



**PATIENT**

Sonny Ricciardi

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

5 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Maniar

**INVOICE**

16790

**DATE**

8/8/22

**PRESENTING CLINICAL SIGNS**

History: Chronic IBD with acute diarrhea.

**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 2.0 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 mild 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 3.2 cm. The left kidney measured 3.16 cm.

**Adrenal Glands**

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 left adrenal gland measured 1.41 cm x 0.27 cm at the cranial pole and 0.3 cm at the caudal pole. The right adrenal gland measured 1.48 cm x 0.29 cm at the cranial pole and 0.41 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** was slightly subnormal in size. Increased portal markings were noted, consistent with chronic inflammatory hepatopathy. Concurrent portal hypoplasia/microvascular dysplasia may be an issue. The portal vein to vena cava ratio was 1:1. No evidence of intrahepatic or extrahepatic shunting. Coalesced debris was noted in the gallbladder, measuring approximately 1.5 cm x 1.0 cm short axis.

**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**



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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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

- Mild Microhepatica with chronic inflammatory hepatopathy pattern
- Gallbladder debris
- Age-related renal changes

**BREED**

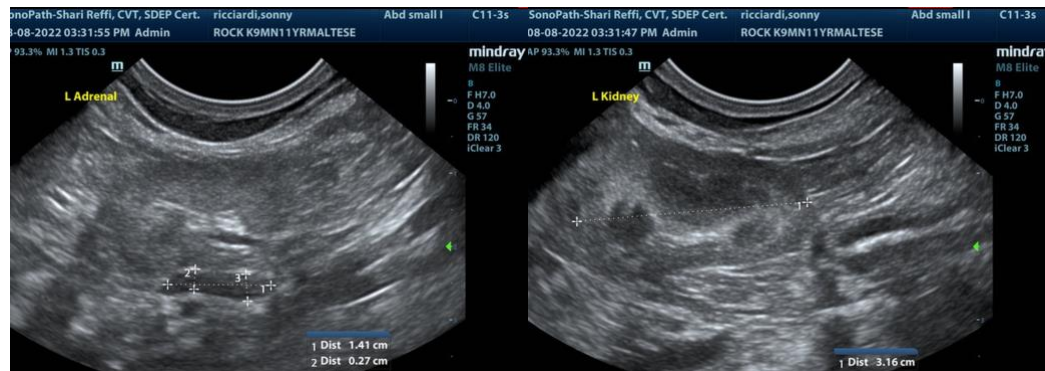
Maltese

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Structurally, the abdomen is unremarkable. Bile acid profile is warranted. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. A hydrolyzed diet is warranted. Antiparasitic protocol is warranted, if not already performed. Ursodiol therapy could be justified given the amount of gallbladder debris. Recheck sonogram in 6 weeks.

**AGE**

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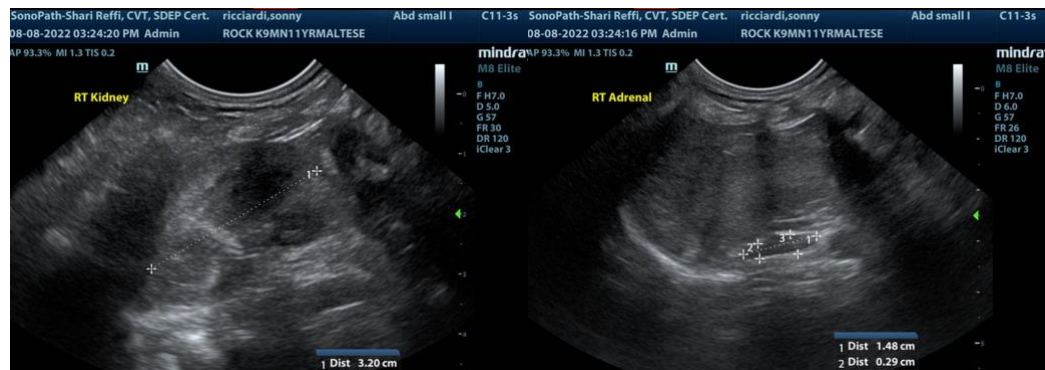


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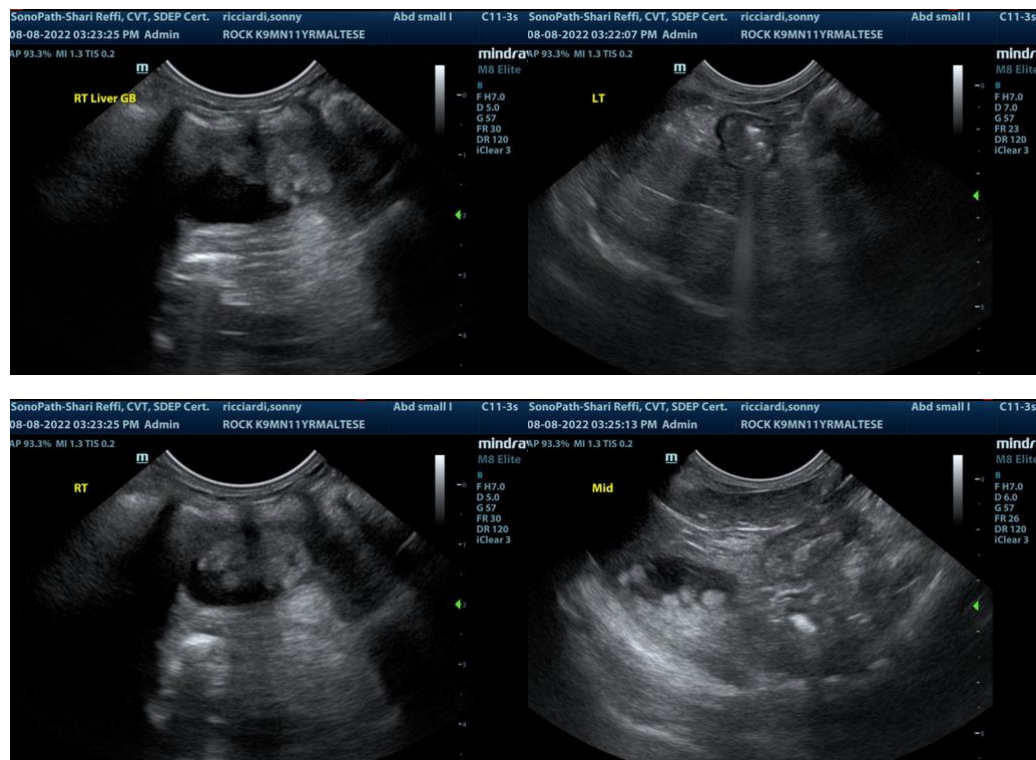
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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