PATIENT

Pugsley Jones

SPECIES

Canine

BREED

Pug Mix

SEX

Neutered Male

AGE

11 Years

WEIGHT

26 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

PCC of the High Country

REFERRING VET

Dr. Watson

INVOICE

37336

DATE

6/4/26

PRESENTING CLINICAL SIGNS

History: P presented for dental cleaning, pre anesthetic bloodwork showed mild anemia HCT 35%. rdvm fast scan- spleen enlarged vs rounded mass effect.

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 were noted. Ureteral papillae were normal. The residual prostate was uniform, measuring 0.73 cm.

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 right kidney measured 5.3 cm. The left kidney measured 4.32 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 1.57 cm x 0.44 cm at the caudal pole and 0.58 cm at the cranial pole. The left adrenal gland measured 1.47 cm x 0.45 cm at the caudal pole and 0.48 cm at the cranial pole.

Spleen

A slight hypoechoic nodule was noted at the cranial pole of the **spleen**, measuring 0.35 cm. A second nodule was noted in the mid cranial body of the spleen, measuring 0.75 cm.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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 was edematous with minor excessive debris, not to the level of mucocele formation.

Gastrointestinal

The **stomach** was overdistended with progressively shadowing luminal material in the pylorus and repleting the stomach. The small intestine and colon were unremarkable with. Normal curvilinear patterns and content.

Pancreas

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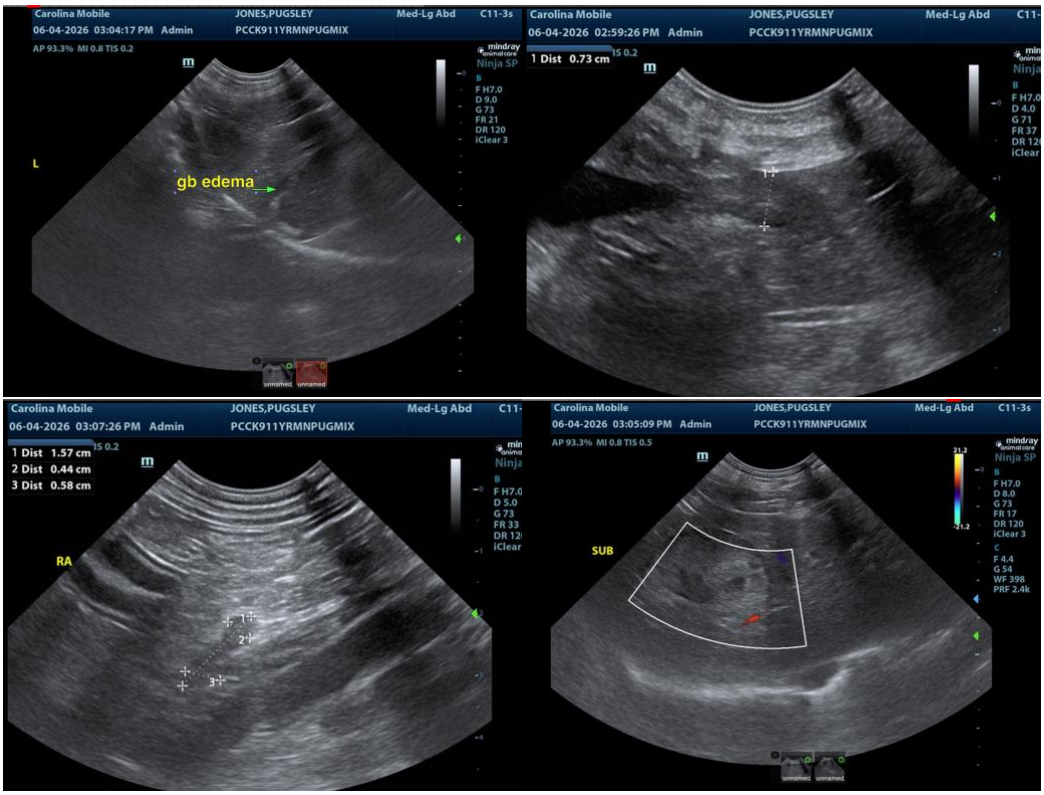
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Undefined splenic nodules
- Gastric foreign matter
- Edematous gallbladder with minor excessive gallbladder debris
- Age-related renal and hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming that the patient was NPO at the time of the sonogram, the material in the stomach has the density of grass material or similar. FNA of the splenic nodules is indicated or inspection +/- removal at eventual gastrotomy surgery. Manual expression of the gallbladder could be considered at surgery as well. Otherwise, endoscopy is indicated. If the patient was not NPO at the time of the sonogram, then recheck sonogram at full NPO status is indicated. Ursodiol therapy could be considered +/- FNA of the spleen.



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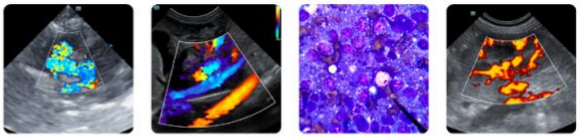

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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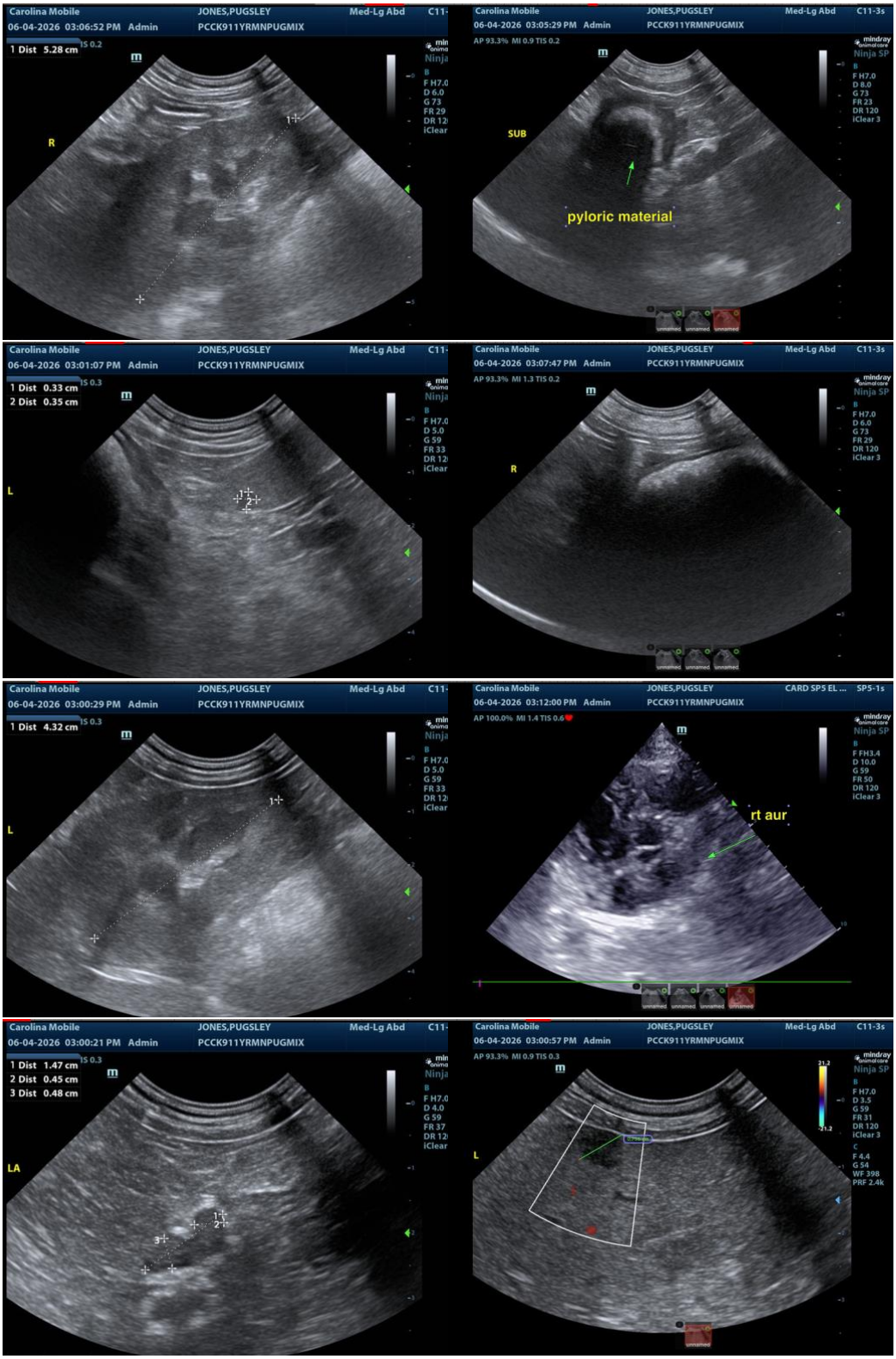

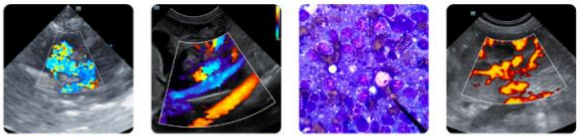

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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