



**PATIENT**

Benny Russo

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

Neutered Male

**AGE**

2 Years

**WEIGHT**

N/A

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Brenda King Vet

**REFERRING VET**

Dr. Brenda King

**INVOICE**

12717

**DATE**

8/24/21

**PRESENTING CLINICAL SIGNS**

History: R/O IBS per owner. No current meds.

Abnormal PE/Chem/CBC/UA Results: 5/21/19: RBC 3.8, HGB 8.9, HCT 28, PLTs 859.

**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 residual prostate measured 0.75 cm.

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. Both kidneys measured 3.95 cm.

**Adrenal Glands**

Both **adrenal glands** were subjectively flattened and mildly subnormal in width. Screening for occult Addison's would be warranted. The left adrenal gland measured 1.96 cm x 0.37 cm at the caudal pole and 0.28 cm at the cranial pole. The right adrenal gland measured 1.17 cm x 0.37 cm at the caudal pole and 0.4 cm at the cranial 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** 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 a fluid filled lumen. Unremarkable gastric wall. No overt evidence of ulcerative disease, however, given the patient history GI blood loss is a strong potential. Minor intestinal thickening noted with hypertrophied muscularis. The submucosa was intact. No evidence of foreign body.

**Pancreas**



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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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Canine

**ULTRASONOGRAPHIC FINDINGS**

- Gastrointestinal thickening, gastritis pattern
- Flattened adrenal glands

**BREED**

Beagle

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Possible GI blood loss is the cause of anemia. GI protectant protocol warranted. Antiparasitic protocol, fecal test and hydrolyzed diet all indicated. Screening for occult Addison's could be appropriate. Baseline cortisol given that the adrenals appear subjectively small.

**SEX**

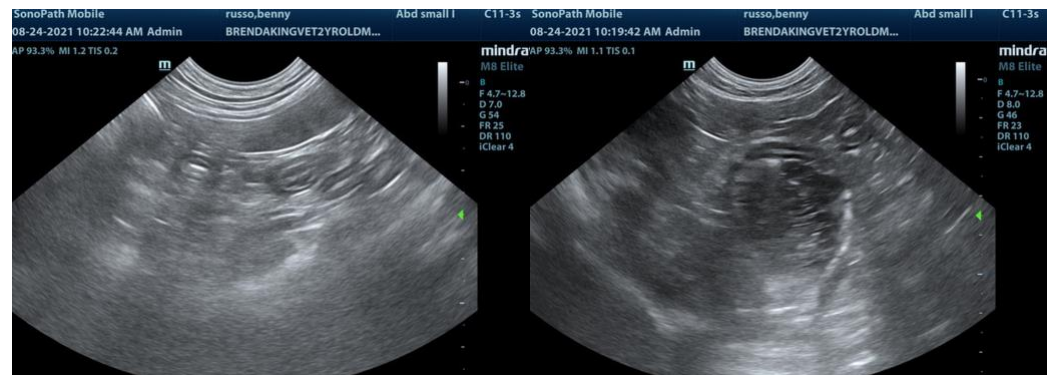
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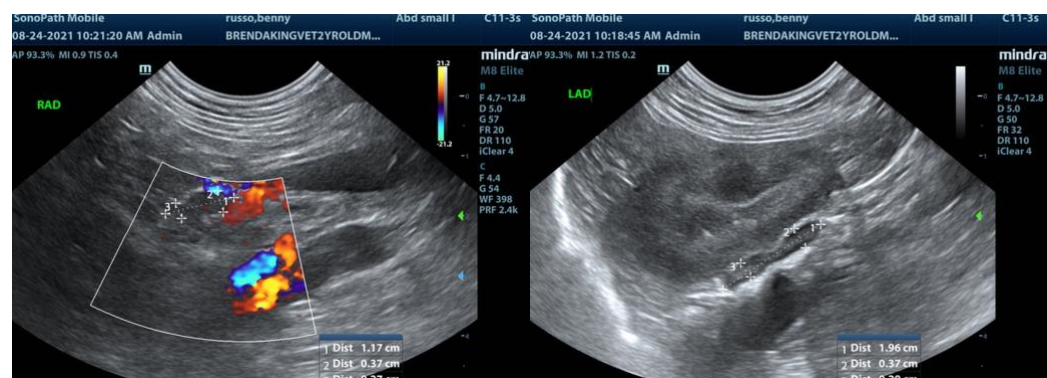


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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