



**PATIENT PRESENTING CLINICAL SIGNS**

G Pierson

History: G was seen on 4/29 for reduced appetite and energy and increased thirst at home. She was hospitalized during the day on IV fluids, received 1 dose of Unasyn and Cerenia. Blood work showed mild azotemia and very mild non-regenerative anemia HCT 39%, She also had mild elevatoin in her ALT and ALP on blood work. Urine showed diluted urine with protein with rare wbc and rbc (free catch). She represented today 5/1 for Not getting better since Saturday not eating. She is still drinking a lot of water going to the bathroom normally. Been very dumpy and lethargic, is unable to give G her medication. Showing no interest in any food- small bite of eggs. Having same issues she came in for on Saturday.

**SPECIES**

Canine

**BREED**

Boston Terrier

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Spayed female

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.

**AGE**

10 ½ years

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 5.4 cm. The right kidney measured 5.0 cm.

**WEIGHT**

333.5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Adrenal Glands**

The **adrenal glands** were not visualized.

**IMAGING PERFORMED BY**

Dr. Buss

**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 was noted.

**HOSPITAL NAME**

Kings VH

**REFERRING VET**

Dr. Buss

**Liver**

The **liver** was uniformly swollen. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. The gallbladder was over distended with excessive debris and some striation. This is consistent with emerging mucocele and measured 5.0 x 3.0 cm.

**INVOICE**

44074

**DATE**

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**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**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.

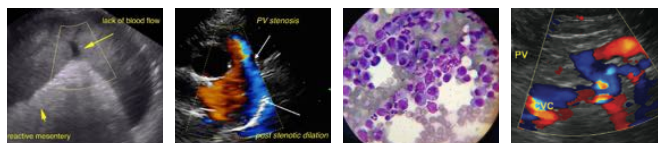
**ULTRASONOGRAPHIC FINDINGS**

Subjectively benign hepatopathy with emerging mucocele formation.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ursodiol therapy is recommended. FNA of the liver is indicated. There was no obvious evidence of neoplasia. The abdominal presentation may be unrelated to the clinical signs. If the patient appears Cushingoid sedation and further assessment of the adrenal glands would be indicated. Other causes of poor appetite and energy loss such as pain related, spinal, CNS and thoracic disease should be investigated.





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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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