



PATIENT PRESENTING CLINICAL SIGNS

Milo Ponce Cancer check. Known Addisonian. Current meds: Clindamycin oral 25mg/mL 1.5 cc BID, Percorten 0.55cc, Thyroid 0.1mg TID, Pred 2.5mg SID, Tram 50mg 1/8 SID to BID, Denamarin small t medium dog 1/2 SID, Famotidine 10mg SID, Ursodiol 62.5mg SID

SPECIES

Canine

BREED

Miniature Pinscher

SEX

Neutered Male

AGE

15 Years

WEIGHT

14.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Companion AH

REFERRING VET

Dr. Tsai

INVOICE

43825

DATE

7/6/23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a 0.77 cm calculus, non-obstructive. The bladder wall was mildly thickened with slight micropolypoid changes. Trace amount of sand also noted. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The residual prostate measured 6.0 mm.

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 3.92 cm. The left kidney measured 4.56 cm. Slight microcystic cortical changes noted.

Adrenal Glands

The **right adrenal gland** was flattened and isoechoic, expected for Addisonian patient, measuring 1.21 cm x 0.56 cm at the cranial pole and 0.28 cm at the caudal pole.

The **left adrenal gland** measured 1.46 cm x 0.34 cm at the caudal pole and 0.35 cm at the cranial pole.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active 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 age-related parenchymal remodeling was noted but likely not clinically significant at this time. Multifocal areas of mineralization noted, likely owing to underlying endocrinopathy. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. Non-shadowing gallbladder calculus noted measuring 1.0 cm, non-obstructive. Minor gallbladder polyps also present.

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.



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Pancreas

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Canine

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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Miniature Pinscher

ULTRASONOGRAPHIC FINDINGS

- Bladder calculus and age related renal changes
- Flattened right adrenal gland
- Age related splenic and hepatic changes

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Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant disease. Urinary workup plus eventual cystotomy would be appropriate.

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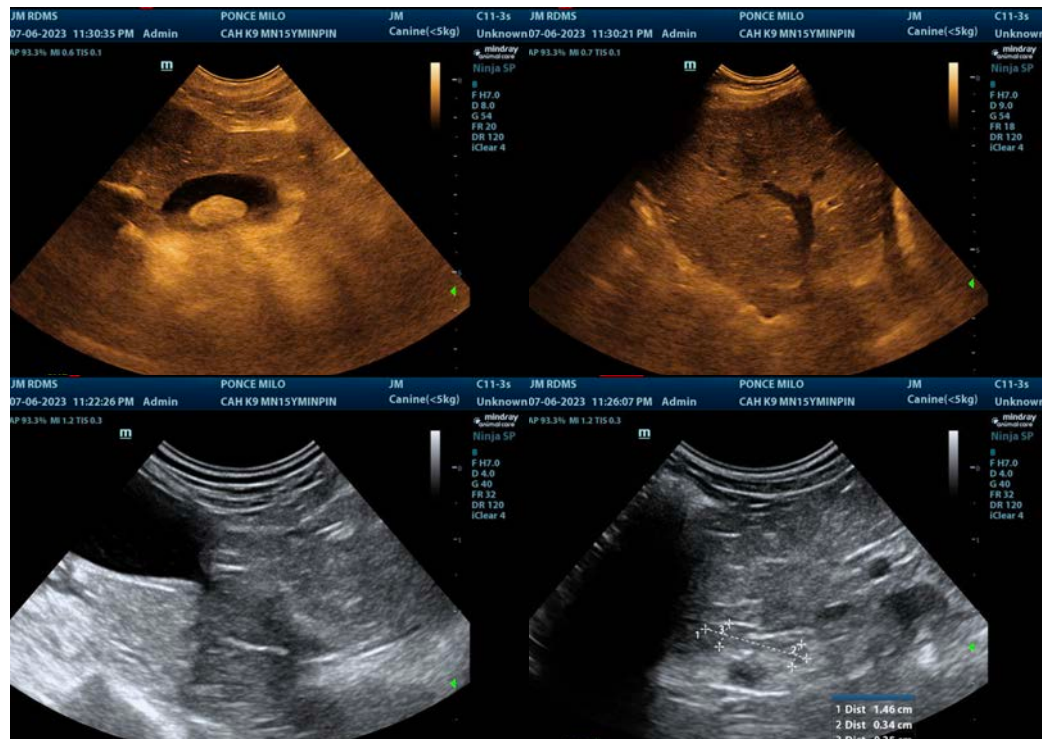
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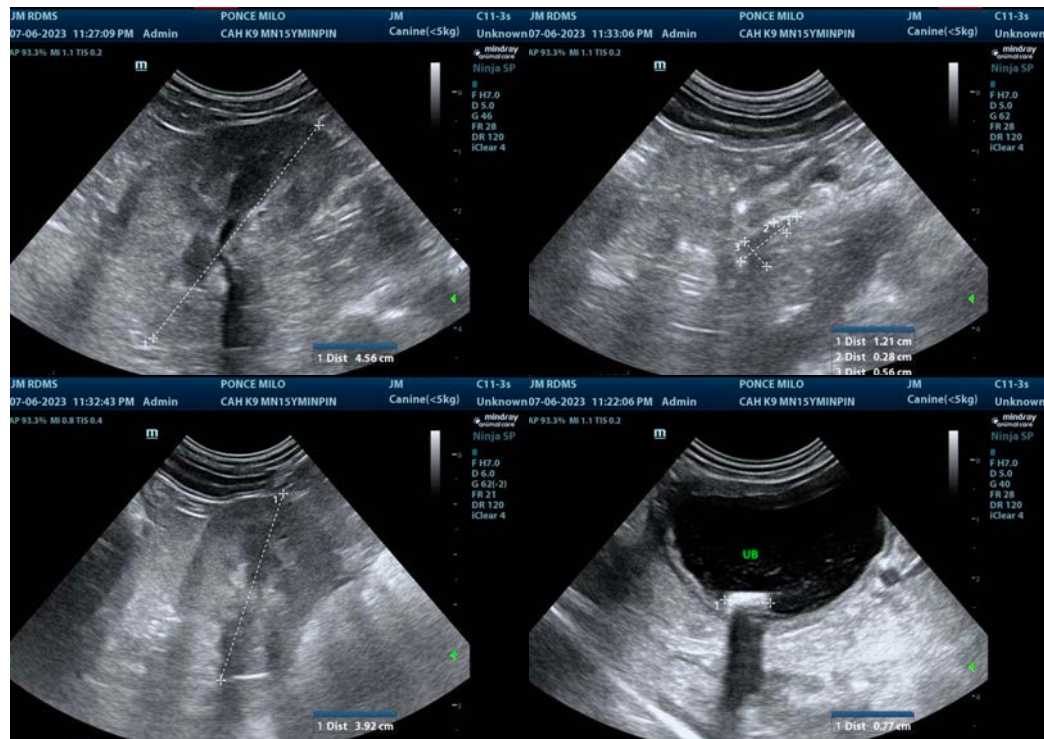
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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