



PATIENT PRESENTING CLINICAL SIGNS

Jeter Battaglino Hx of diabetes, diarrhea, eating grass decreased appetite, not himself.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine Urinary System

BREED

Pug X

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 3.0 cm beyond the cystourethral junction.

SEX

Neutered Male

The residual prostate was 6.0 mm.

AGE

12

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 5.9 cm. The left kidney measured 6.1 cm.

WEIGHT

33

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

Both **adrenal glands** were 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 right adrenal gland measured 2.0 cm x 1.5 cm at the cranial pole and 0.92 cm at the caudal pole. The left adrenal gland measured 2.15 cm x 0.61 cm at the caudal pole and 0.58 cm at the cranial pole.

IMAGING PERFORMED BY

Jenn

Spleen

The **spleen** was not visualized. The splenic fossa revealed fat deposition. I'm presuming that this patient had a splenectomy.

HOSPITAL NAME

Rockaway AH

Liver

REFERRING VET

Dr. Maniar

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.

INVOICE

44746

Gastrointestinal

DATE

8/17/23

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.



PATIENT *Pancreas*

Jeter Battaglino

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.

SPECIES

Canine

Free Abdomen

BREED

Pug X

Large amount of abdominal fat noted in this patient.

SEX

Neutered Male

- Age related renal and hepatic changes
- Partially full stomach
- Large amount of abdominal fat
- Presumed splenectomy

AGE

12

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

33

No evidence of visceral disease contributing to the clinical signs. GI Support indicated. 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.

INTERPRETED BY

Eric Lindquist, DMV
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IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

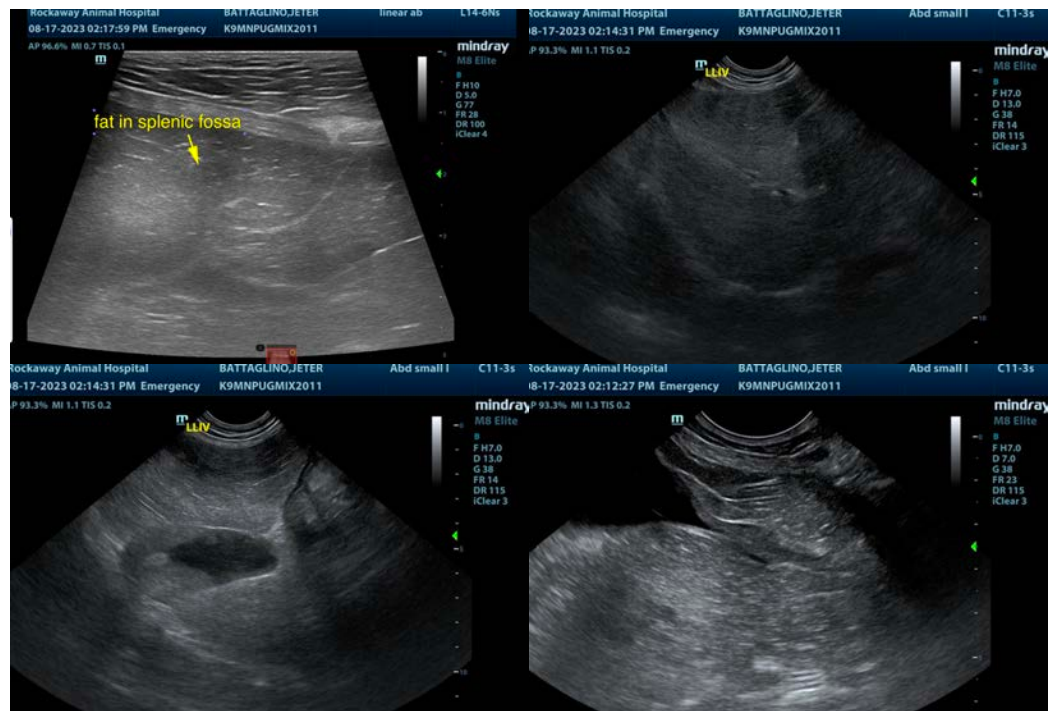
Dr. Maniar

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PATIENT

Jeter Battaglino

SPECIES

Canine

BREED

Pug X

SEX

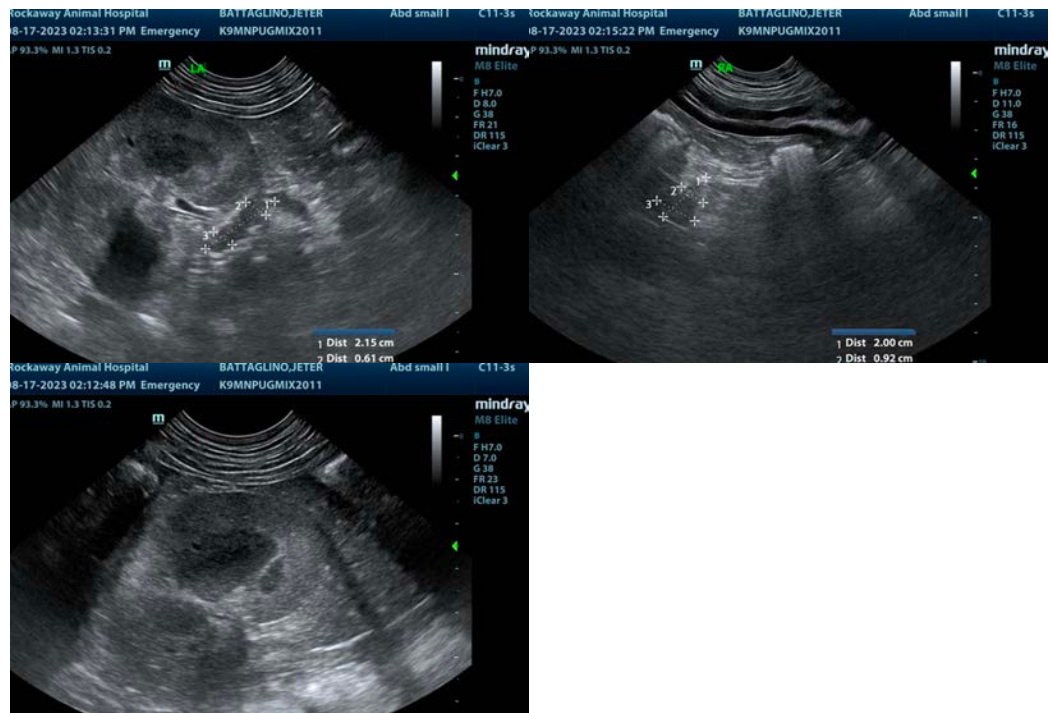
Neutered Male

AGE

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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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