



PATIENT

Mugsy Foley

SPECIES

Canine

BREED

Pug Cross

SEX

Neutered male

AGE

14 years

WEIGHT

18.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gunther

HOSPITAL NAME

New Frontier Animal
Medical Center

REFERRING VET

Dr. Gunther

INVOICE

31783

DATE

7/16/22

PRESENTING CLINICAL SIGNS

History: Previous history of cholangiohepatitis - symptoms and elevated liver enzymes resolved after cholecystectomy Current hx - 2-3 weeks of hyporexia and decreased energy, soft stools/diarrhea. Symptoms are significantly improved and almost resolved since starting Metronidazole History of Calcium Oxalate uroliths Currently taking Ursodiol, Denamarin, Metronidazole, Cerenia
Abnormal PE/Chem/CBC/UA Results: BW done 6/30 CBC - WNL CHEM - mild hypercalcemia (12.2), mild hyperglobulinemia (4.1) UA - USG 1.029, 2+ calcium oxalate crystals

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. A non-shadowing calculus was noted. Minor, micropolypoid bladder changes were noted. 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight, non-obstructive mineralization was noted in both kidneys. The right kidney measured 4.33 cm. The left kidney measured 4.72 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 left adrenal gland measured 0.43 cm. The right adrenal gland measured 0.62 cm.

Spleen

The **spleen** presented subtle micronodular changes, which is likely owing to reactive spleen, possible splenitis. The spleen measured 1.56 cm.

Liver

The **liver** revealed coarse architecture with increased portal markings and moderate remodeling. The region of the gallbladder fossa was unremarkable.

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 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

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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.

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ULTRASONOGRAPHIC FINDINGS

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Hepatic remodeling, history of cholangitis is likely.

Micronodular splenic changes, likely reactive spleen, possible splenitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile is warranted in this patient. The abdomen appears stable, yet if bile acids are elevated then the clinical signs may be related to emerging hepatic failure. However, I would expect diminished BUN and albumin levels if that were the case. Other causes of the clinical signs such as orthopedic pain, CNS or thoracic disease should be considered.

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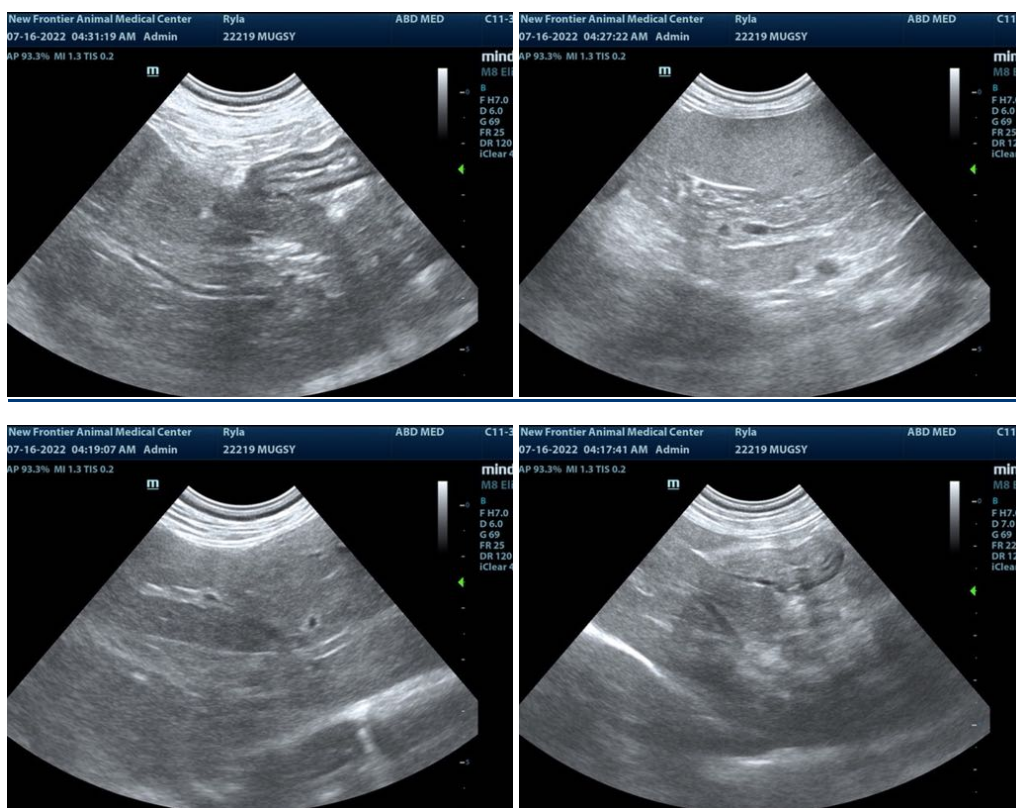
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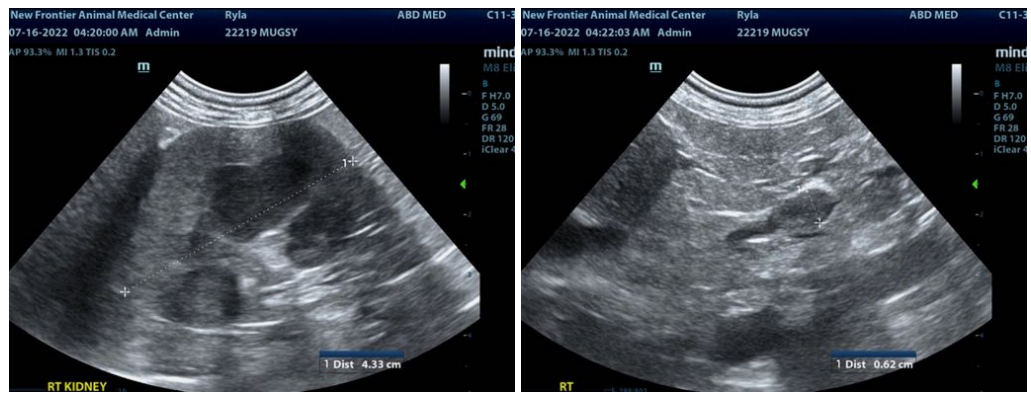
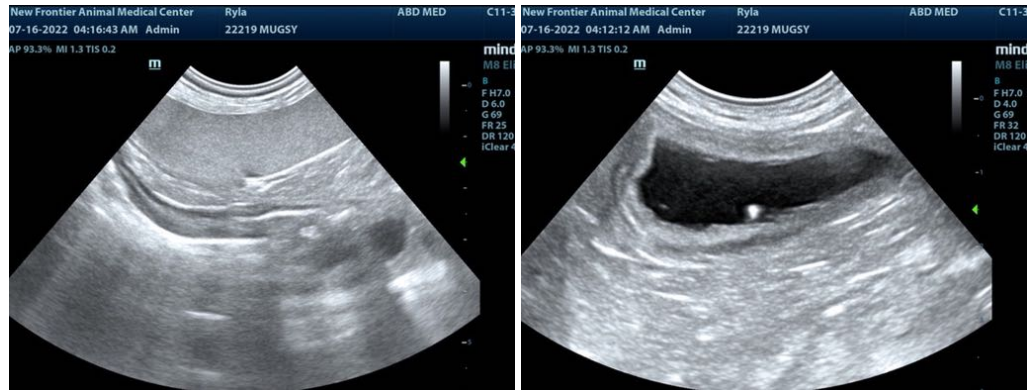
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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