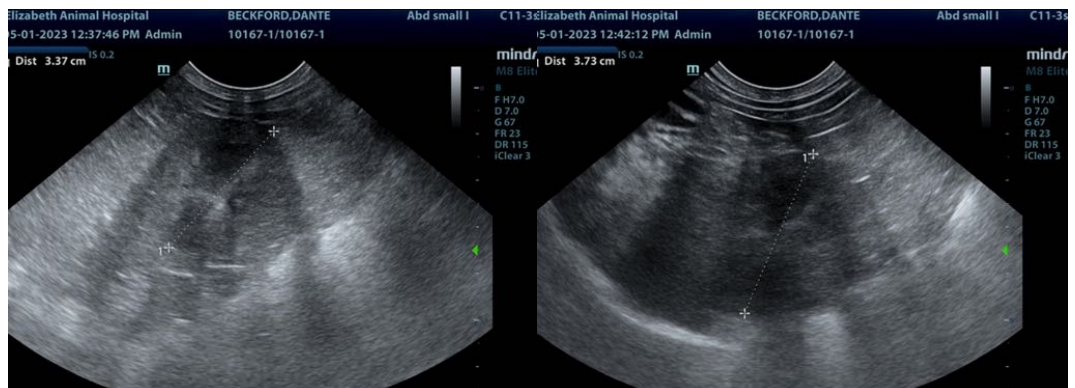
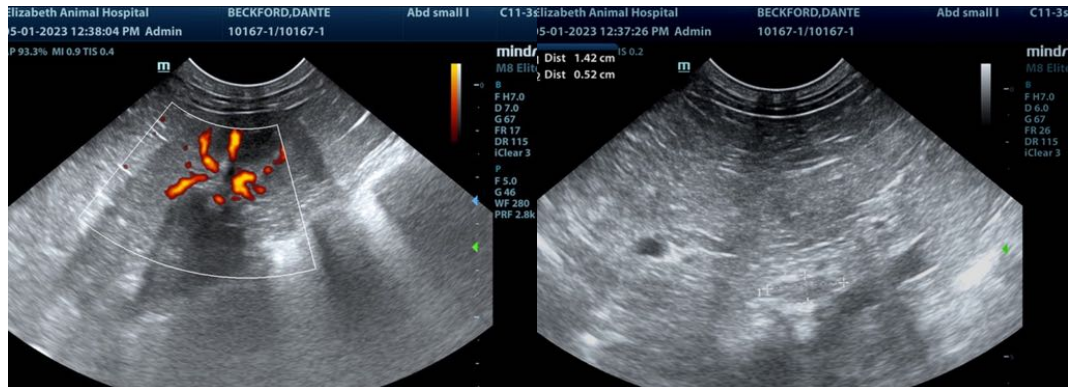
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**PATIENT**

Dante Beckford

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.

**SPECIES**

Canine

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.

**BREED**

Maltese

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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Neutered male

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