



**PATIENT**

London Berg

**SPECIES**

Canine

**BREED**

Pug X

**SEX**

Neutered Male

**AGE**

12 Years 3 Months

**WEIGHT**

43 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Leal

**HOSPITAL NAME**

Blairstown AH

**REFERRING VET**

Dr. Lovell

**INVOICE**

37188

**DATE**

4/26/22

**PRESENTING CLINICAL SIGNS**

Dog presented with mass on caudal aspect left rear leg. FNA shows probable mast cell? Dog had splenectomy last year due to mass on spleen (biopsy was benign mass). No issues since then. Thoracic rads do not show any significant findings. Ultrasound done to rule out metastasis and for staging. Abnormal PE/Chem/CBC/UA Results: Bloodwork all WNL

**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 **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. Slight pinpoint mineralizations noted. The right kidney measured 6.0 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 0.50 cm. The right adrenal gland measured 1.6 cm x 1.22 cm at the cranial pole and 0.60 cm at the caudal pole.

**Spleen**

The region of the **splenic fossa** was unremarkable.

**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. Minor gallbladder debris noted with slight amount of sand and striating bile. Mildly thickened, echogenic gallbladder wall noted.

**Gastrointestinal**

The **stomach** itself was unremarkable. Mild intestinal thickening noted with increased submucosal echogenicity and increased muscularis.

**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.

**ULTRASONOGRAPHIC FINDINGS**

- Gallbladder wall thickening with minor excessive debris
- Minor intestinal thickening
- Minor renal mineralization



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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of return of splenic or metastatic pathology. Ursodiol therapy could be considered as a preventative regarding gallbladder congestion. However, not overtly essential at this time.

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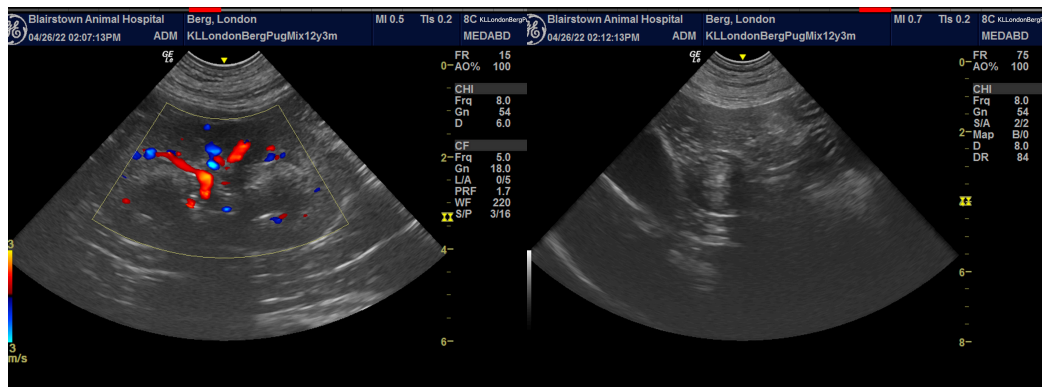
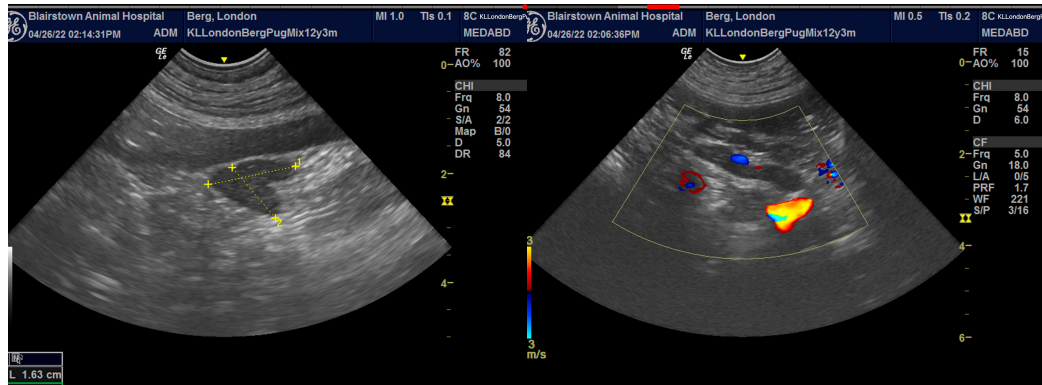
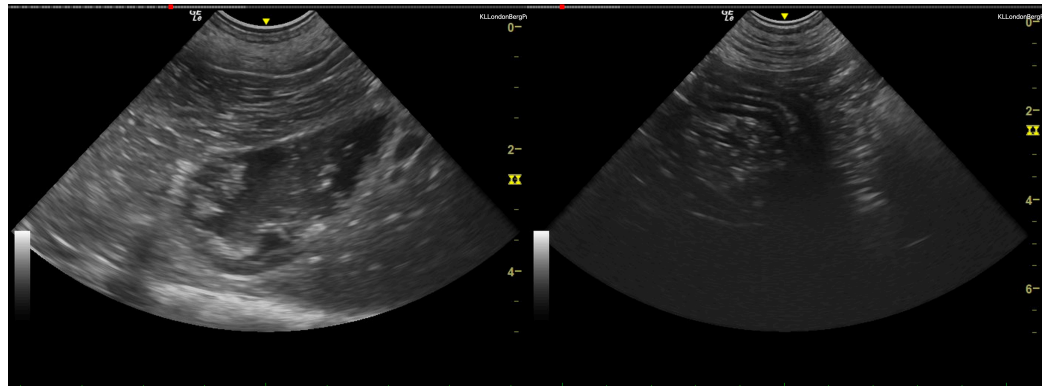
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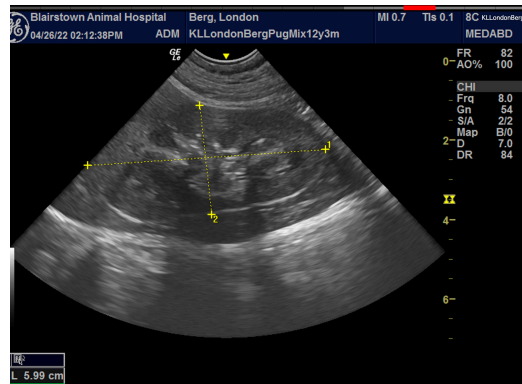
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**

[info@SonoPath.com](mailto:info@SonoPath.com)