



PATIENT PRESENTING CLINICAL SIGNS

Louise Yurcik

History: anorexic for 1 week; distended abdomen, abdominal palpation possible mass. Slightly icteric. Abnormal PE/Chem/CBC/UA Results: hypercalcemia.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Pug

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. The ureters were not visible which is normal. A minor amount of debris was noted as well as a trace amount of sand. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

SEX

Spayed Female

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Moderate mineralization was noted in the kidneys. The right kidney measured 4.25 cm with pelvic calculus that measured 0.5 cm. The left kidney measured 4.0 cm with pelvic calculus that measured 0.5 cm.

AGE

12 years

WEIGHT

16.5 lbs

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 1.93 x 0.48 cm at the caudal pole and 0.57 cm at the cranial pole. The right adrenal gland measured 1.77 x 0.54 cm at the caudal pole and 0.55 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden, RVT

Spleen

The **spleen** was enlarged and mildly irregular in contour with a hypoechoic parenchyma. This is likely a reactive state.

HOSPITAL NAME

East Plane AH

Liver

The gallbladder was overdistended with pericapsular inflammatory pattern and immobile bile. The common bile duct was dilated and measured up to 0.74 cm. Calculus was noted in the proximal aspect of the common bile duct and measured 0.6 cm. Other than the post hepatic obstruction the liver was only mildly heterogenous. However, regional free fluid was noted.

REFERRING VET

Dr. Rosen

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Gastrointestinal

DATE

4/26/22

The **stomach** revealed a minor amount of fluid filled lumen. The gastric wall was normal. The upper duodenum appeared to be mildly thickened with regional inflammation. The small intestine and colon were unremarkable.



PATIENT *Pancreas*

Louise Yurcik

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. Regional inflammation was noted around the right pancreatic limb was noted.

SPECIES

Canine

BREED

Pug

Free Abdomen

A slight amount of free fluid was noted in the caudal abdomen. The patient has likely been passing calculi periodically.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

Mildly inflamed gallbladder mucocele with post hepatic obstruction and common bile duct calculus.

AGE

12 years

Inflammation around the right pancreatic limb.

Free fluid.

Bladder debris.

WEIGHT

16.5 lbs

Renal calculi.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical intervention with cholecystectomy and common bile duct lavage is recommended as well as liver biopsy. Inspection of the spleen is warranted at the time of surgery. Inspection of the portal hilus, upper intestine and pancreas is warranted at the time of surgery. Very guarded prognosis. This is a surgical emergency.

IMAGING PERFORMED BY

Diane McFadden, RVT

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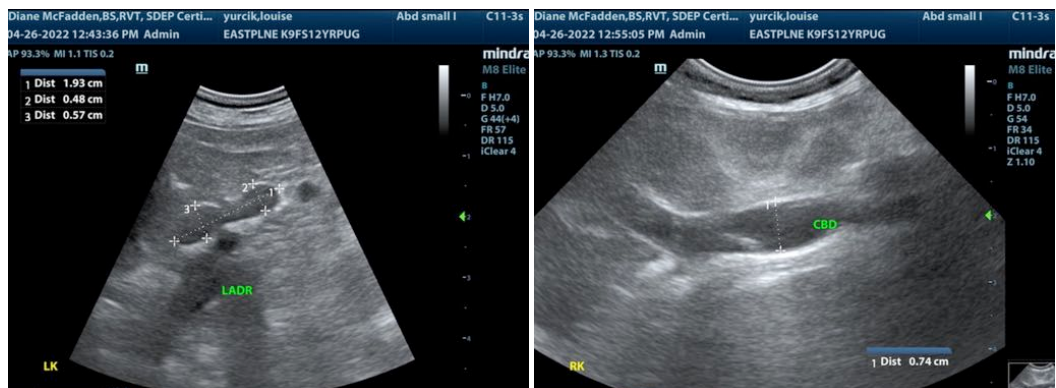
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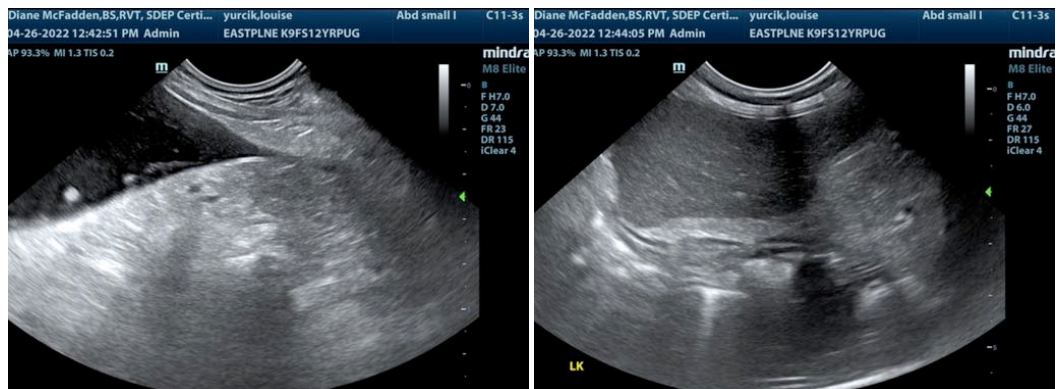
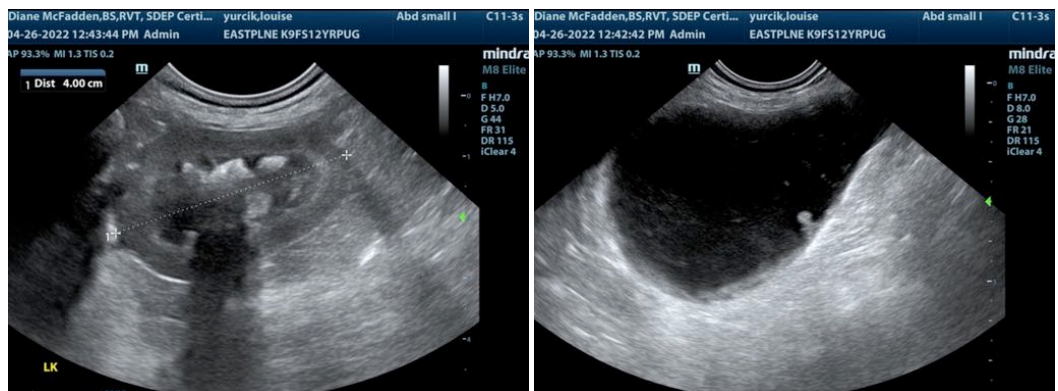
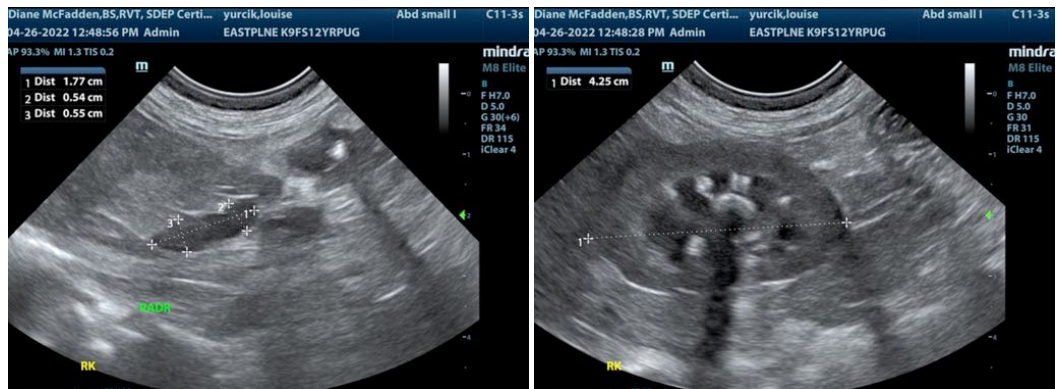
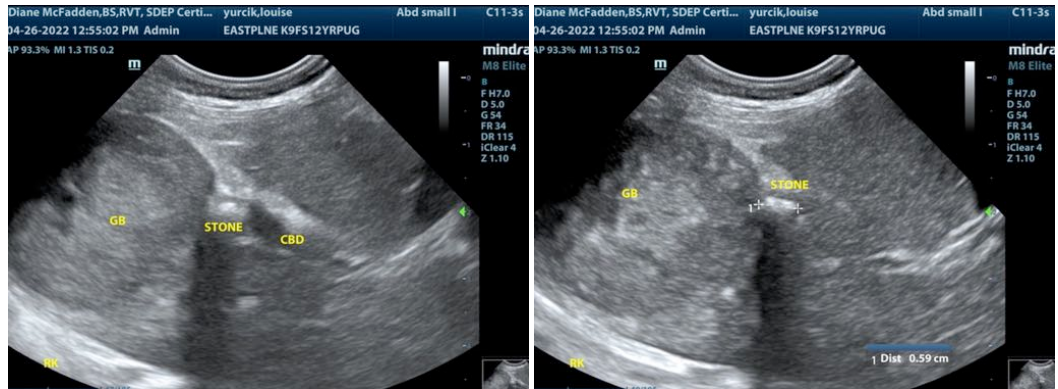
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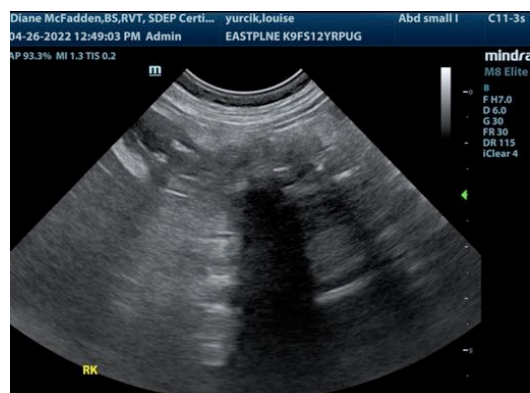
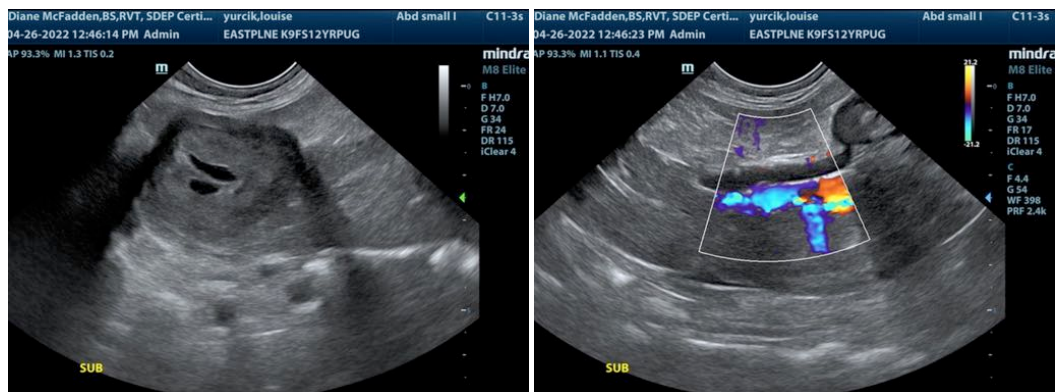
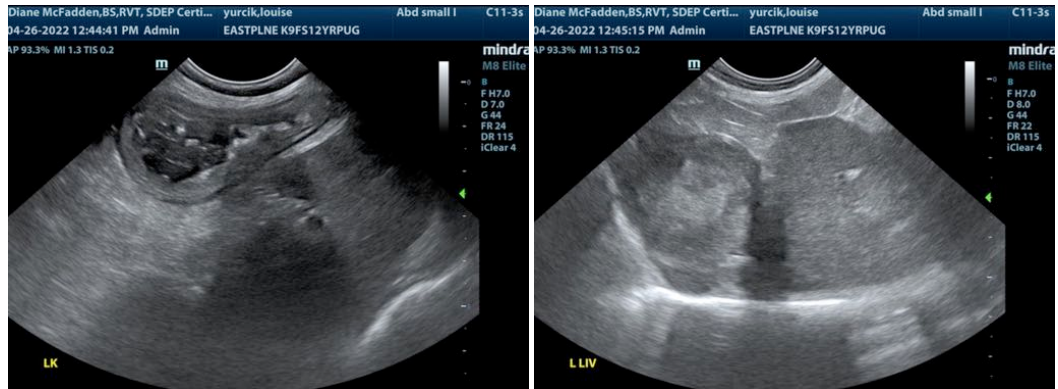
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Info@SonoPath.com