



PATIENT

Bebe Buss

SPECIES

Canine

BREED

Pug

SEX

Intact female

AGE

9 months

WEIGHT

15 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hollway

HOSPITAL NAME

Valley Green VH

REFERRING VET

Dr. Oberer-Gerber

INVOICE

70380

DATE

1/21/26

PRESENTING CLINICAL SIGNS

Presented for routine labwork for OVH. Non-regenerative anemia noted which has been consistent upon multiple rechecks along with a hx of crystaluria. Hx increased Cystatin-B and borderline proteinuria. Given persistence to crystals present in urine (last time was 3+ CaOX and now amorphous urates present) as well as previous non-regenerative anemia, which has normalized but is very low/normal, AUS is still the smartest move for Bebe prior to OHE to screen for other underlying/congenital disease

- Hx fleas, though none present today
- NO C/S/V/D. E/D/U/D all WNL.
- INTACT FEMALE

1/21/26 BAR. ABD=SNP. Heart/Lungs = NSF. Stenotic Nares bilaterally. Patient has not had a heat cycle that O is aware of, vulva appears engorged today. No discharge present. Deciduous dentition; underbite PCV = 32% COAG Panel + D-dimer = pending 1/20/2026 CBC -RBC is WNL today. Patient has history of non-regenerative anemia. While the CBC is technically WNL, it is at the low end of the reference range (5% higher than when previously measured) -WBC NSF -PLT NSF Chemistry -BG slight increase -- secondary to stress most probable. -KES NSF -e-lytes NSF -proteins NSF -LES NSF UA concentrated urine w/out infection or WBC. Adicic pH wh/ amorphous urates present (previously had 3+ CaOX crystals) UPC is borderline-proteinuric. 4dx= (-)x4 T4 WNL Fecal neg for ova and parasites

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 was noted. Ureteral papillae were normal.

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. The left kidney measured 4.02 cm. The right kidney measured 4.33 cm.

The left ovary was imaged and measured 1.0 x 0.5 cm. The region of the right ovary was imaged with no evidence of pathology. The uterus was uniform and measured 0.83 cm.

Adrenal Glands

The **left adrenal gland** was 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 0.4 cm. The **right adrenal gland** appeared isoechoic and somewhat flattened measuring 0.5 cm.



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Spleen

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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 was noted. The spleen measured 1.32 cm.

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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.

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Gastrointestinal

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There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with 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.

IMAGING PERFORMED BY

Dr. Hollway

Pancreas

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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ULTRASONOGRAPHIC FINDINGS

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Normal abdomen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of pathology related to the anemia. Parasitic disease should be ruled out as well as occult Addison's given the breed predisposition, yet there was no contraindication to surgical intervention based on the visceral presentation in the abdomen. Baseline cortisol is recommended to screen for Addison's disease.



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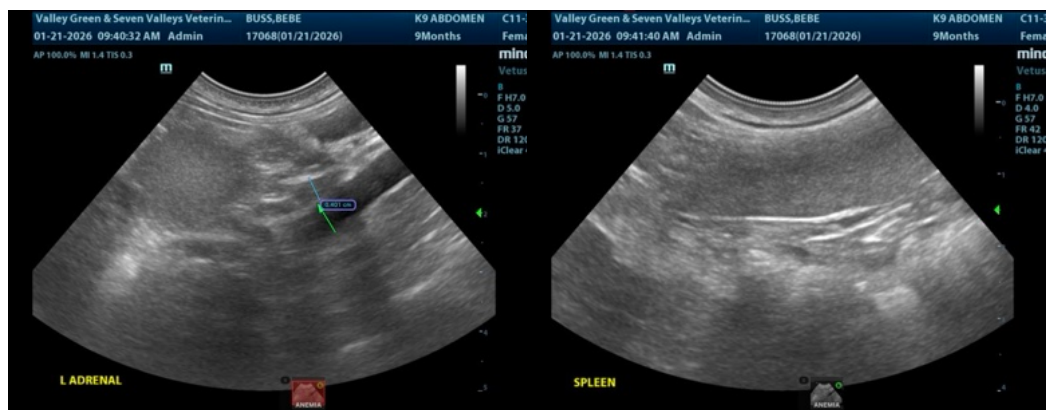
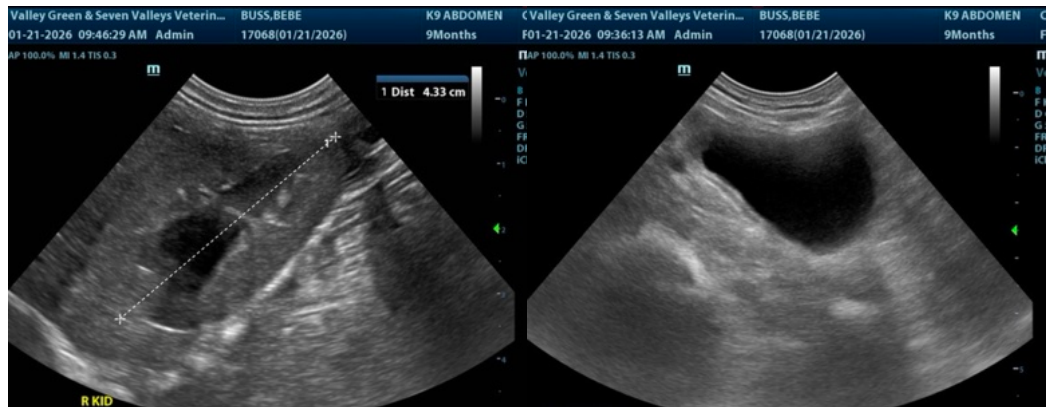
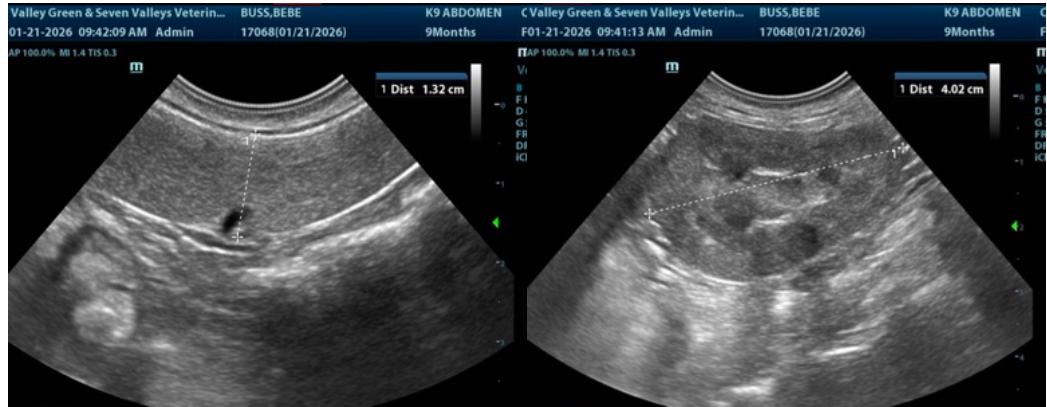
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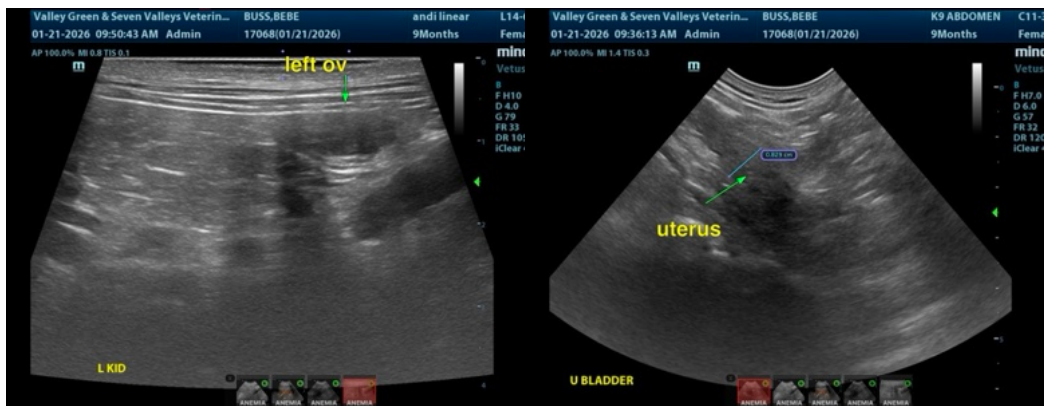
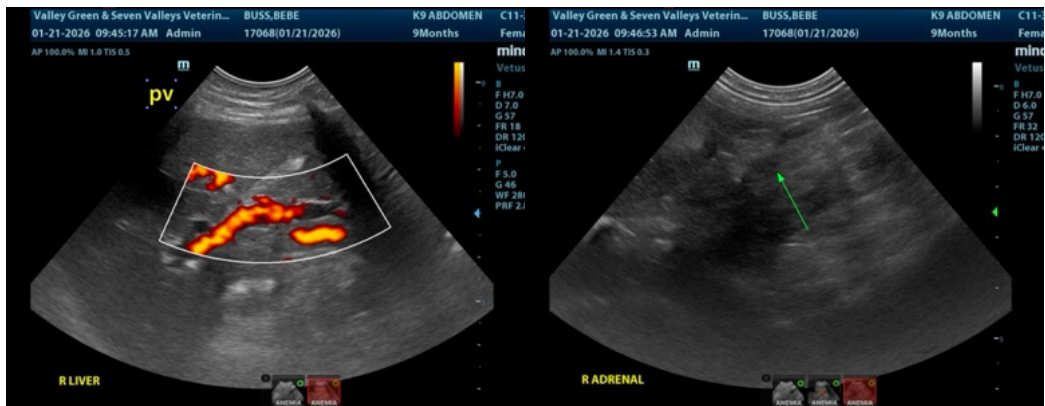
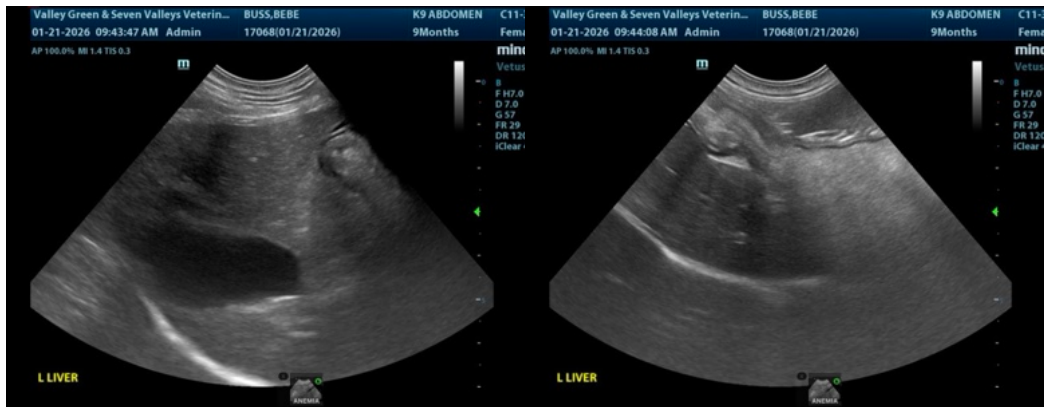
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

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