



**PATIENT**

Dublin McDonough

**PRESENTING CLINICAL SIGNS**

History: Pet had seizure/syncopal episode 4/27/22. Bloodwork shows elevated liver enzymes, pet has known liver nodule, checking for growth

**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 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.

**SEX**

Neutered male

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 3.9 cm. The right kidney measured 4.55 cm.

**AGE**

10 years

**WEIGHT**

18 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 2.07 x 0.67 cm. The right adrenal gland measured 2.16 x 1.3 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

**IMAGING PERFORMED BY**

Patricia Gutierrez LVT

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**

Brunswick VH

**Liver**

**REFERRING VET**

Dr. Burrowes

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**INVOICE**

30484

**DATE**

5/17/22



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**BREED**

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**Gastrointestinal**

The gastrointestinal tract revealed a full stomach with a 2.0 cm shadowing structure in the pyloric outflow. This is somewhat obscured by underlying gas. The small intestine and colon were unremarkable.

**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**

Structurally unremarkable abdomen with full stomach, possible small gastric foreign body.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Further imaging can be performed at complete n.p.o. status would be indicated as the structure in question appeared to be partially obscured by underlying gas. This may be artifactual or owing to medications. There is no overt evidence of abdominal disease related to the seizure or syncope. Echocardiogram +/- CT of the CNS would be indicated given the patient's history as well as blood pressure measurements.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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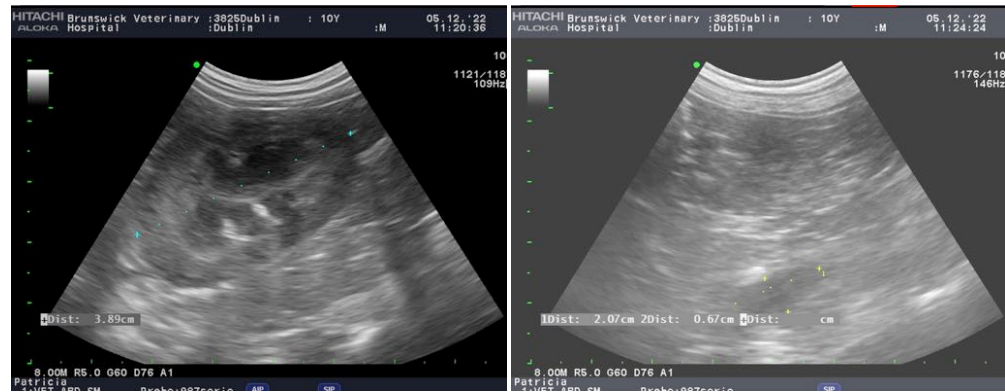
Dr. Burrowes

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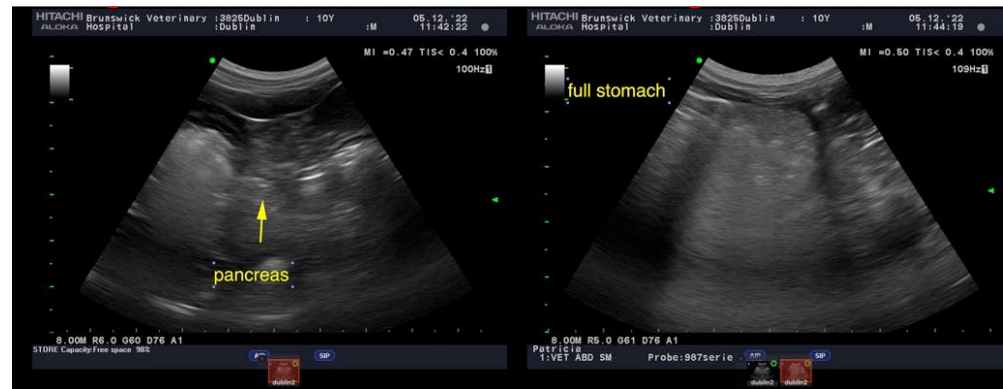
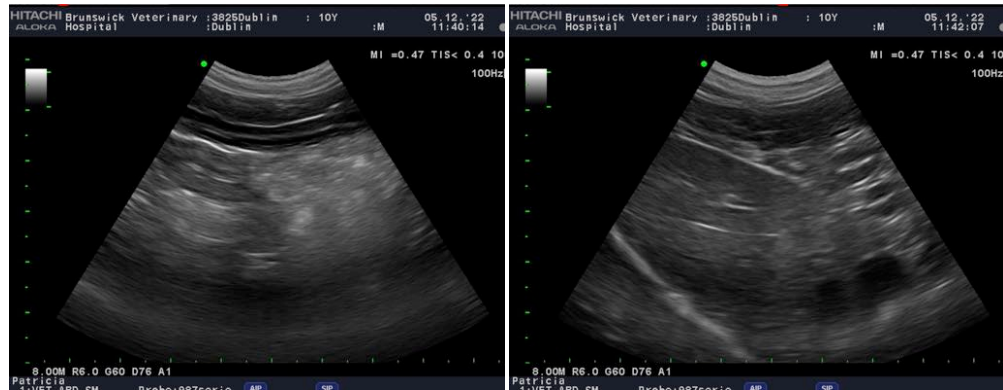
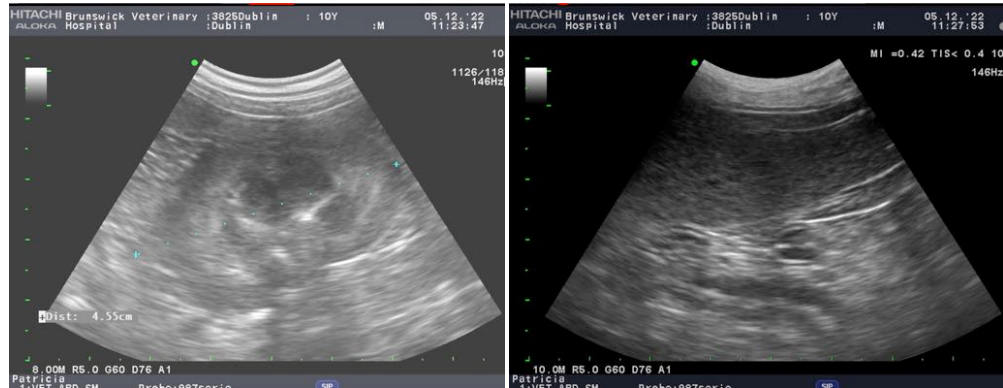
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**BREED**

Pug

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.

**SEX**

Neutered male

**Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com**  
info@SonoPath.com

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