



## PATIENT

Winston Livingstone

## SPECIES

Canine

## BREED

Yorkie

## SEX

Neutered male

## AGE

12 years

## WEIGHT

4.3 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Carlie Koltek, RVT

## HOSPITAL NAME

Tuxedo AH

## REFERRING VET

Dr. Torske

## INVOICE

71094

## DATE

1/30/26

## PRESENTING CLINICAL SIGNS

- Presented for PU/PD. Gradual increase in thirst and urination over last few weeks. Eating well, not V/D. Doesn't seem himself this morning. Has hx severe collapsing trachea and CCL tear. Controlled CHF
- Current meds: Pimobendan 1mg BID, furosemide 10mg BID, dexamethasone 0.25mg SID, hydrocodone PRN
- PE: T: 38.0 P: 150 grade 5/6 systolic murmur R: 24 MM pink Abdomen tense and distended on palpation CBC: RBC 5.64 (5.65 - 8.87 x10<sup>12</sup>/L) Hematocrit 0.333 (0.373 - 0.617 L/L) Hemoglobin 114 (131 - 205 g/L) MCV 59.0 (61.6 - 73.5 fL) MCH 20.2 (21.2 - 25.9 pg) Neut 22.83 (2.95 - 11.64 x10<sup>9</sup>/L) Mono 7.34 (0.16 - 1.12 x10<sup>9</sup>/L) Eos 0.03 (0.06 - 1.23 x10<sup>9</sup>/L) CHEM: GLUC 37.18 (3.89 - 7.95 mmol/L) BUN 36.9 (2.5 - 9.6 mmol/L) PHOS 2.34 (0.81 - 2.20 mmol/L) ALT 188 (10 - 125 U/L) ALP 1,864 (23 - 212 U/L) GGT 32 (0 - 11 U/L) CHOL 8.61 (2.84 - 8.26 mmol/L) AMYL 355 (500 - 1,500 U/L) Na 129 (144 - 160 mmol/L) K 2.7 (3.5 - 5.8 mmol/L) Cl 90 (109 - 122 mmol/L) Urinalysis (cysto) USG 1.014, 2+ cocci, rare crystal fragments 4+ glucose, 1+ ketones, trace protein

## 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 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 left kidney measured 3.5 cm with slight hyperechoic medullary rim sign noted. This is consistent with diabetic nephropathy.

### 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 0.45 cm at the caudal pole and 0.36 cm at the cranial pole. The right adrenal gland measured 0.42 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 was noted.



<b>PATIENT</b>	<b>Liver</b>
Winston Linvingstone	The <b>liver</b> revealed a microcystic, moderately complex, 3.0 cm mass that occupied the left cranial liver. The hepatic mass is pedunculated and at risk for torsion or necrosis. Slight increased portal markings were noted. Otherwise, the liver presented a vacuolar hepatopathy liver pattern. The gallbladder was over distended with minor striations.
<b>SPECIES</b>	
Canine	
<b>BREED</b>	<b>Gastrointestinal</b>
Yorkie	The <b>gastric</b> wall was mildly thickened with an empty lumen. Mild gastric stasis was noted. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.
<b>SEX</b>	
Neutered male	<b>Pancreas</b>
<b>AGE</b>	The <b>pancreas</b> revealed hyperechoic to mixed echogenic changes. This is consistent with inflammation.
12 years	
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
4.3 kg	Metabolic hepatopathy with left cranial liver mass. Carcinoma versus granulomatous disease is suspected.
<b>INTERPRETED BY</b>	Pancreatic remodeling, suspect some level of pancreatitis.
Eric Lindquist, DMV DABVP, Cert. IVUSS	Gastroenteritis pattern.
	Diabetic nephropathy.
<b>IMAGING PERFORMED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Carlie Koltek, RVT	Full mucocele formation is not present; however, proactive Ursodiol therapy is indicated. Ultrasound-guided FNA of the left-sided liver mass is recommended.
<b>HOSPITAL NAME</b>	Structurally the adrenal glands appear normal; however, PDH cannot be ruled out.
Tuxedo AH	
<b>REFERRING VET</b>	<b>Potential Causes of Diabetic Dysregulation</b>
Dr. Torske	This is a suggestive checkoff list when faced with an unregulated diabetic patient:
<b>INVOICE</b>	UTI
71094	Dietary indiscretion/intolerance
<b>DATE</b>	Pancreatitis
1/30/26	Hyperthyroidism/hypothyroidism
	Exogenous steroids (including topical eye meds)



**PATIENT** Cushing's  
Winston Linvingstone Acromegaly

**SPECIES** Owner compliance  
Canine Insulin quality issues

**BREED** Antibodies to insulin  
Yorkie Underlying Neoplasia  
Diffuse liver disease

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Neutered male

**AGE**  
12 years

**WEIGHT**  
4.3 kg

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DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Carlie Koltek, RVT

**HOSPITAL NAME**

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**REFERRING VET**

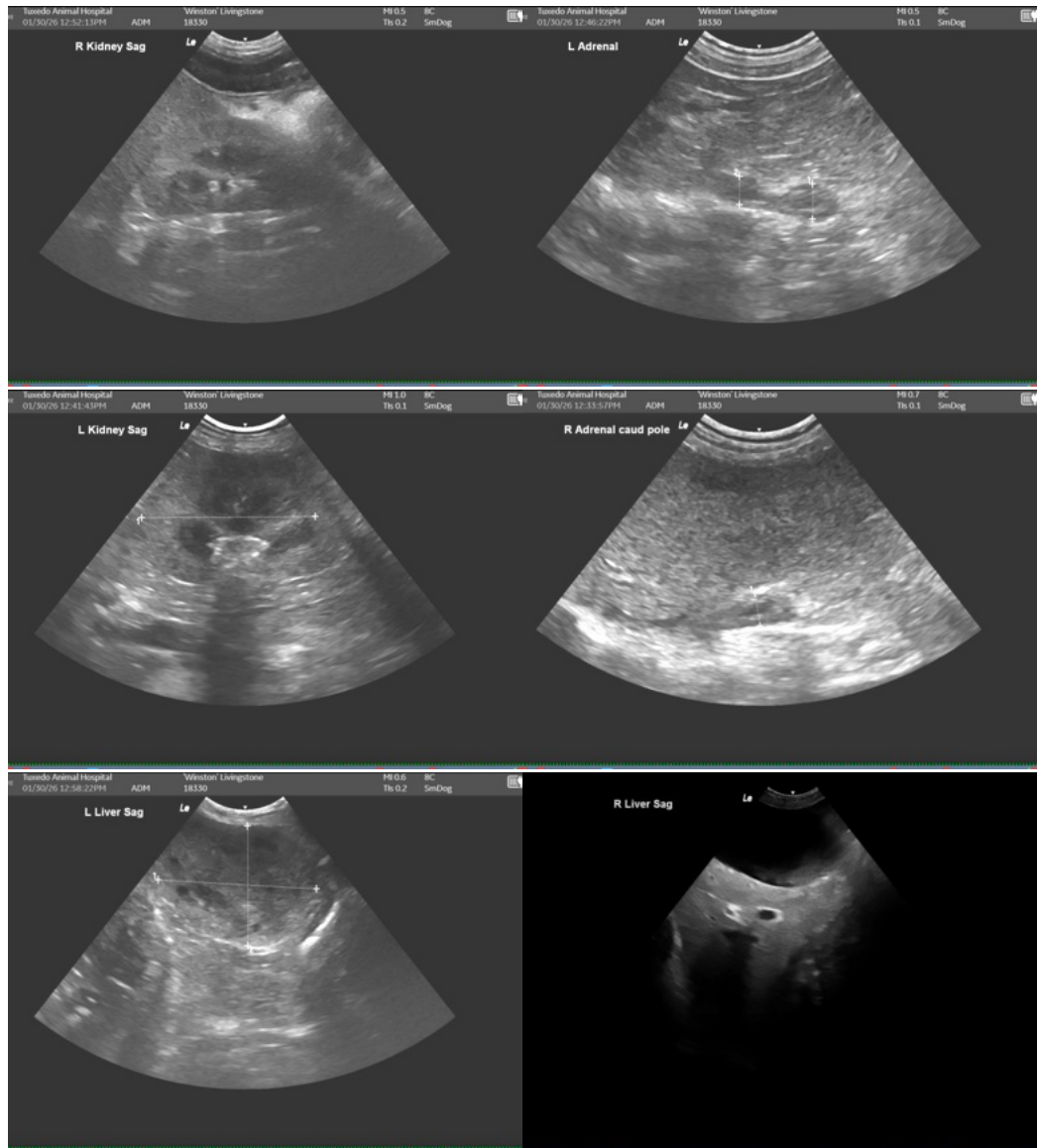
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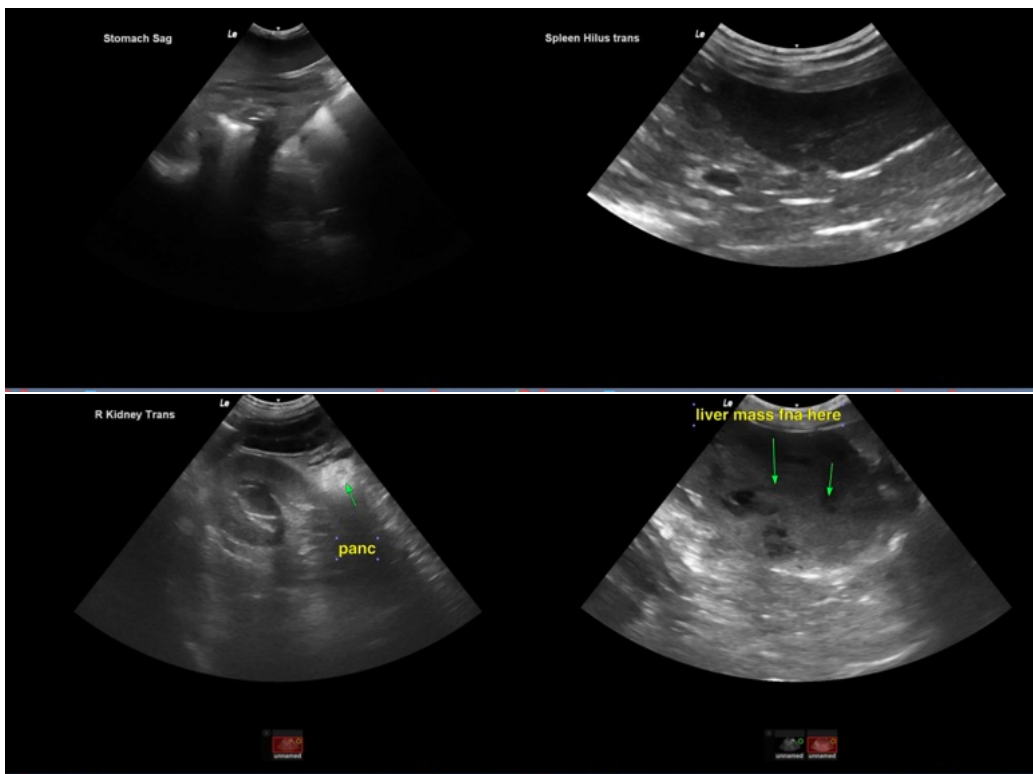
Dr. Torske

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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, CEO of SonoPath.com

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