



PATIENT

Preston Wright

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

13 Years

WEIGHT

18

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (Canine &
Feline), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Han

HOSPITAL NAME

Tenaflly VC

REFERRING VET

Dr. Han

INVOICE

37268

DATE

5/28/26

PRESENTING CLINICAL SIGNS

History: Preston 13 yr old diabetes patient. Insulin, 7 units twice daily. The owner has been administering a reduced dose of 3 units when he eats a small amount and withholding it when he does not eat. Presented for a 10-day history of inappetence, vomiting, lethargy, and significant weight loss. The owner reports vomiting for approximately 10 days. The vomitus is described as containing undigested food, yellow bile, or white mucus. The owner reports no diarrhea; stools have been solid. Not sedated for abdominal ultrasound. soft abdomen / no mass palpated. small liver noted with xray/cbc/chem /resting cortisol are done. normal cbc / azotemia (creatinine: 2.3 bun: 36) /alp: 428) resting cortisol:4.8) bg: 263. no ketone in urine.

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** were normal in size and contour; however, a minor hyperechoic ring was noted at the corticomedullary junction. This is consistent with mild diabetic nephropathy. This is likely from glucosuria. However, assessment for proteinuria is also warranted. This is an idiopathic finding, but an expected finding in diabetic patients. Mild to moderate degenerative changes were also noted. The right kidney measured 5.5 cm. The left kidney measured 5.5 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 0.58 cm in width.

The **right adrenal gland** was slightly irregular, visualized obliquely, measuring 1.1 cm at the cranial pole and 0.7 cm at the caudal pole.

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** revealed slight coarse architecture. The liver was relatively normal in size with a minor amount of remodeling. The gallbladder was mildly overdistended without evidence of mucocele formation.



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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

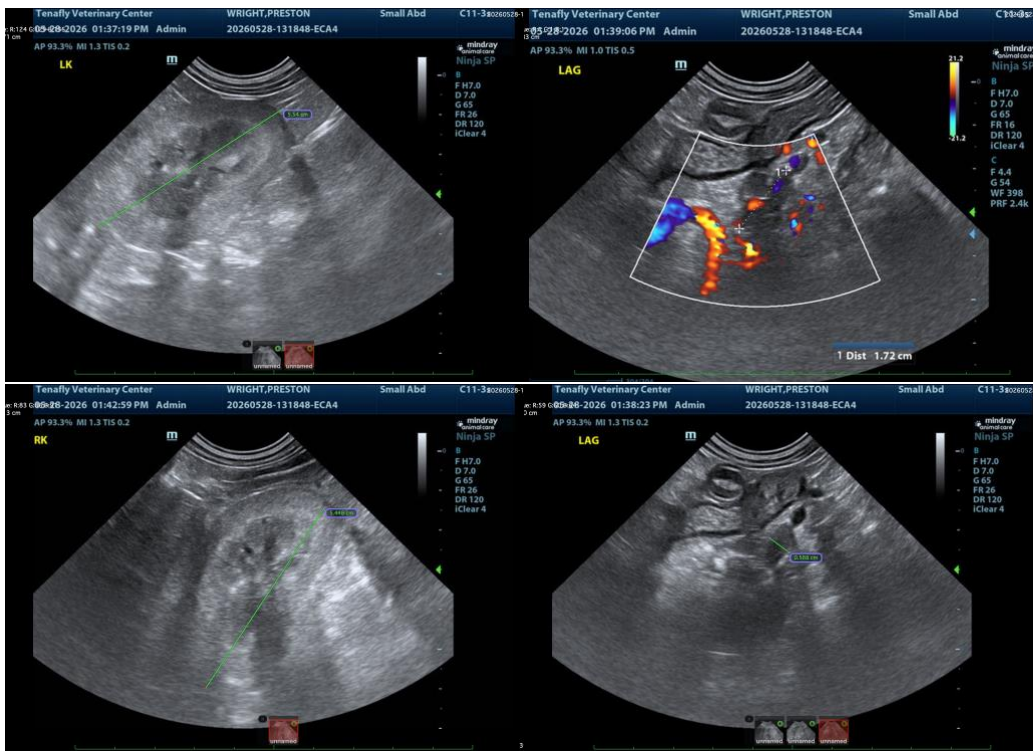
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy with mild remodeling
- Minor overdistended gallbladder – normal for an NPO patient
- Diabetic nephropathy and moderate degenerative renal changes
- Nonspecific GI upset without structural changes
- Slightly irregular right adrenal gland
- Structurally unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of weight loss is unclear. Diet change, parasite management, and helicobacter type protocol empirically could all be considered.





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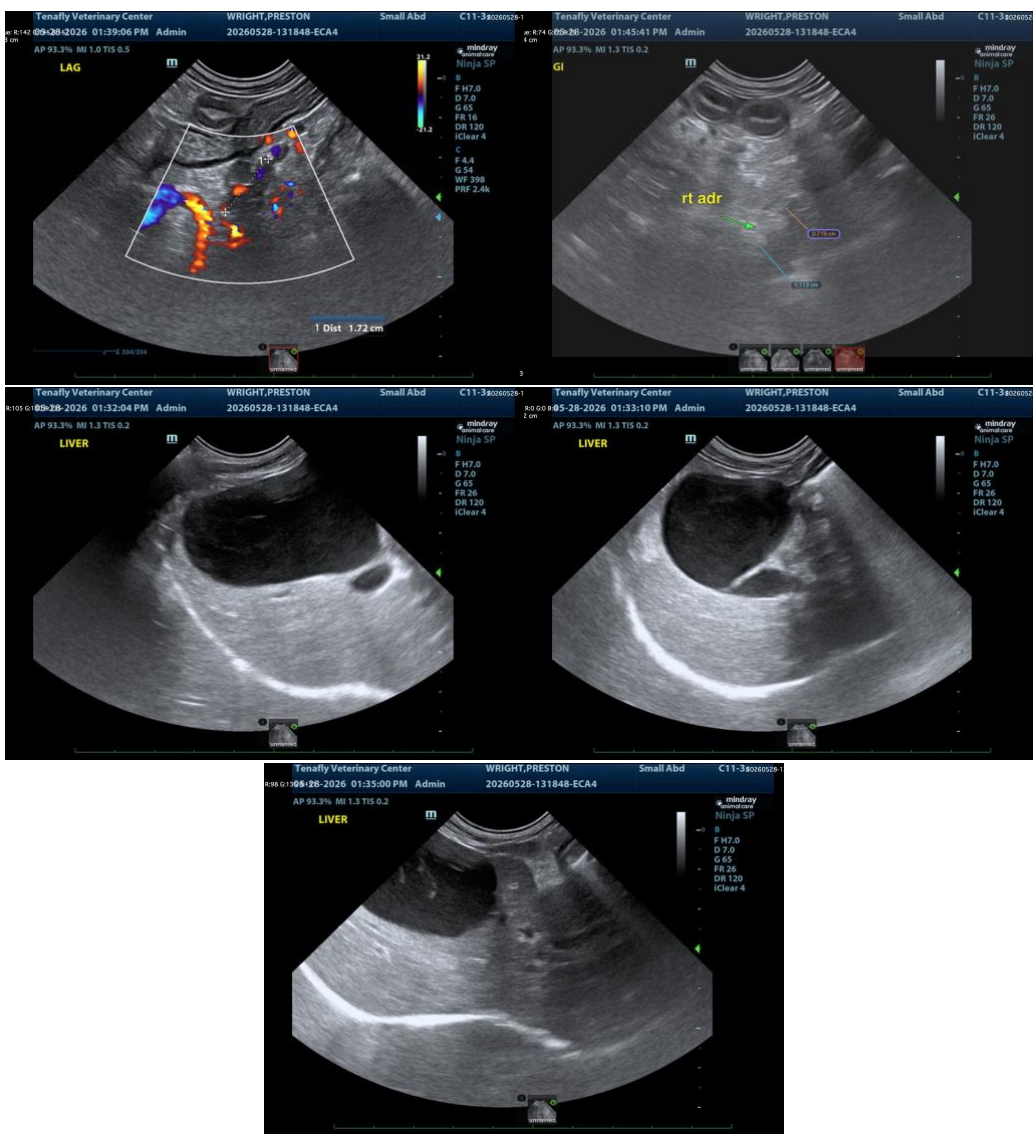
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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