



PATIENT PRESENTING CLINICAL SIGNS

Remy Boutillier Distended abdomen, reduced appetite. Suspicious of a mass or cancer. Has been on Baytril and Theophylline.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: MCHC low normal, Retics high, WBCs high 26.51(5.05-16.76), Neuts high, Mono high, MPV high, Plateletcrit high, Fructosamine normal.

BREED

Pug

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

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 were noted. Ureteral papillae were normal.

AGE

10 Years 6 Months

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.0 cm. The right kidney measured 4.96 cm.

WEIGHT

22.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

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 1.78 cm x 0.55 cm at the caudal pole and 0.72 cm at the cranial pole. The right adrenal gland measured 1.58 cm x 0.60 cm at the cranial pole and 0.95 cm at the caudal pole.

IMAGING PERFORMED BY

Crystal Hill

Spleen

The **spleen** presented a hypoechoic expansive nodule measuring 1.7 cm. Capsular expansion noted.

HOSPITAL NAME

Dog & Cat Clinic of
Niagara

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. Multifocal hypoechoic nodular changes noted, most consistent with benign hepatopathy and nodular hyperplasia.

REFERRING VET

Dr. Azis

INVOICE

45838

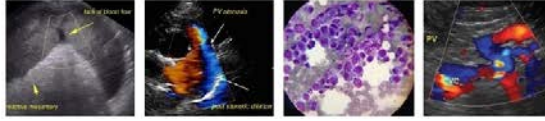
Gastrointestinal

DATE

3/10/23

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. Soft stool noted in the colon.

Pancreas



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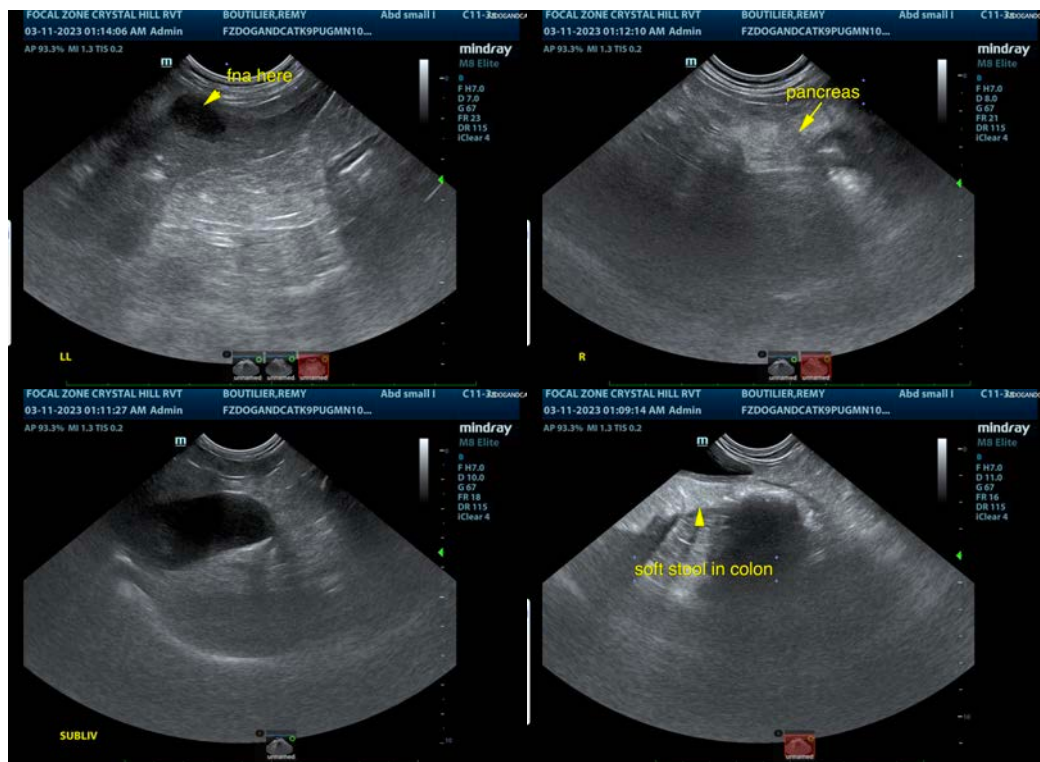
The pancreas presented heterogeneous mixed echogenic changes, primarily in the right limb and base, consistent with remodeling and active inflammation.

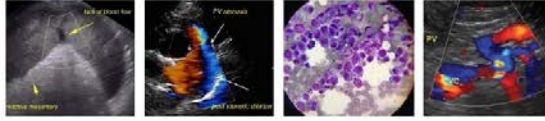
ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis/pancreatitis, chronic active form
- Splenic nodule
- Vacuolar hepatopathy
- Age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Medical management, 24-hour NPO, plasma expanders, broad-spectrum antibiotics, anti-parasitic protocol all indicated in this patient. Recheck sonogram in 48-72 hours. Treatment with pain management also indicated.





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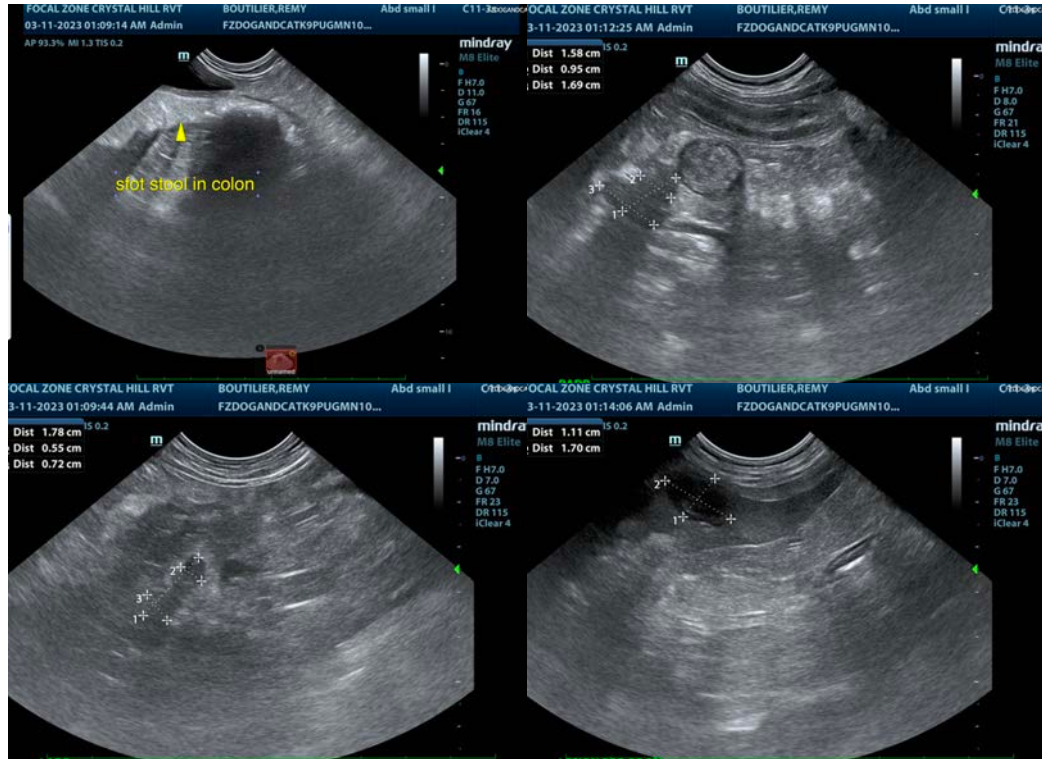
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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