



PATIENT

Cheetos Awad

SPECIES

Canine

BREED

Mixed Maltese

SEX

Neutered Male

AGE

7 Years

WEIGHT

7.1

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Doctor Valentina

HOSPITAL NAME

The Veterinary Surgery

REFERRING VET

Valentina Fresta

INVOICE

23678

DATE

7/28/23

PRESENTING CLINICAL SIGNS

Presented for recurrent pasty diarrhea since he was in a boarding facilities Not eating since 3 days, however no vomiting has been noticed . The patient has been previously on Pedigree diet in the past. At the clinical examination the dog is BAR. Offensive breath due to the hard tartar. MMC are pink .Heart Rate 140 Rr 34. Abdomen bloated however no discomfort is observed at the palpation. Body temp 39. Heart and lung sound clear.

Abnormal PE/Chem/CBC/UA Results: The CBC and comprehensive reveals parameters in the normal average.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a minimal amount of urine with concentric wall thickening, consistent with chronic cystitis. Urinalysis, culture and sensitivity are warranted if any inflammatory sediment is present. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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. Minor mineralization was present in the kidneys. The left kidney measured 3.9 cm. The right kidney measured 3.85 cm. Corticomedullary calculi were noted.

Adrenal Glands

The regions of the **adrenal glands** were imaged and revealed no evident pathology.

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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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



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The upper **gastrointestinal tract** in this patient revealed minor, edematous wall. There was no evidence of foreign bodies. Minor areas of fluctuant fluid accumulation were noted within the lumen with hyperperistalsis. This pattern continued to the ileocecal valve. The colon revealed a fluid filled lumen. This presentation is most consistent with gastrointestinal irritation/inflammation without obstruction.

Pancreas

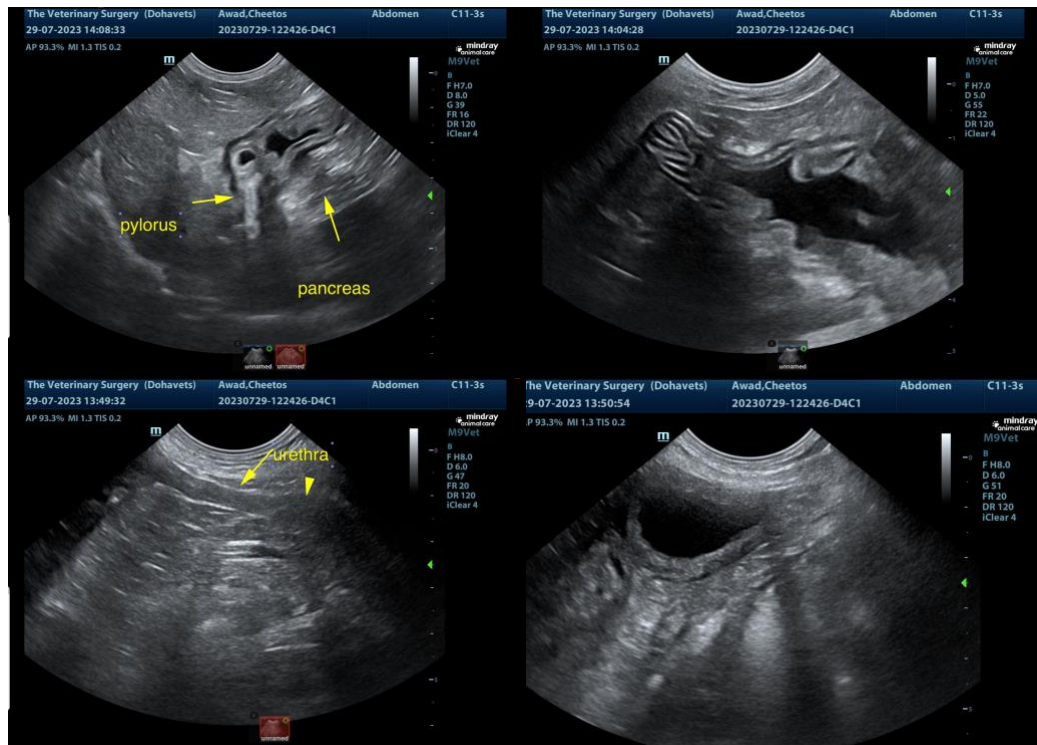
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Mild to moderate degenerative renal changes with pinpoint mineralizations
- Chronic cystitis bladder pattern
- Gastroenteritis pattern
- Age-related hepatic changes
- Age-related renal changes with corticomedullary calculi

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

GI protectant protocol and urinary work up is warranted. No evidence of overt pain related visceral disease other than gastritis.





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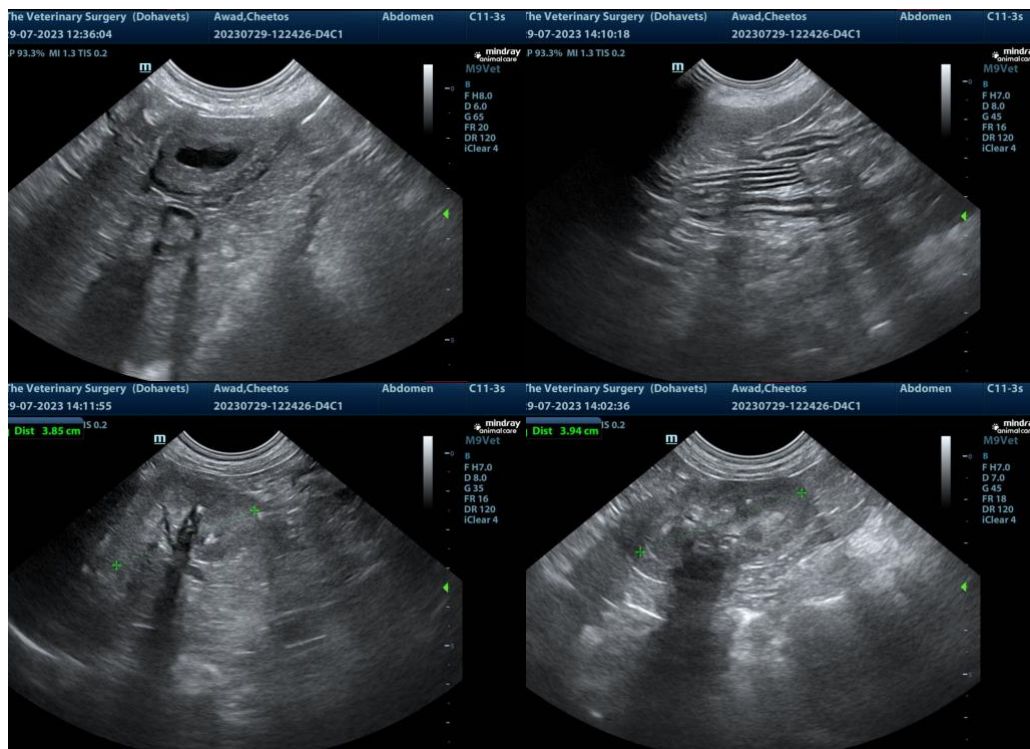
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com