



PATIENT PRESENTING CLINICAL SIGNS

Quinn Bruton Abdomen slightly distended (not new) tense abdominal palpation, intermittently pu/pd but owner feels that is normal for him; eating well, no other physical exam concerns.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Result: ALT 313- previously has been normal. Alk Phos 2658- has been going up, this is the most recent AST 50- previously normal USG 1006

BREED

Pug

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

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.

AGE

12 Years

The **left kidney** presented normal size and contour with mild increased cortical echogenicity and some minor loss of mural detail. The left kidney measured 5.77 cm. The **right kidney** presented similar changes as the left and measured 6.5 cm.

WEIGHT

26 Pounds

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

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 2.66 cm x 0.47 cm at the caudal pole and 0.98 cm at the cranial pole. The left adrenal gland measured 2.35 cm x 0.62 cm at the caudal pole and 0.51 cm at the cranial pole.

IMAGING PERFORMED BY

Sara Hansen

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 were noted.

HOSPITAL NAME

Salem Oregon Animal Rehab

Liver

The **liver** revealed slight coarse architecture and swollen irregular contour. An anechoic cyst was noted at the left lateral lobe, this is a benign change, measuring 1.4 cm. Isoechoic nodular changes noted, non-disruptive. The gallbladder and common bile duct were unremarkable. The liver presentation is consistent with benign hepatopathy with cystic changes and mild remodeling.

REFERRING VET

Dr. Rowley

Gastrointestinal

INVOICE

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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.

DATE

5/18/22



PATIENT *Pancreas*

Quinn Bruton

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

Pug

- Benign hepatopathy with cysts and remodeling, not likely a clinical issue
- Age related renal changes

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant disease. This is a common presentation for this breed and age.

Neutered Male

AGE

12 Years

WEIGHT

26 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Salem Oregon Animal Rehab

REFERRING VET

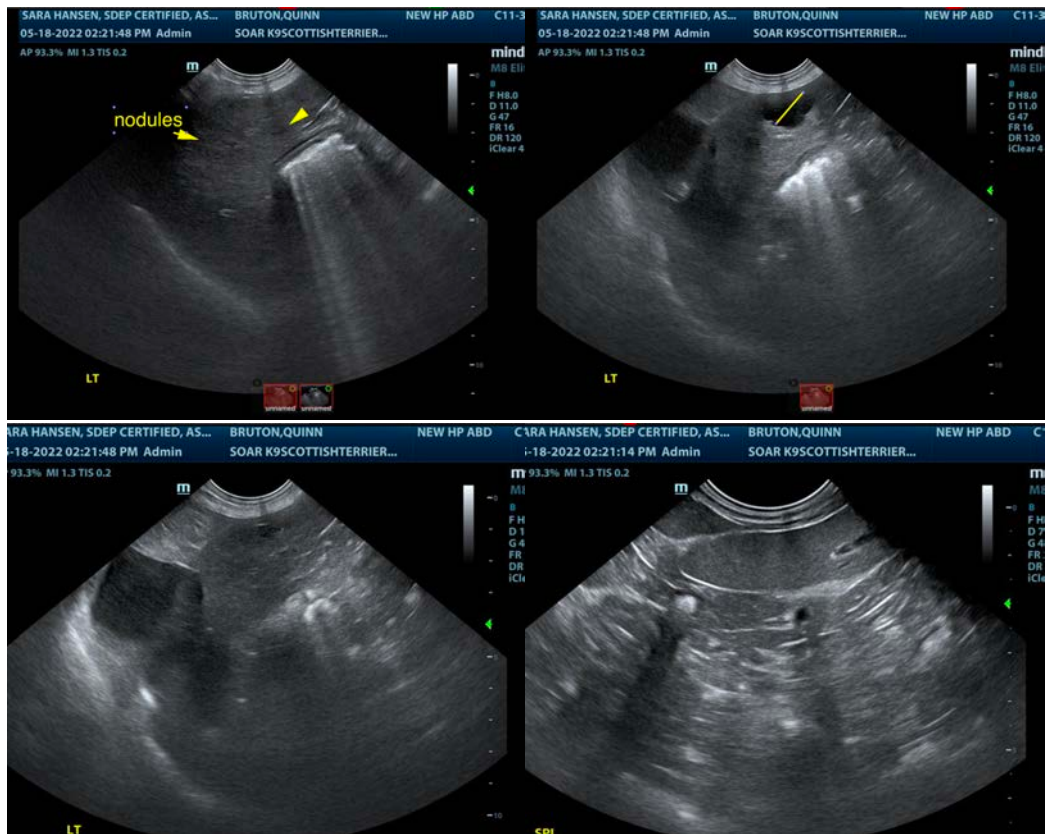
Dr. Rowley

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PATIENT

Quinn Bruton

SPECIES

Canine

BREED

Pug

SEX

Neutered Male

AGE

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WEIGHT

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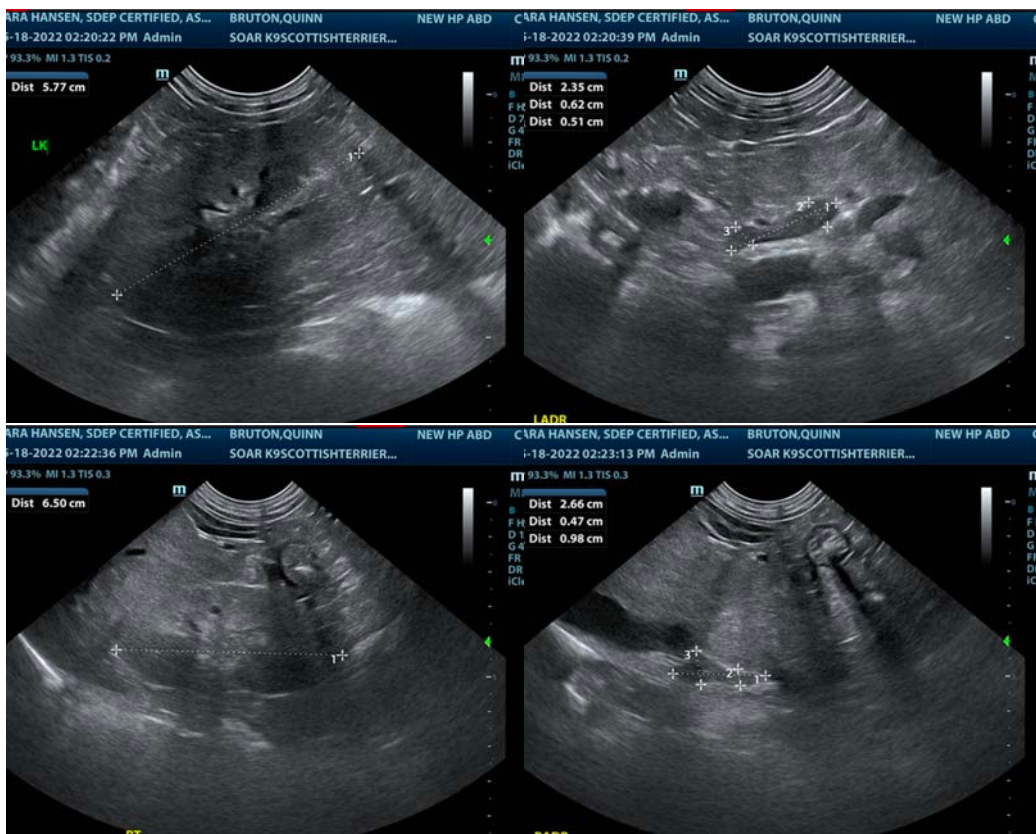
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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