



PATIENT

Ginger Madley

SPECIES

Canine

BREED

Pug

SEX

Spayed Female

AGE

11 years

WEIGHT

12.5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Belan

HOSPITAL NAME

Beddington Trail AH

REFERRING VET

Dr. Bahadur

INVOICE

31087

DATE

6/20/22

PRESENTING CLINICAL SIGNS

History: Elevated ALP on pre dental assessment LDDS done with high 8 hr value Attending concerned about Cushings vs Adrenal tumor
Abnormal PE/Chem/CBC/UA Results: Pre dental screen moderate elevation of ALP Bile acids normal LDDST 0 hr 57 range 28-120 4 hr 130 8 hr 156

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

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. The left kidney measured 4.76 cm. The right kidney measured 4.38 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 0.52 cm at the caudal pole and 0.45 cm at the cranial pole. The left adrenal gland measured 0.49 cm at the cranial pole and 0.43 cm at the caudal pole.

Spleen

The **spleen** revealed occasional, hyperechoic lipogranulomatous change noted measuring up to 0.7 cm.

Liver

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. Occasional gallbladder polyp was noted, yet not pathological. Polypoid grouping measured 1.22 cm.

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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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.

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ULTRASONOGRAPHIC FINDINGS

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Geriatric abdomen.

Benign hepatopathy with gallbladder polyps. Not overtly pathological.

Hyperechoic lipogranulomatous changes noted in the spleen.

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Structurally normal adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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There is no contraindication to anesthetic procedure. PDH is still a potential in this patient. If the urine specific gravity is persistent less than 1.020; otherwise, benign breed predisposing hepatopathy is likely. This is not likely a functional issue.

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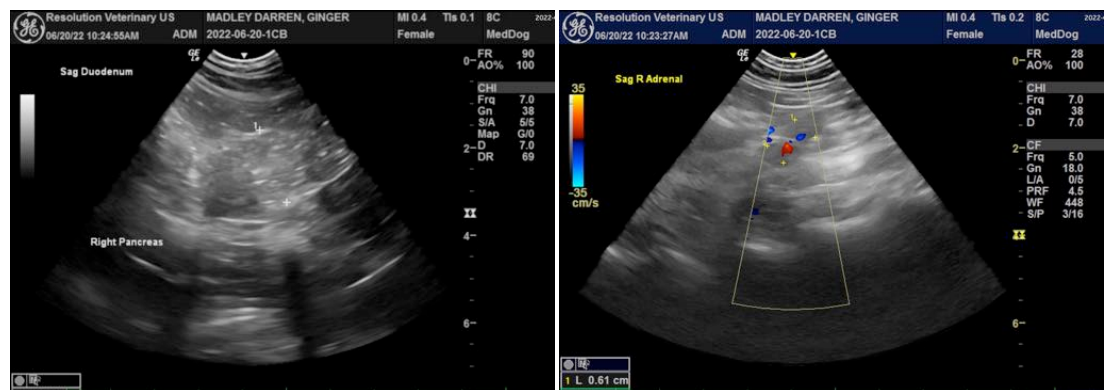
Dr. Bahadur

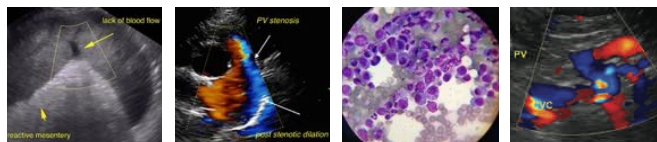
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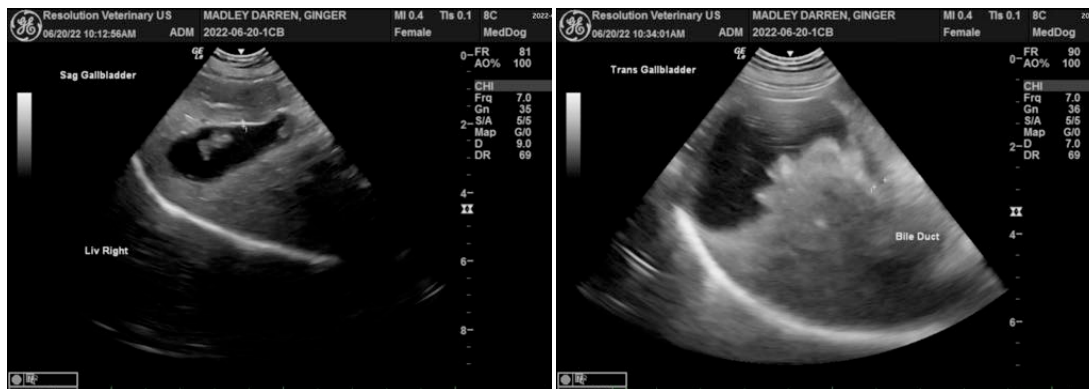
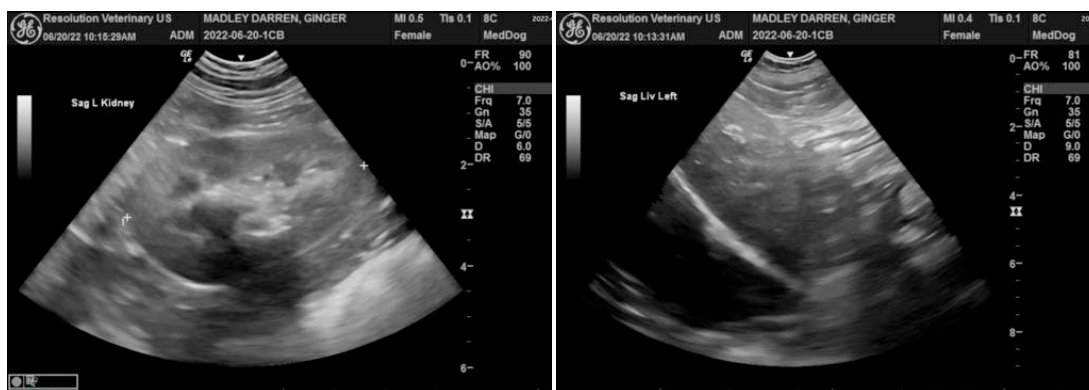
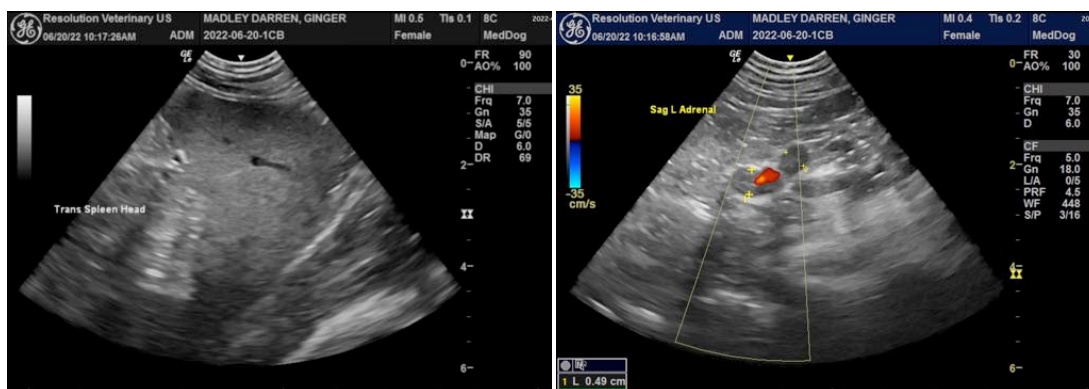
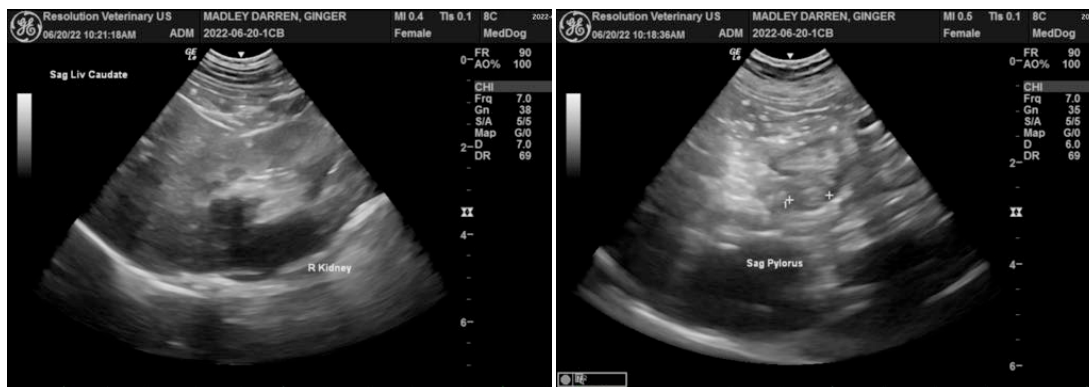
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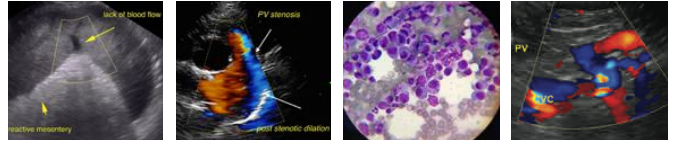
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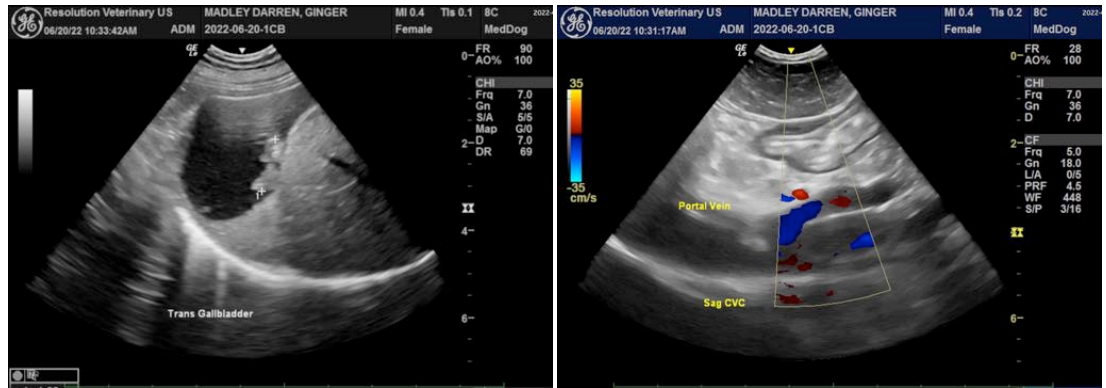
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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