



PATIENT

Anderson Pooper
Perry Horst

SPECIES

Canine

BREED

Pug

SEX

Neutered male

AGE

10 years

WEIGHT

16.9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Lanz

HOSPITAL NAME

New Holland VH AH

REFERRING VET

Dr. Lanz

INVOICE

40166

DATE

10/19/22

PRESENTING CLINICAL SIGNS

History: 3lb weight loss since June 2022. Voracious appetite with no weight gain. 2 week history of diarrhea - started on 10mg/kg metronidazole BID and 2mg/kg budesonide SID. Stool has firmed up but has not completely resolved diarrhea.

Abnormal PE/Chem/CBC/UA Results: RBC 4.65, HCT 34.2 Neut 12,911, ALT 191 CK 210, T4 0.7
Amylase 221, TLI 35, Cobalamin 304, Folate 11.8

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 3.9 cm and the right kidney measured 4.1 cm.

Adrenal Glands

The left adrenal gland was visualized obliquely and appeared flattened measuring 0.4 cm. The right adrenal gland was potentially flattened and isoechoic.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. Slight, heterogenous parenchymal changes were noted. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

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.



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Gastrointestinal

The **gastric** wall in this patient revealed mild, hyperechoic, mucosal remodeling primarily in the pyloric outflow. The lumen was empty. There was no evidence of foreign bodies or neoplasia. The small intestine and colon were unremarkable. The curvilinear patterns were respected.

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.

ULTRASONOGRAPHIC FINDINGS

Flattened adrenal glands.

Minor gastric mucosal remodeling. Potential gastritis and GI blood loss.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening for Addison's would be warranted given the breed predisposition and flattened adrenal glands. Otherwise, unremarkable abdomen.





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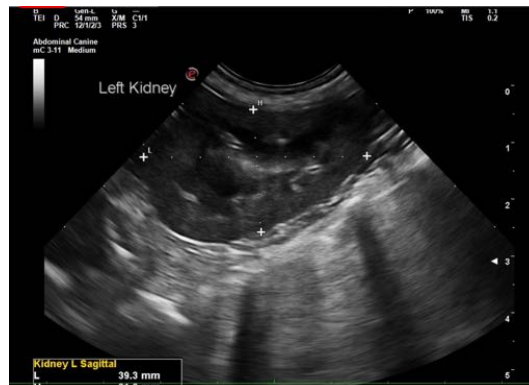
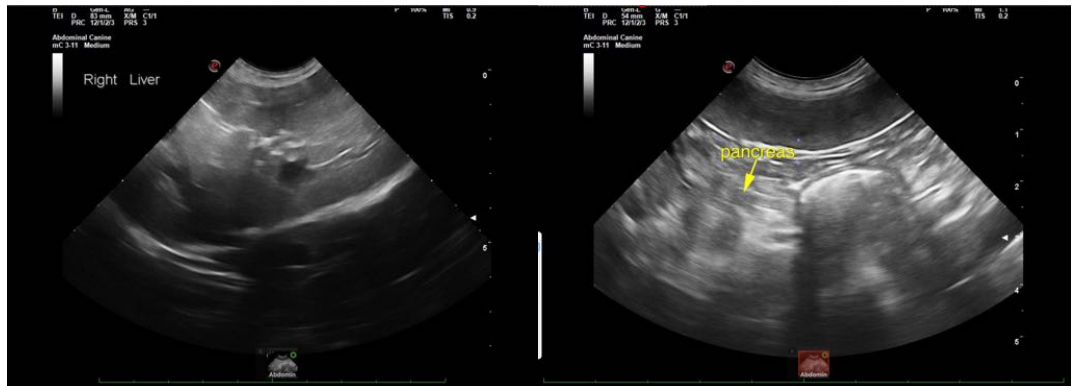
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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