



**PATIENT**

Buttons Scolavino

**SPECIES**

Guinea Pig

**BREED**

Guinea Pig

**SEX**

Intact Female

**AGE**

4 Years

**WEIGHT**

965 Grams

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Companion AH  
(Wayne)

**REFERRING VET**

Dr. Wolf

**INVOICE**

20230

**DATE**

12/23/22

**PRESENTING CLINICAL SIGNS**

History: hematuria; on Metacam and antibiotics

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** was embedded with sand and calculi. A minimal amount of urine was present at the time of the sonogram.

The **left kidney** revealed calculi with slight mineralization. The left kidney measured 2.47 cm.

Dystrophic mineralization was noted in the **right kidney** with pyelectasia and hydroureter. The ureter was followed distally, approximately 4.0 cm, in which embedded calculi were present in the right ureter as well. The right kidney measured 2.61 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 0.5 cm. The right adrenal gland measured 0.5 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 were noted.

**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.

**Gastrointestinal**

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

**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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**Free Abdomen**

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Periserosal inflammation was noted with areas of free fluid in the sublumbar and caudal abdominal space with reactive mesentery consistent with peritonitis.

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Guinea Pig

**ULTRASONOGRAPHIC FINDINGS**

- Ureterolithiasis, obstructive on the right. Nephrolithiasis.
- Regional peritonitis
- Bladder sand and calculi

**BREED**

Guinea Pig

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend surgical intervention in this patient with cystotomy, abdominal lavage, inspection of the right ureter. The right ureteral calculi may be able to be milked caudally into the bladder, however, ureterectomy may be necessary or even right nephrectomy if not able to be corrected. Surgical intervention is essential in this case.

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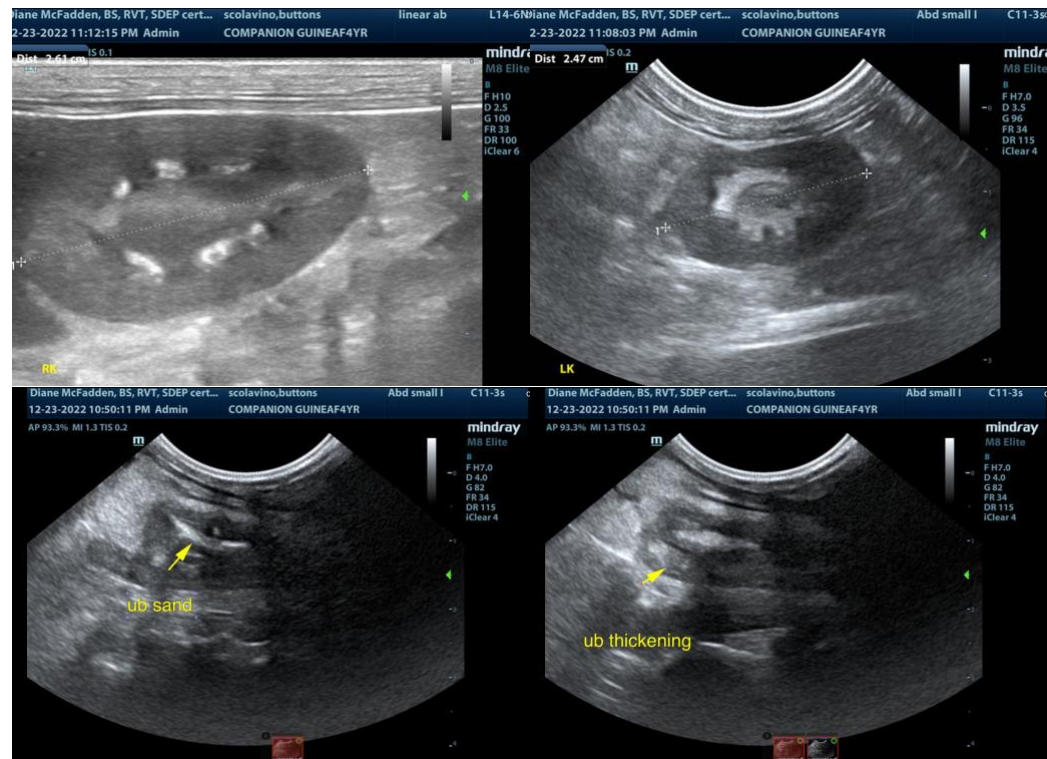
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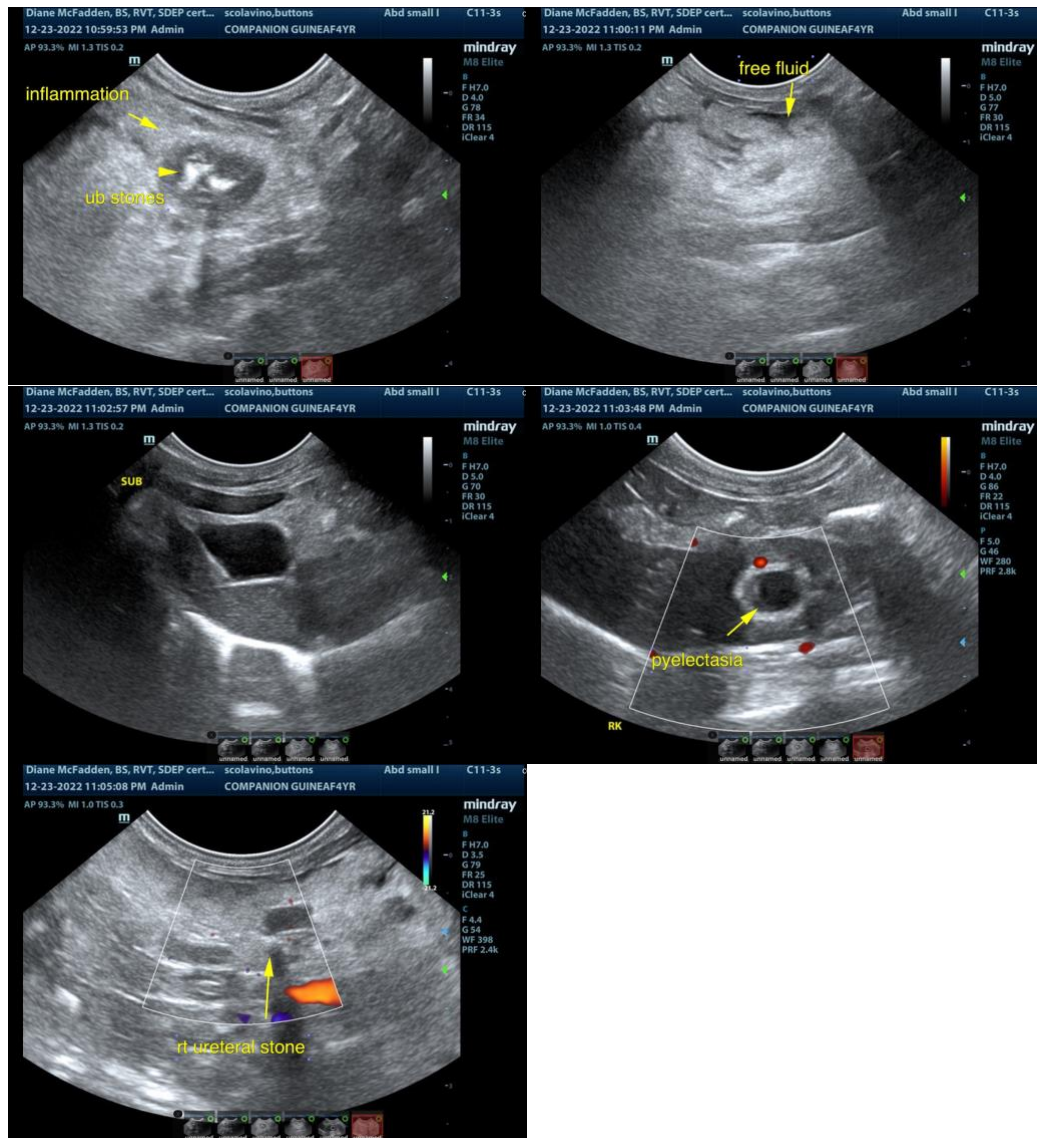
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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