



PATIENT

Luna Yaccarino

SPECIES

Canine

BREED

Beagle x

SEX

Spayed Female

AGE

11 Years

WEIGHT

34.5

INTERPRETED BY

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

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg Veterinary
Clinic

REFERRING VET

Dr. Martens

INVOICE

72305

DATE

1/20/26

PRESENTING CLINICAL SIGNS

Worsening liver values, extreme jaundice, lethargic, weight loss, previous ultrasound concern for gallbladder obstruction.

Abnormal PE/Chem/CBC/UA Results: ALK PHOS 472, BILI 14.0, ALT 916,

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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. Occasional cortical cyst noted. Largest anechoic cyst at the caudal pole of the left kidney measured 1.26 cm. Left kidney measured 6.14 cm. Right kidney measured 6.9 cm.

Adrenal Glands

The **left adrenal gland** was 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. Left measured 2.3 cm x 0.58 cm.

The **right adrenal gland** was not visualized.

Spleen

The **spleen** was mildly enlarged and folded upon itself. Subtle micronodular changes noted.

Liver

The **liver** revealed coarse architecture and heterogeneous, irregular parenchymal changes with increased portal markings and nodules, consistent with fibrosing cholangiohepatitis and cirrhosis. The gallbladder was overdistended, to the level of mucocele formation. However, some suspended debris and congestion were present. The largest nodule measured 1.8 cm in the left lateral liver.

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

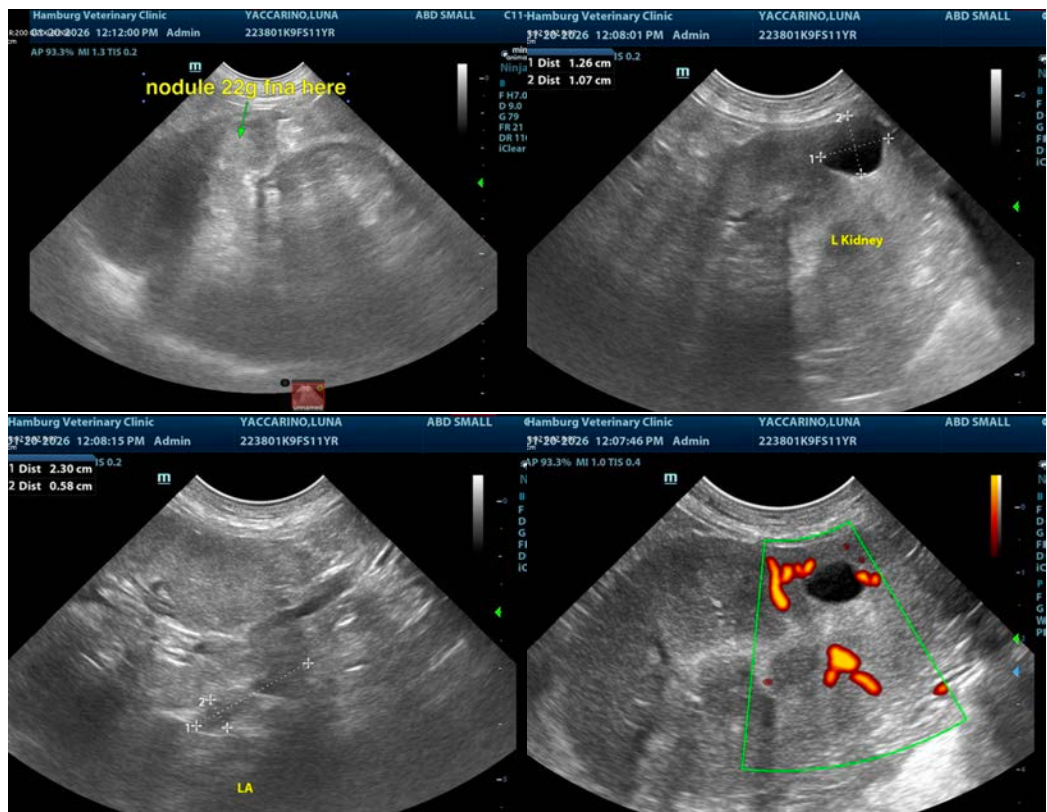
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Hepatic remodeling/cholangiohepatitis pattern with likely cirrhosis, potential for underlying neoplasia.
- Mildly enlarged, micronodular spleen.
- Age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the spleen, general liver parenchyma and liver nodule recommended for further definition. Leptospirosis titers warranted if not already performed. Prognosis is guarded depending upon cytology results.





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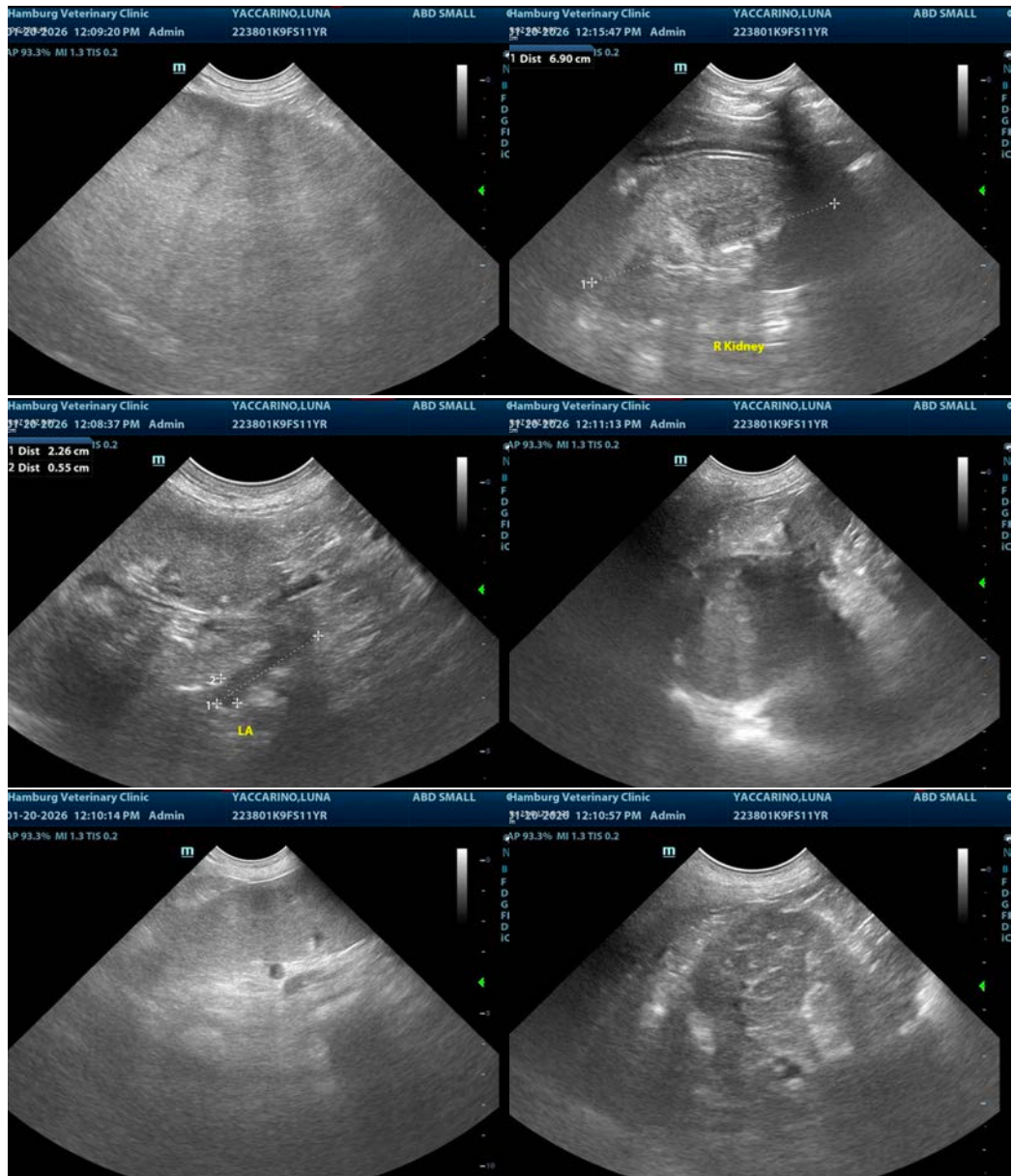
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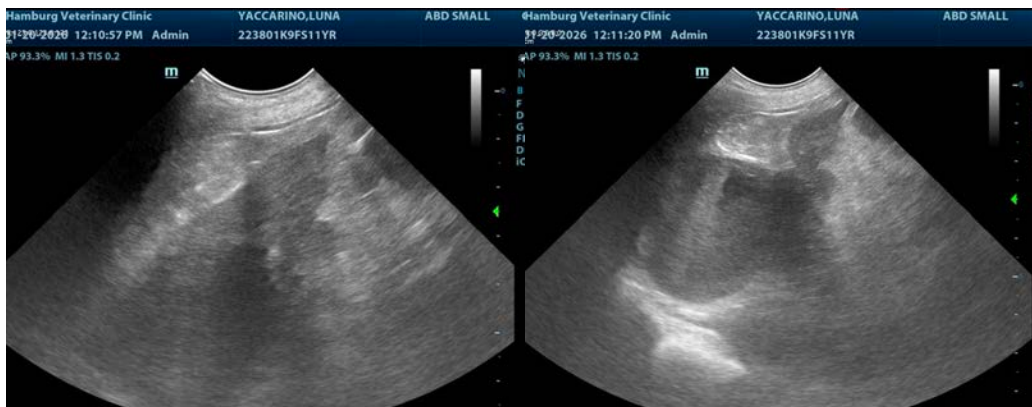
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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