



PATIENT

Chancho Bray

SPECIES

Canine

BREED

Pug

SEX

Neutered male

AGE

7 years

WEIGHT

21 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Gudrun Gunther

HOSPITAL NAME

New Frontier Animal
Medical Center

REFERRING VET

Dr. Solonyinka

INVOICE

74381

DATE

4/9/26

PRESENTING CLINICAL SIGNS

History: 5 lb weight loss over past 2 months, intermittent anorexia since 4/6. Visibly jaundiced
CBC - thrombocytosis (600) CHEM - hypoalbuminemia 1.3 ALT - 823 ALp >2000 GGT - 6.7 TBili - 6.3
Cholesterol 488

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 and appeared normal. 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.

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 4.9 cm. The left kidney measured 4.56 cm.

The residual **prostate** measured 1.0 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 right adrenal gland measured 1.42 x 0.38 cm at the cranial pole and 0.78 cm at the caudal pole. The left adrenal gland measured 1.7 x 0.39 cm at the cranial pole and 0.63 cm at the caudal pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** revealed coarse architecture with increased portal markings. The gallbladder was over distended with enhanced mesentery. The common bile duct was dilated and measured up to 0.77 cm with echogenic debris. This is consistent with mucoduct.



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Gastrointestinal

The **stomach** was thickened. The pyloric wall measured up to 1.0 cm. There was some retention of ingesta noted in the stomach. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content. A 1.0 cm lymph node enlargement was noted in the epigastric region.

Pancreas

Reactive mesentery was noted around the **pancreas**. The pancreas revealed mixed echogenic reactive mesentery. An undifferentiated hypoechoic area was noted in the right base. This is consistent with necrosis, potential neoplastic event.

Free Abdomen

Free fluid was noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

Thickened, over distended stomach.

Epigastric lymphadenomegaly.

Gallbladder over distension. Dilated common bile duct.

Undefined free fluid with reactive mesentery.

Undifferentiated hypoechoic area in the right base of the pancreas. Pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I cannot rule out further obstructive process. The cause of the free fluid is unclear. Given the free fluid and area of the upper gastrointestinal tract and pancreatic portal hilus region I recommend surgical intervention as there may be a biliary leakage or neoplastic process or both in this region. The prognosis is guarded.



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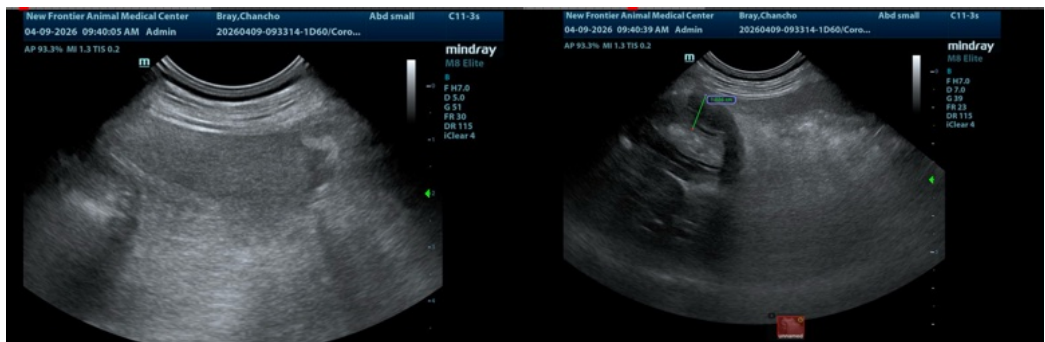
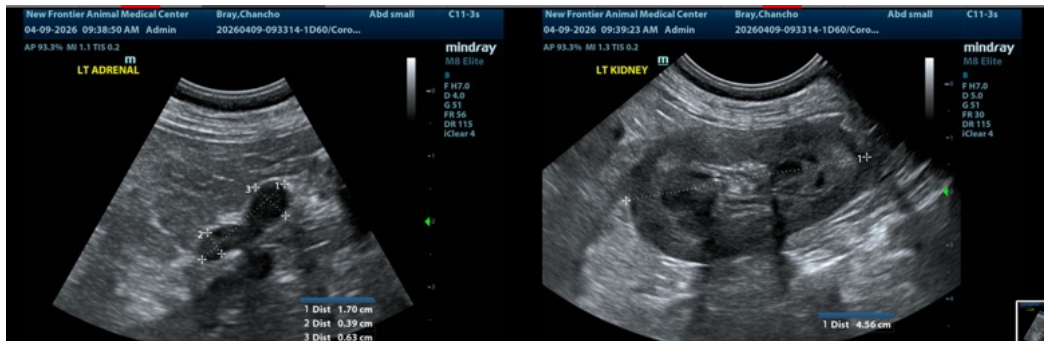
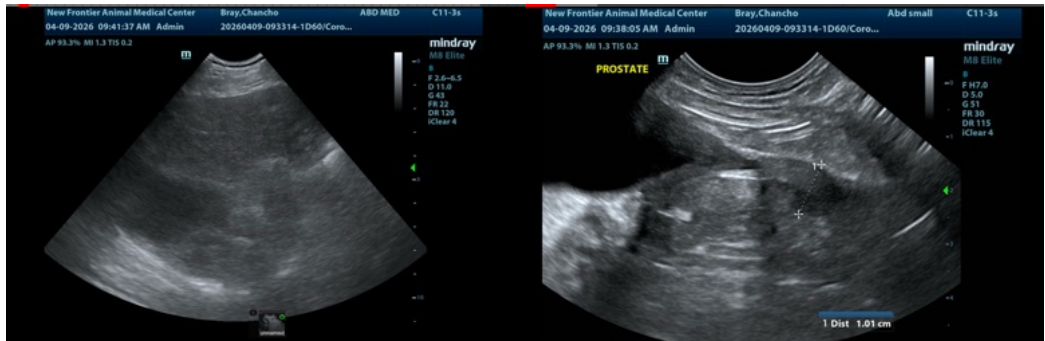
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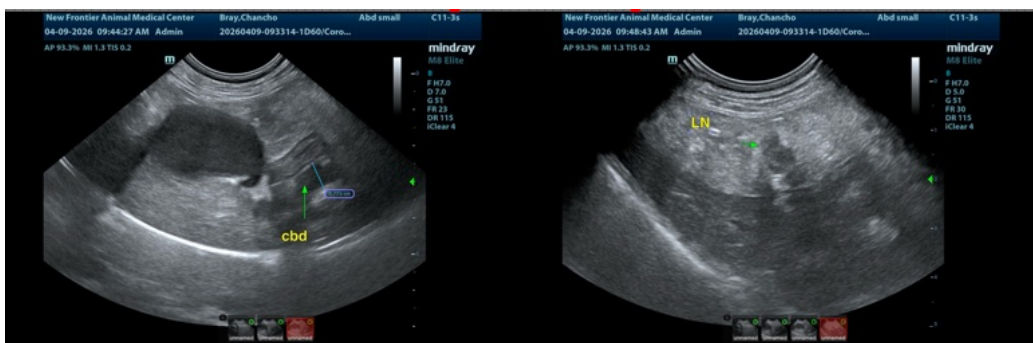
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com