



**PATIENT**

Buster Brewer

**SPECIES**

Canine

**BREED**

Pug

**SEX**

Neutered male

**AGE**

13 years

**WEIGHT**

17 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Jagger

**HOSPITAL NAME**

VCA Parkway AH

**REFERRING VET**

Dr. Jagger

**INVOICE**

42843

**DATE**

11/30/22

**PRESENTING CLINICAL SIGNS**

History: This patient was ultrasounded about a month ago and surgery recommended for the GB mucocele but O declined and we started ursodiol. This is a recheck to see if any improvement since then.

**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.

**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 0.45 cm. The right adrenal gland measured 0.47 cm.

**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 was noted.

**Liver**

The **liver** revealed persistent remodeling and increased portal markings. Isoechoic nodular changes were noted. Macro and microscopic nodular changes were noted. The gallbladder revealed persistent over distension with calculi. Gallbladder mucocele formation is essentially unchanged; however, hepatic remodeling appears to be an issue. The gallbladder measured 5.4 x 4.0 cm. This is similar to the prior sonogram.

**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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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***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**

**SEX**

Neutered male

Persistent and mildly inflamed gallbladder mucocele with moderate hepatic remodeling and nodular hyperplasia.

Otherwise, unremarkable abdomen.

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13 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There appears to be an inflammatory response noted at the neck of the gallbladder that was not evident at the time of the prior sonogram, which would suggest an acutization of the gallbladder mucocele presentation. I strongly recommend cholecystectomy in this patient with liver biopsy. Bile acid profile is warranted if not already performed.

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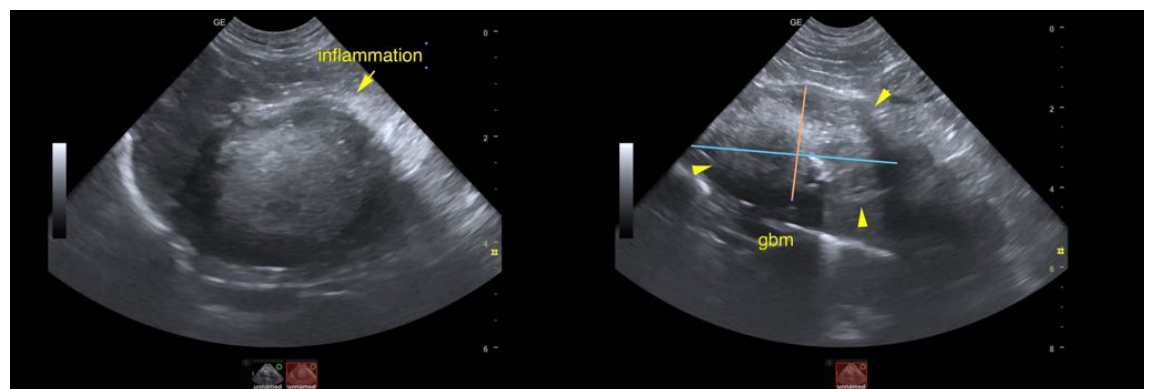
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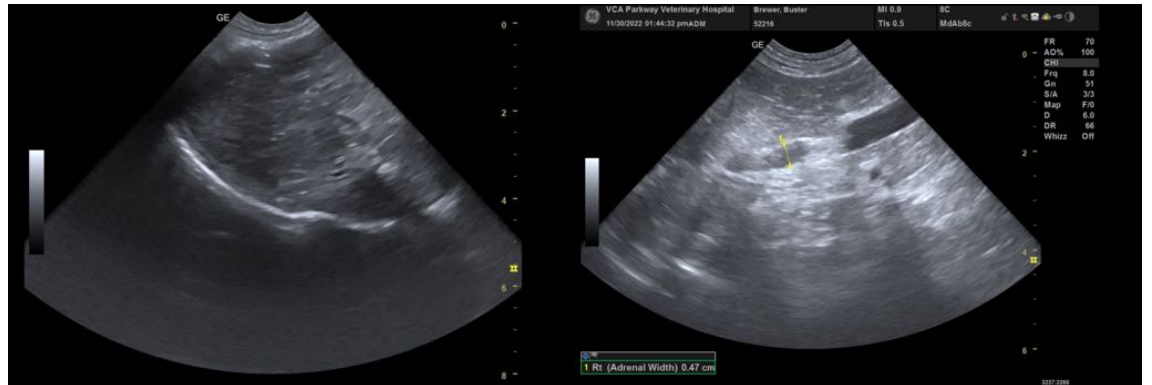
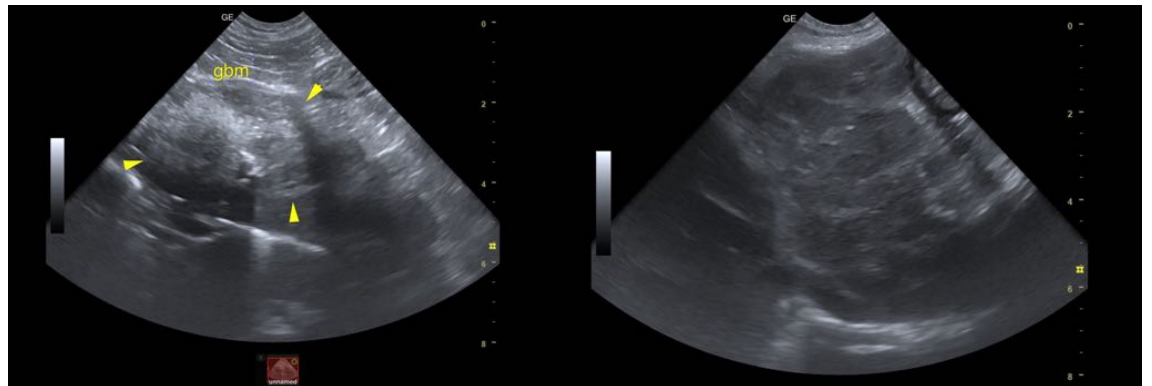
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com  
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