



PATIENT PRESENTING CLINICAL SIGNS

JD Leech History: rec by radiologist: small liver with poss PSS, variable interstitial luminal width, renal dysplasia rule outs currently on Ursodiol
Elevated BUN, T prot, alb, GGt, T Bili, HGB, CPLi WNL

SPECIES

Canine

BREED

Pug

SEX

Neutered male

AGE

2 years

WEIGHT

22.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

St Catharines AH

REFERRING VET

Dr. Masoud

INVOICE

91588

DATE

8/31/21

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 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. Slight idiopathic medullary rim sign was noted. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.2 cm. The right kidney measured 4.26 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 1.43 x 0.52 cm at the caudal pole and 0.91 cm at the cranial pole. The left adrenal gland measured 1.36 x 0.38 cm at the caudal pole and 0.32 cm at the cranial pole.

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 was noted.

Liver

The **liver** is slightly subnormal in size with mildly increased portal markings. The portal vein measured 0.5 cm, vena cava 0.5 cm and aorta 0.5 cm, normal ratio. There is no evidence of intrahepatic or extrahepatic shunting. The gallbladder and common bile duct are 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



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

SPECIES *Pancreas*

Canine 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.

BREED

Pug

ULTRASONOGRAPHIC FINDINGS

SEX Minor, microhepatica, slight hepatic remodeling.

Neutered male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE 2 years There is no evidence of intrahepatic or extrahepatic shunt. Acute insult upon the liver such as Leptospirosis should be considered given the patient's history. No global abdominal issues such as bladder calculi, renomegaly or renal calculi that would suggest portosystemic shunting.

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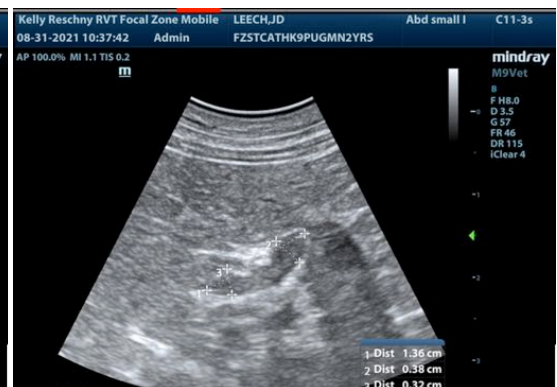
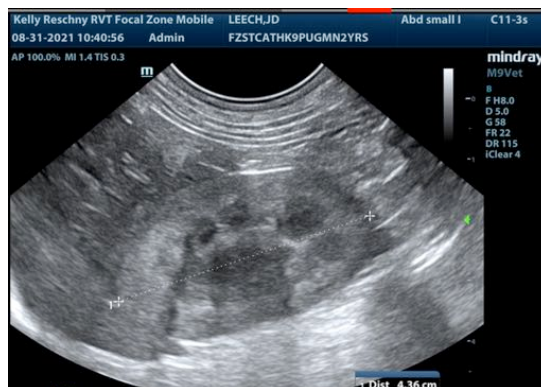
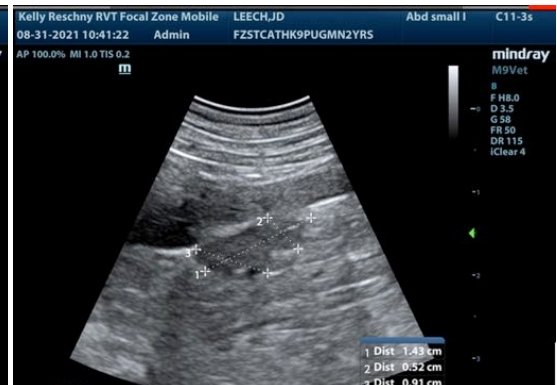
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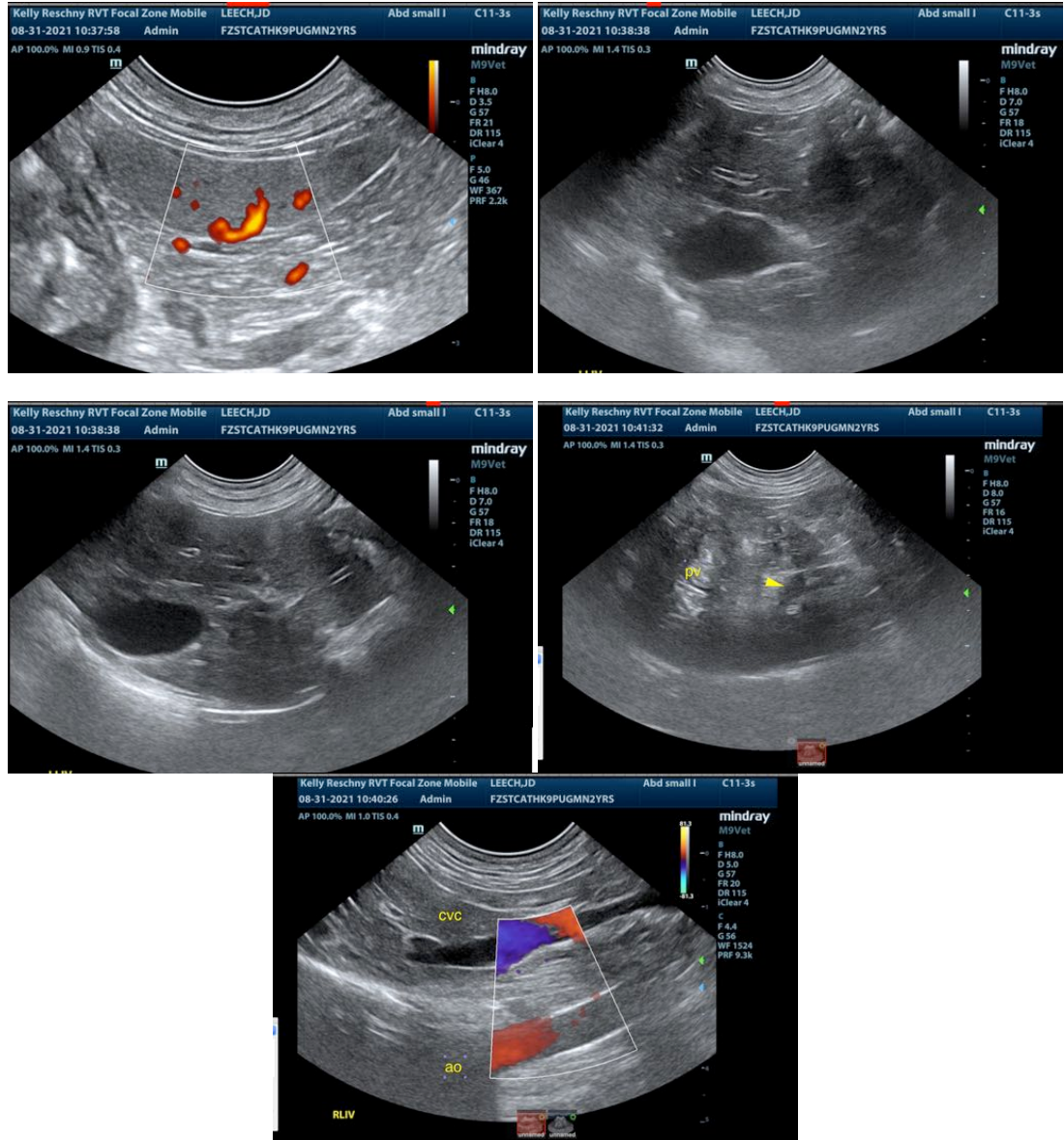
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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