



**PATIENT**

Lucas Mateo  
Avagliano

**SPECIES**

Canine

**BREED**

Maltese Mix

**SEX**

MN

**AGE**

15

**WEIGHT**

10.7 lbs.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**IMAGING  
PERFORMED BY**

Dr. Paul Kim

**HOSPITAL NAME**

Ridgefield Park AH

**REFERRING VET**

Dr. Paul Kim

**INVOICE**

17416

**DATE**

7/27/23

**PRESENTING CLINICAL SIGNS**

Patient presented to the Hospital for anorexia and bloody stool on 07/24/23 and was given medications, the blood in the stool went away. Still, the patient continued to be lethargic and not eating.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Focal areas of medullary mineral were noted in both kidneys. The left kidney measured 3.8 cm in length. The right kidney measured 4.0 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm width at the caudal pole.

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**Liver/ Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was mildly distended in size with normal walls and no evidence of inflammatory criteria containing anechoic content with moderate, non-dependent, nonorganized gallbladder sediment. No evidence post hepatic obstruction was noted. The cystic and common bile ducts were normal.



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***Gastrointestinal***

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

The small intestine presented intact wall layering and normal 1:3 muscularis/mucosa ratio. Segmental nonspecific hyperechoic duodenojejunal mucosal speckling was present with no obstructive pattern.

Normal visible colon wall layers were present with apparent formed feces in lumen.

***Pancreas***

The pancreas was normal in size and contour with isoechoic to mildly heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Mild urinary bladder sediment
- Bilateral chronic renal changes with medullary mineral
- Mild hepatic parenchymal remodeling with moderate gallbladder sediment (non mucocele)
- Nonspecific enteritis pattern, sonographically unremarkable stomach / colon
- Mild heterogeneous pancreas

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Sonographically, largely geriatric abdomen without evidence of significant visceral pathology.

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation, which may allude to low-grade / chronic pancreatitis, is suggested. A GI panel to include PLI/TLI/Cobalamin/Folate may be considered to assess for nonobvious intestinal disease or low-grade pancreatitis. Correlation with CBC/Chemistry Panel to assess for underlying metabolic disease as a contributing factor is suggested. Continued as-needed gastrointestinal support is recommended.



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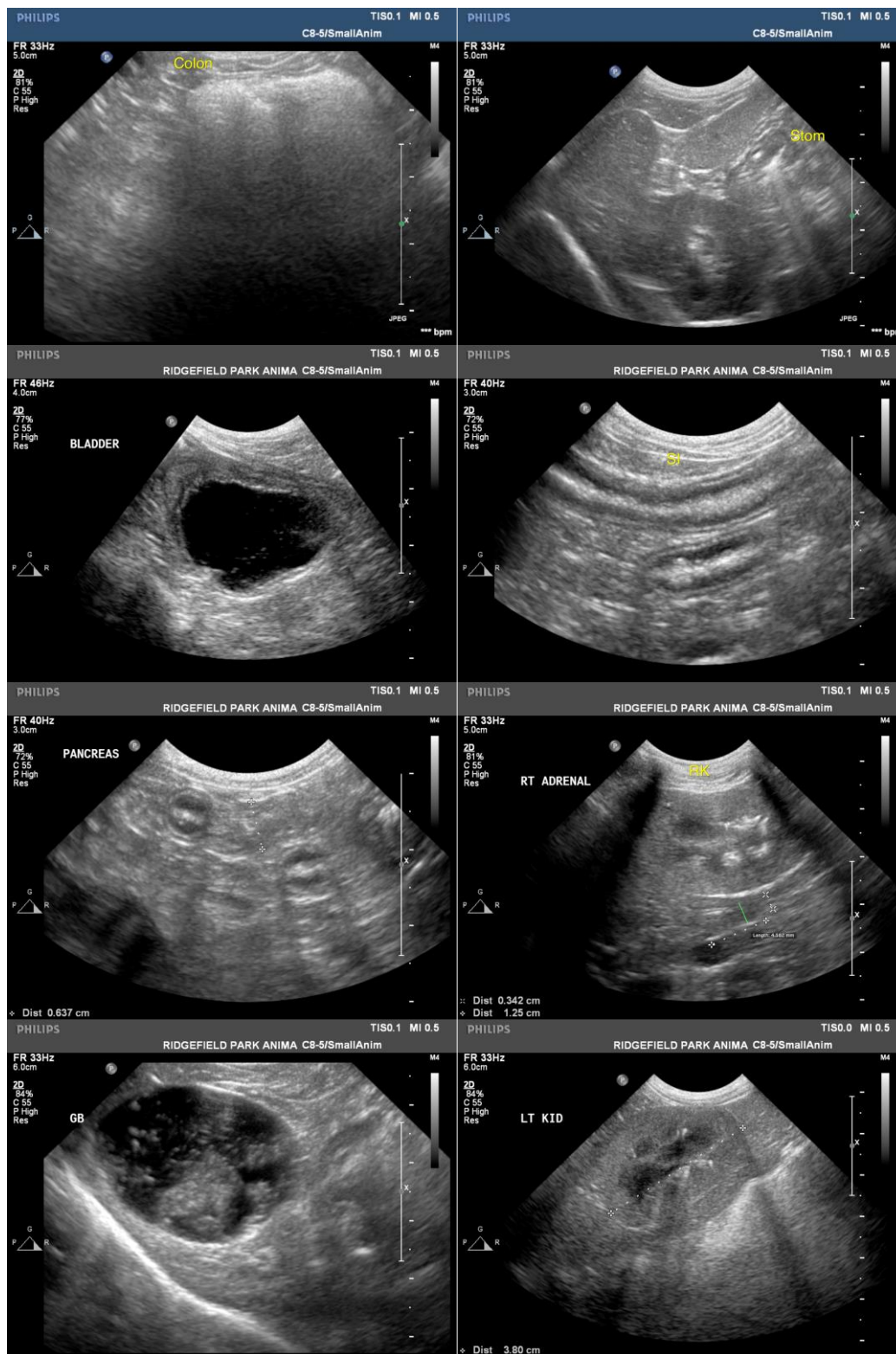
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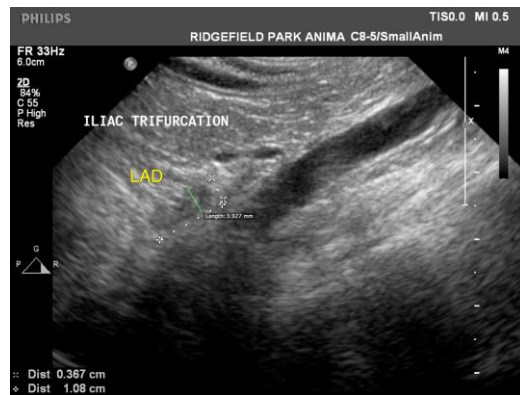
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**INTERPRETED BY**

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**R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)**  
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