



PATIENT

Minnie Molinski

SPECIES

Canine

BREED

Havanese

SEX

Spayed Female

AGE

10 Years

WEIGHT

2.6 kg

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Carlie Koltek, RVT

HOSPITAL NAME

Tuxedo Animal
Hospital

REFERRING VET

Dr. Valencia

INVOICE

72130

DATE

1/12/26

PRESENTING CLINICAL SIGNS

Patient lost 0.65kg since May 2025. Owner noted that she has a decreased appetite, and has gone off of her kibble, however she will eat cooked chicken or carrot. Even with this, she often needs to be hand fed one piece at a time.

Abnormal PE/Chem/CBC/UA Results: PE: Jaundiced, MM also slightly pale Dental disease. Spine and ribs were easily palpable due to weight loss. CBC: WBC 17.34 (5.05 - 16.76 x10⁹/L) Neut 12.72 (2.95 - 11.64 x10⁹/L) Mono 1.86 (0.16 - 1.12 x10⁹/L) Plateletcrit 0.47 (0.14 - 0.46 %) CHEM: Globulin 49 (25 - 45 g/L) GGT 48 (0 - 11 U/L) TBIL 184 (0 - 15 μmol/L) ALT 1659 U/L (10-125 ALKP 7240 U/L (23-212)

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 **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 mineralizations noted in both kidneys. The left kidney measured 3.78 cm. The right kidney measured 3.71 cm.

Adrenal Glands

The **right adrenal gland** was visualized obliquely, measuring 0.42 cm.

The **left adrenal gland** was visualized obliquely, measuring 0.48 cm.

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 were noted.

Liver

The **liver** itself presented mild increased portal markings. "Porcelain" gallbladder noted with fibrosis and calculi. Cystic duct mineralization also appeared to be present.

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

The **pancreas** was heterogeneous with hypoechoic, irregular parenchymal changes and enhanced surrounding mesentery.

Free Abdomen

Slight free fluid noted in the caudal abdomen.

ULTRASONOGRAPHIC FINDINGS

- Fibrosed gallbladder with cholelithiasis.
- Free fluid.
- Heterogeneous, irregular pancreas.
- Age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Suspect potential bile peritonitis owing to degenerative changes in the gallbladder and calculi. Exploratory surgery with expectation towards cholecystectomy and common bile duct lavage recommended. Liver biopsy indicated. The parenchyma of the liver itself does not appear to be overtly pathological, yet some increased portal markings would suggest some level of inflammatory event. Inspection and biopsy warranted to ensure an underlying neoplastic process is not present even though not suspected.

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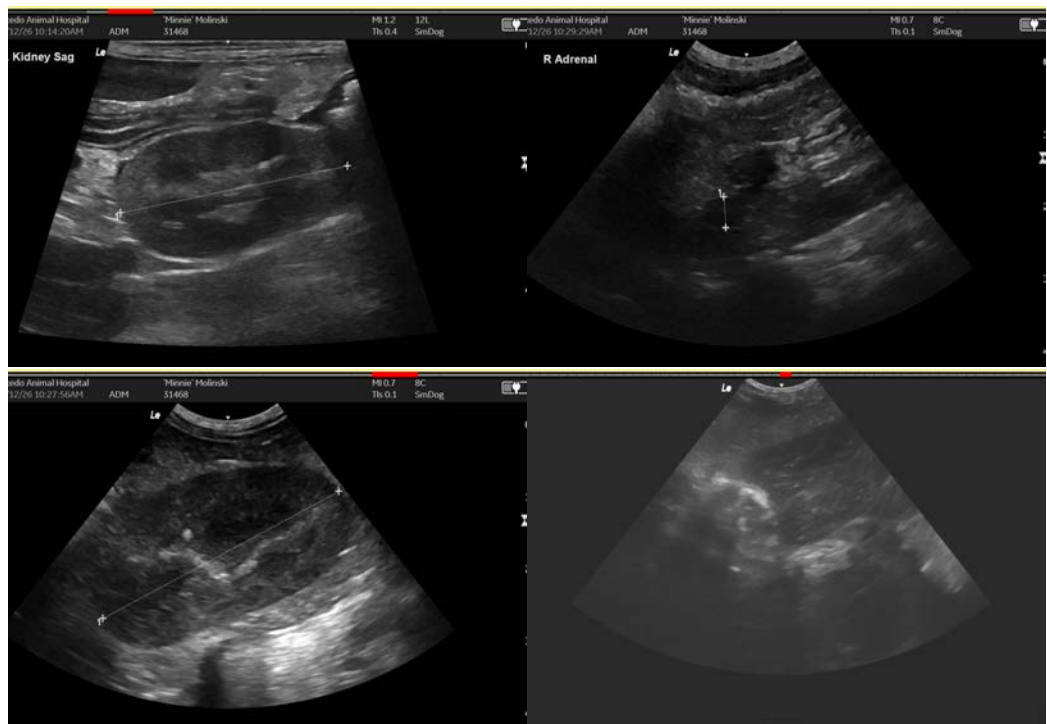
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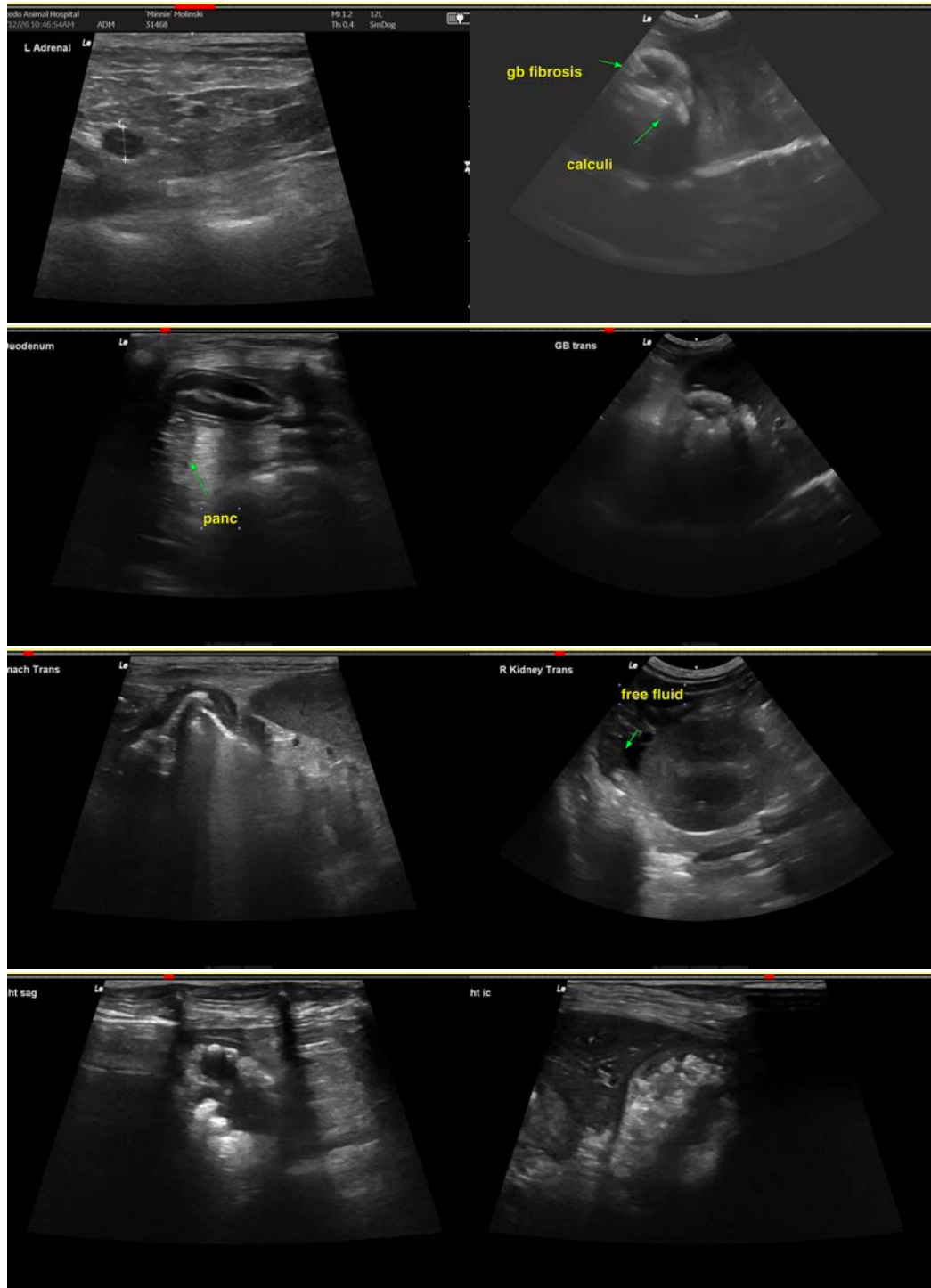
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,
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