



PATIENT

Max Felker

SPECIES

Canine

BREED

Maltese X

SEX

Neutered Male

AGE

10 Years

WEIGHT

3.9 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Morgan

HOSPITAL NAME

Oxford County VC

REFERRING VET

Dr. Sharon Andratis

INVOICE

47060

DATE

5/2/23

PRESENTING CLINICAL SIGNS

Not eating well for over a month and the last few weeks eating very little and the last week not eating at all. Medications: Omeprazole, Cerenia, Sulcrate, Metoclopramide, Gabapentin. There is intermittent vomiting.

Abnormal PE/Chem/CBC/UA Results: Glu 2.8 (3.5 - 6.3 mmol/L) Platelets 576 (143 - 448 x10⁹/L)

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 were noted. Ureteral papillae were normal.

The iliac trifurcation was unremarkable.

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 3.4 cm. The right kidney measured 3.4 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

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

The **stomach** revealed minor luminal chyme with echogenic mucosal remodeling, consistent with chronic gastritis. The muscularis, submucosal, and serosal layers were all intact. The small intestine and colon were unremarkable. Soft stool noted in the colon.

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.



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ULTRASONOGRAPHIC FINDINGS

- Chronic gastritis, unremarkable abdomen otherwise.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening for Addison's indicated. Broad-spectrum antiparasitic protocol warranted. If the current protocol for helicobacter is not resulting in improvement, endoscopy would be indicated, given the patient's intermittent vomiting. No evidence of foreign body or neoplasia.

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Lateral radiograph: Unremarkable.

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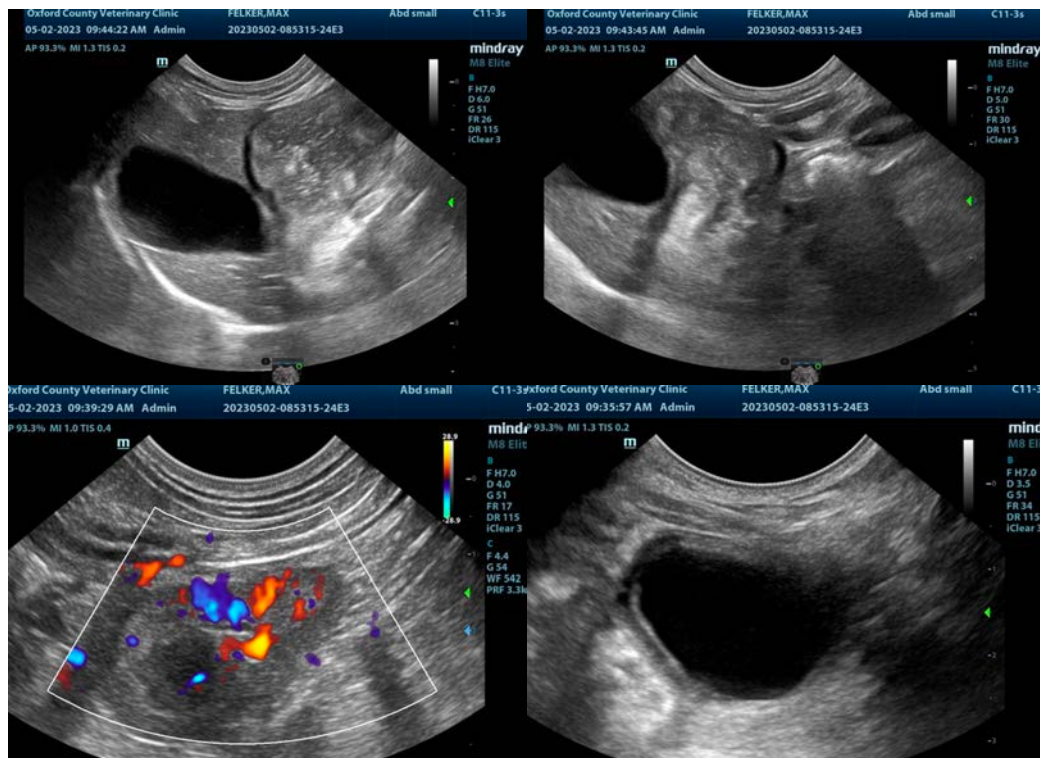
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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