



PATIENT PRESENTING CLINICAL SIGNS

Totodile Ewald

History: Patient was lethargic for 2 days and not walking well. Patient has been refusing to eat for the last 24-48 hours. Patient presented at West Salem Animal Clinic and was transferred to us at Wilvet Salem. Glucose was been stable tonight maintaining around 110.

SPECIES

Abnormal PE/Chem/CBC/UA Results: Albumin was low at 2.3, WBC was elevated at 19.9, BUN was 32 and Creatinine was 2.5, both were elevated. Glucose was low at 60

Canine

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Pug

Urinary System

SEX

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.

Neutered male

AGE

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 3.96 cm. The right kidney measured 4.14 cm.

3 years

WEIGHT

Adrenal Glands

6.2 lbs

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gardner

Spleen

HOSPITAL NAME

Wilvet Salem

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.

REFERRING VET

Dr. Gardner

Liver

INVOICE

43329

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.

DATE

3/17/23



PATIENT

Gastrointestinal

Totodile Ewald

The **stomach** was mildly thickened with an empty lumen. The gastric wall was hypertrophied, yet the lumen was empty. A mucosal polyp was also noted in the gastric fundus. The gastric fundus revealed a 2.2 cm shadowing structure. This is consistent with foreign matter. The small intestine and colon was unremarkable.

SPECIES

Canine

Pancreas

BREED

Pug

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.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Gastric fundic foreign matter, non-obstructive.

AGE

3 years

Gastric mucosal polyps.

WEIGHT

6.2 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gastrotomy, inspection and biopsy are indicated for further definition. Otherwise, endoscopy should be considered. At sedation examination at the base of the tongue is warranted to assess if there is a linear connection.

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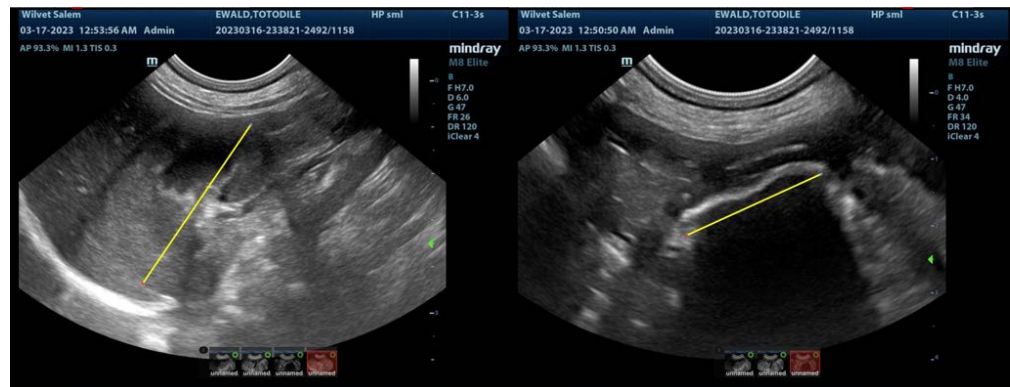
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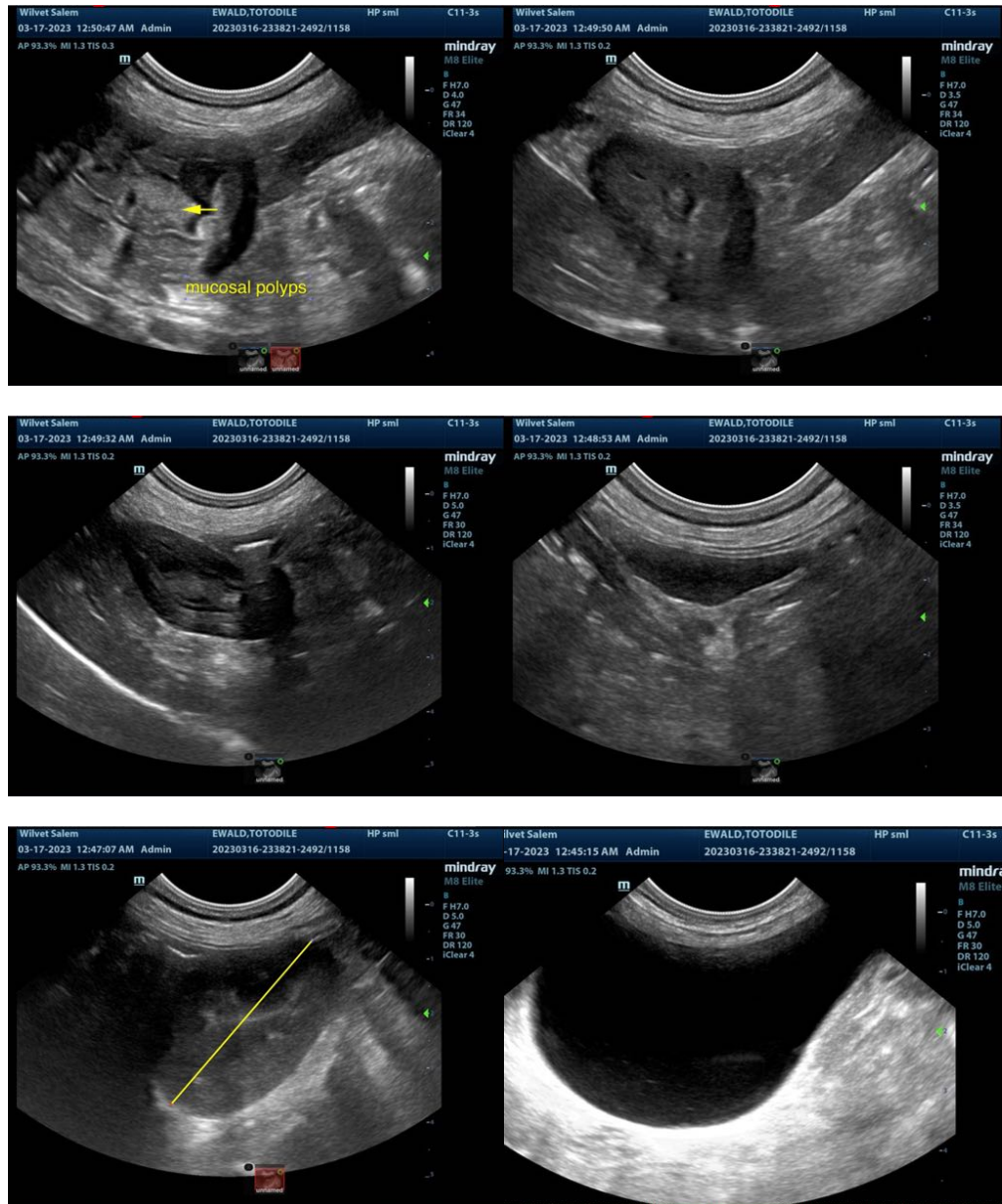
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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