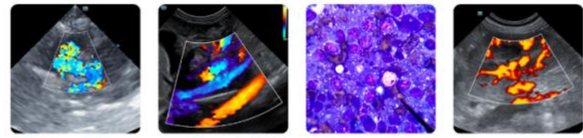


PATIENT
Margie Jackson

SPECIES
Canine

BREED
Boston Terrier

SEX
Spayed Female

AGE
12 Years

WEIGHT
16 Pounds

INTERPRETED BY
Eric Lindquist, DMV, DABVP (Canine & Feline), Cert. IVUSS

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
Countryside AC

REFERRING VET
Dr. Cox

INVOICE
37337

DATE
6/4/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: rear limb weakness, ataxia, weight loss. ABNORMAL Labwork Values: elevated liver enzymes, bile acids. Current Medications: Nexgard, Apoquel, Rimadyl. Notes to Specialist (if any): PT/PTT pending - should be complete by 6/3.

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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 5.23 cm. The left kidney measured 4.64 cm.

Adrenal Glands

Both **adrenal glands** appeared to be slightly enlarged and recognized as having largely normal shape, position and acceptable echogenicity for this age group and breed. Some mild heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 2.69 cm x 0.8 cm at the cranial pole and 0.8 cm at the caudal pole. The right adrenal gland measured 2.3 cm x 1.3 cm at the cranial pole and 0.44 cm at the caudal pole.

Spleen

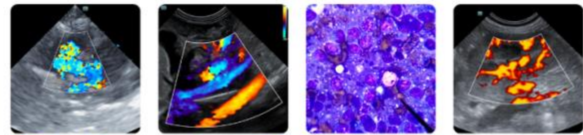
The **spleen** was largely normal with a slight hypoechoic mid body nodule, measuring 0.9 cm, nondisruptive.

Liver

The **liver** revealed slight increased portal markings, consistent with a history of inflammatory hepatopathy. The liver was slightly subnormal in size. Parenchyma was uniform. The **gallbladder** was mildly over distended with mild suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted. The portal vein was normal with normal branching, measuring 0.67 cm. The portal vein to vena cava ratio was 1:1.

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.

Pancreas

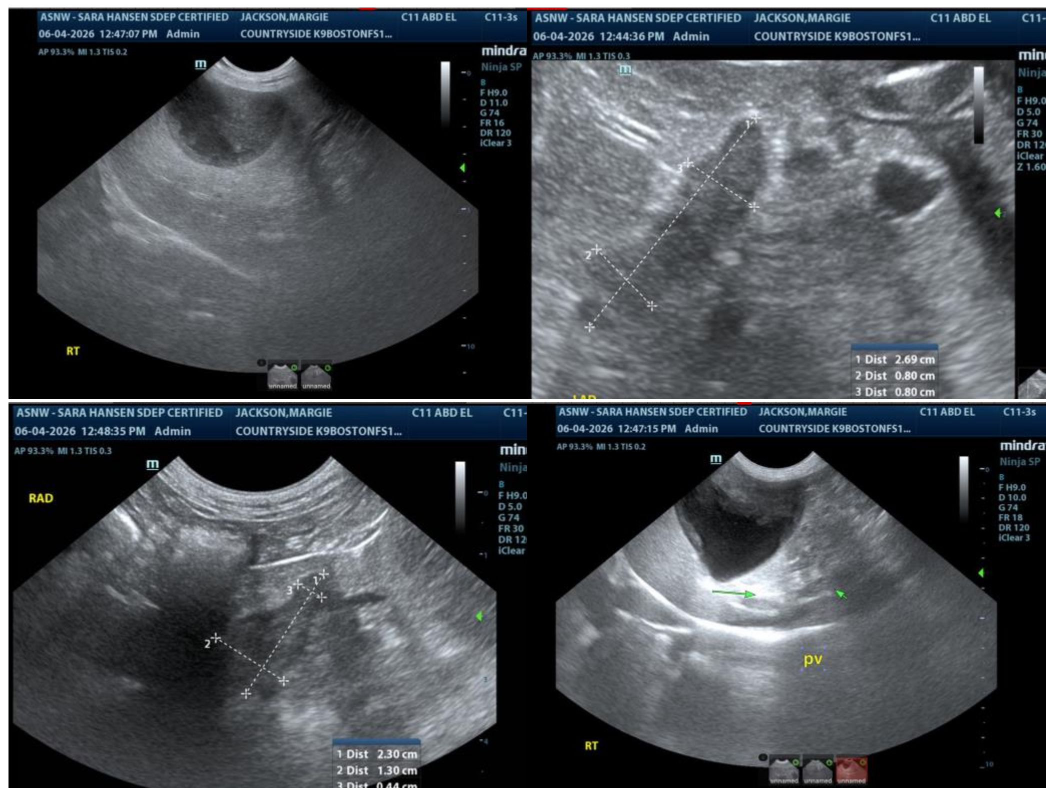
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

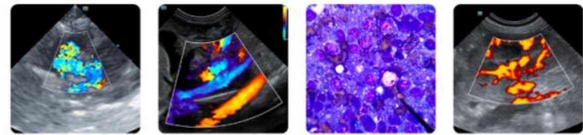
ULTRASONOGRAPHIC FINDINGS

- Slight splenic nodule
- Subnormal liver size and increased portal markings - no evidence of portosystemic shunting
- Minor excessive gallbladder debris
- Geriatric abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the splenic nodule could be considered. The cause of weight loss and ataxia are unclear. Maldigestion panel, three view chest radiographs and full CNS examination is indicated to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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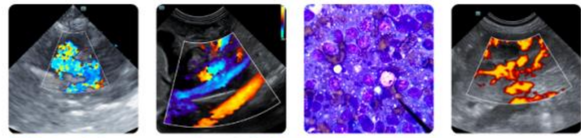

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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