



PATIENT

Cinder Nelson

SPECIES

Canine

BREED

Pug

SEX

Neutered Male

AGE

12 Years

WEIGHT

22 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Bethany Coe

HOSPITAL NAME

Riverside AC

REFERRING VET

Dr. Bethany Coe

INVOICE

36251

DATE

3/16/22

PRESENTING CLINICAL SIGNS

Acute vomiting following more chronic history of intermittent inappetence. Severely elevated liver enzymes. On Dasuquin, no other meds. Eating OTC/commercial dry and canned food prior. No known toxin exposure.

Abnormal PE/Chem/CBC/UA Results: Typical brachycephalic airway PE abnormalities and auscultation referred stertor throughout. Afebrile. ALT 1600, ALKP 2000+, GGT 38, TBili 3.2. No other significant abnormalities on chemistry. Mild stress leukogram on CBC. Lepto titers pending, though patient is UTD on annual Lepto vaccine. UAS - 3+bilirubinuria. Sediment quiet. No other significant abnormalities noted.

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The iliac trifurcation was unremarkable.

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 right kidney measured 5.0 cm. The left kidney measured 4.85 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 right adrenal gland measured 0.45 cm. The left adrenal gland measured 0.40 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** was swollen. The gallbladder was elongated at approximately 5.0 cm with aggressively shadowing content, consistent with very dense sludge or calculi. This appeared to continue into the cystic duct and common bile duct with regional inflammation.

Gastrointestinal

The **stomach** presented shadowing material measuring approximately 2.0 cm. The small intestine and colon were unremarkable.



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Pancreas

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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

- Atypical gallbladder mucocele +/- stone
- Shadowing gastric material

BREED

Pug

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Common bile duct lavage along with gastrotomy, cholecystectomy and liver biopsy indicated.

SEX

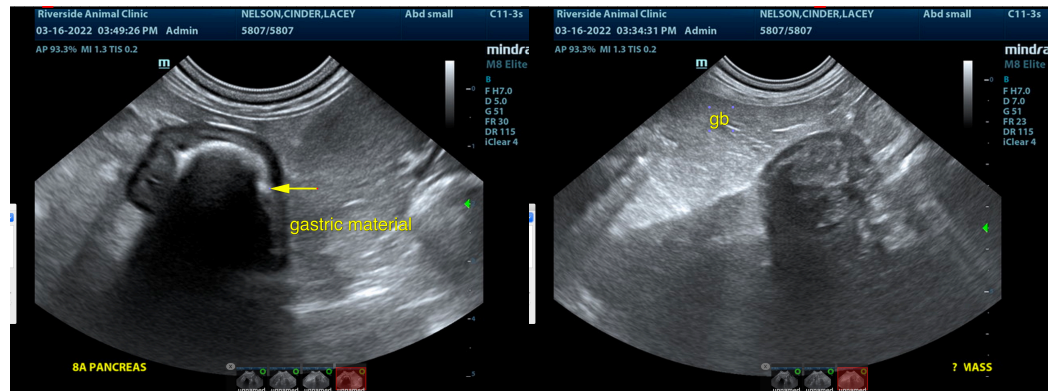
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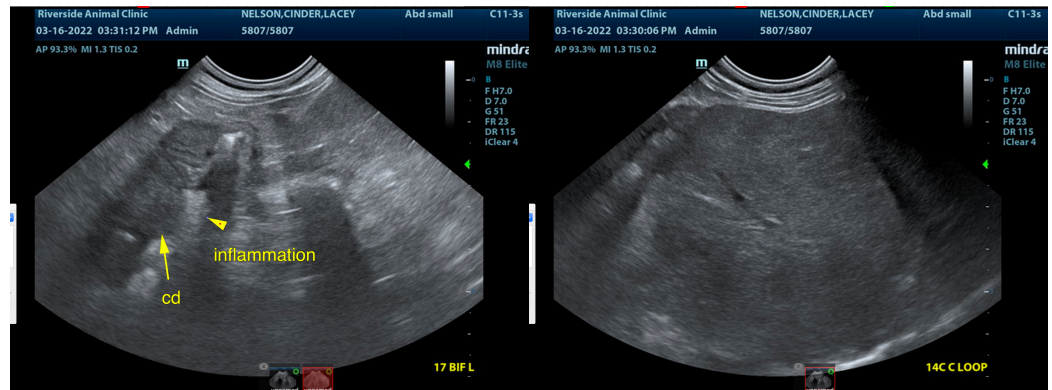
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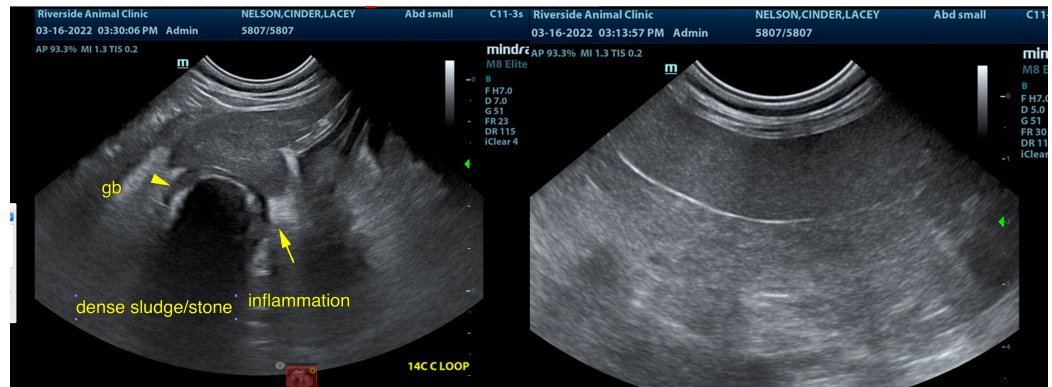


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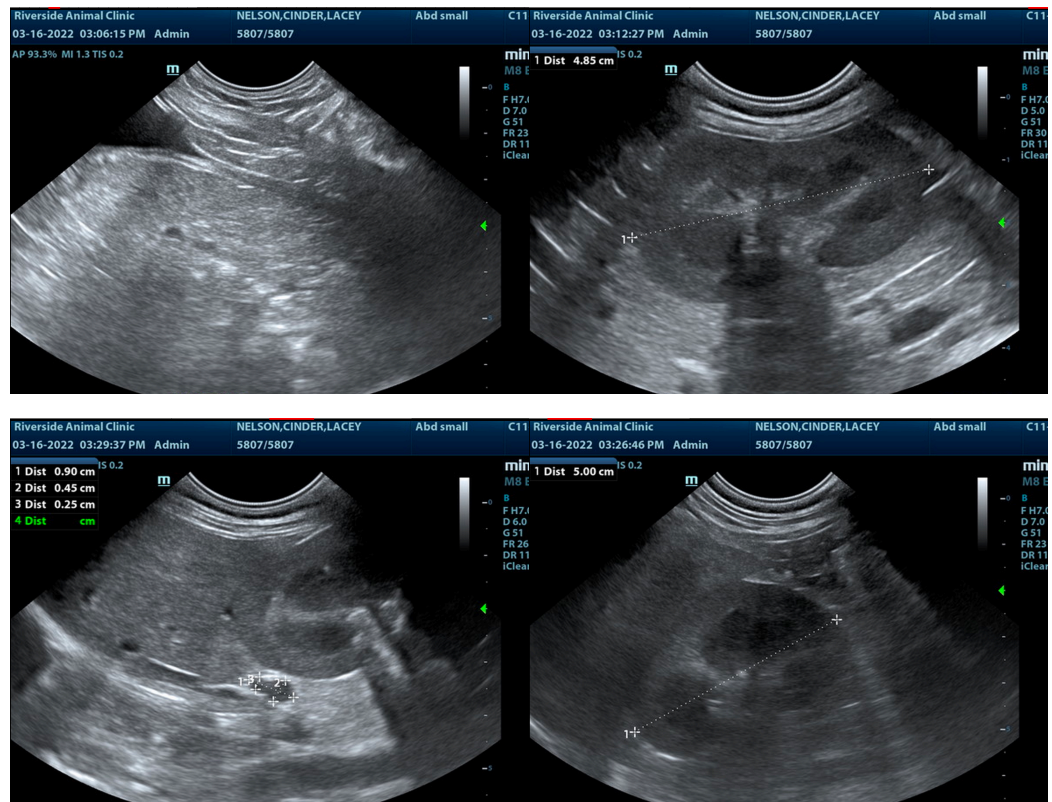
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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