



PATIENT

Milo Kishwar Pham

SPECIES

Canine

BREED

Coton de Tulear

SEX

Neutered male

AGE

11 years

WEIGHT

17.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Raj Singh

HOSPITAL NAME

Oakridge VC

REFERRING VET

Dr. Singh

INVOICE

77719

DATE

5/19/26

PRESENTING CLINICAL SIGNS

History: Soft stools previously diarrhea on chicken and rice diet for last two weeks. Urinated in the house and friends house two or three times which is unusual. Dilute USG. 1.022 early AM sample. Polydipsia. Elevated WBC with neutrophilia and lymphocytopenia. Eating and active, otherwise normal. Anal sacs full. History of anal sac disease and atopy. Responsive to cytopoint.
Abnormal PE/Chem/CBC/UA Results: Dilute USG. 1.022 early AM sample. Polydipsia. Elevated WBC with neutrophilia and lymphocytopenia.

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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.2 cm. The right kidney measured 3.3 cm.

Adrenal Glands

The **left adrenal gland** was 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 0.4 cm.

The **right adrenal gland** was visualized obliquely and was normal in size and contour. The right adrenal gland measured 0.54 cm in width.

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.



PATIENT

Milo Kishwar Pham

SPECIES

Canine

BREED

Coton de Tulear

SEX

Neutered male

AGE

11 years

WEIGHT

17.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Raj Singh

HOSPITAL NAME

Oakridge VC

REFERRING VET

Dr. Singh

INVOICE

77719

DATE

5/19/26

Liver

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. 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

Age related abdominal changes, non-specific.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of gross disease.

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



PATIENT

Milo Kishwar Pham

SPECIES

Canine

BREED

Coton de Tulear

SEX

Neutered male

AGE

11 years

WEIGHT

17.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Raj Singh

HOSPITAL NAME

Oakridge VC

REFERRING VET

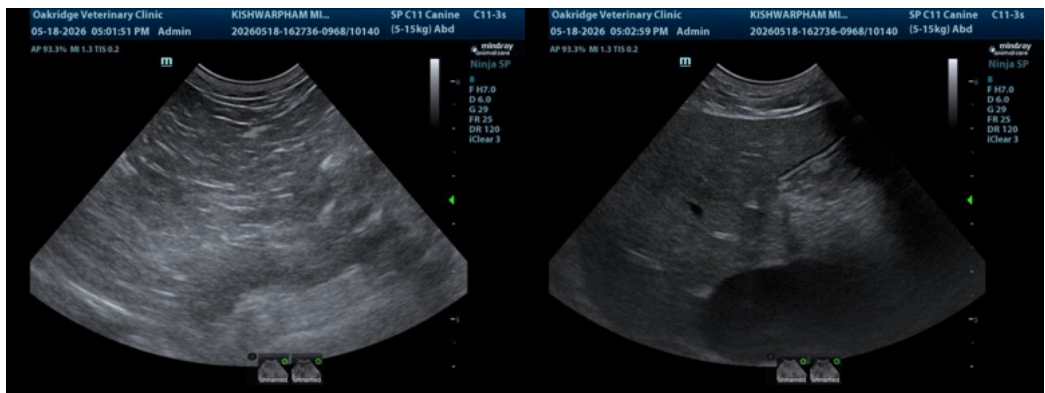
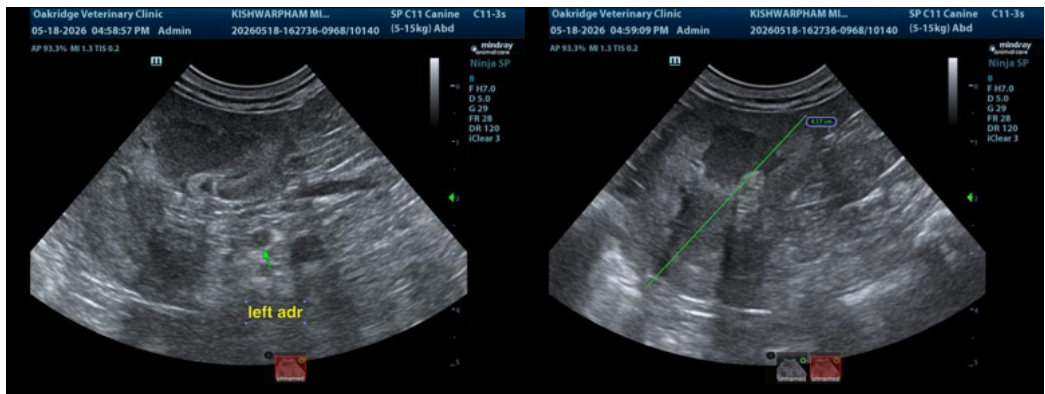
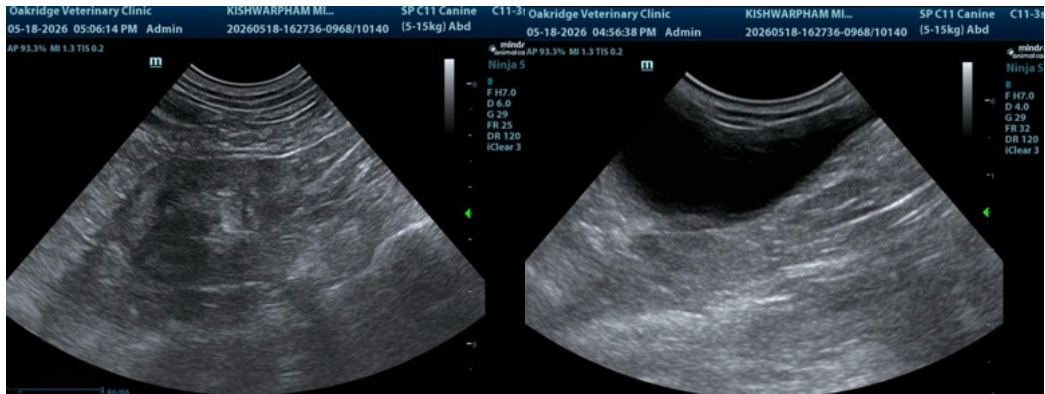
Dr. Singh

INVOICE

77719

DATE

5/19/26





PATIENT

Milo Kishwar Pham

SPECIES

Canine

BREED

Coton de Tulear

SEX

Neutered male

AGE

11 years

WEIGHT

17.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Raj Singh

HOSPITAL NAME

Oakridge VC

REFERRING VET

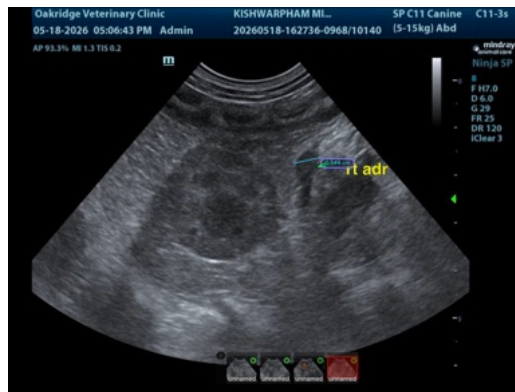
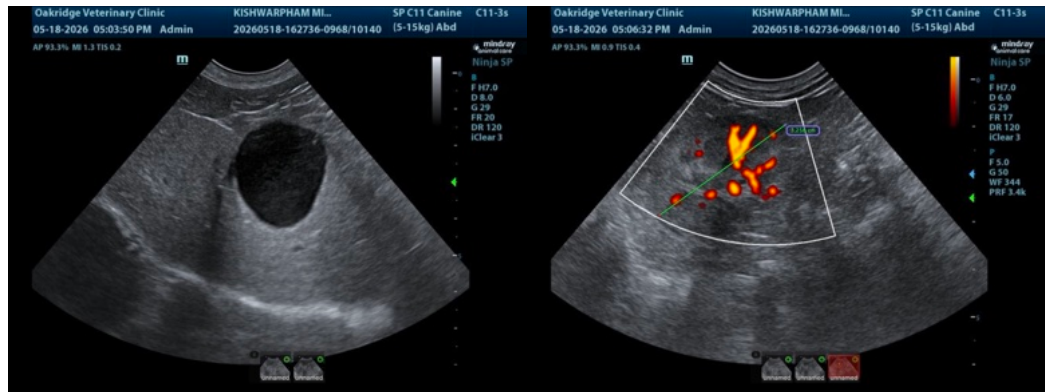
Dr. Singh

INVOICE

77719

DATE

5/19/26



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