



PATIENT

Bengi Caro

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

13 Years

WEIGHT

14.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tracy Eure

HOSPITAL NAME

Moyock Animal
Hospital

REFERRING VET

Dr. Tracy Eure

INVOICE

71721

DATE

11/12/25

PRESENTING CLINICAL SIGNS

Bengi presented today for inappetence starting Monday night and generalized lethargy. He has no history of vomiting or diarrhea. He does not have a history of previous pancreatitis or PU/PD.

Abnormal PE/Chem/CBC/UA Results: Vital signs normal. Continued 2/6 systolic murmur (Pro BnP WNL 2 months prior). MM mild tacky and patient lethargic in exam room. Survey abdominal radiographs were NSF. See attached bloodwork.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a large calculus measuring 2.0 cm. Polypoid bladder wall changes noted in the mid ventral and dorsal wall. Bladder debris noted. Apical polyps also noted.

The **right kidney** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortex presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsule was acceptably uniform without significant irregularities. The right kidney measured 4.5 cm.

The **left kidney** was swollen with slight pericapsular and perirenal fluid. Pinpoint mineralizations also noted. The left kidney measured 3.8 cm.

Adrenal Glands

The **left adrenal gland** was enlarged and nodular at the caudal pole. The caudal pole measured 1.0 cm. The cranial pole measured 0.65 cm.

The **right adrenal gland** measured 0.70 cm at the caudal pole and 1.04 cm at the cranial pole.

Spleen

The **spleen** was folded upon itself cranially. It 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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. A macronodular non-disruptive lesion was noted measuring 2.8 cm in the mid caudal liver. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented polypoid changes and some striating bile without full mucocele formation. However, coalesced bile was excessive.

Gastrointestinal

The **stomach** presented edematous wall and fluid filled lumen, consistent with gastritis. The small intestine and colon were unremarkable.



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Pancreas

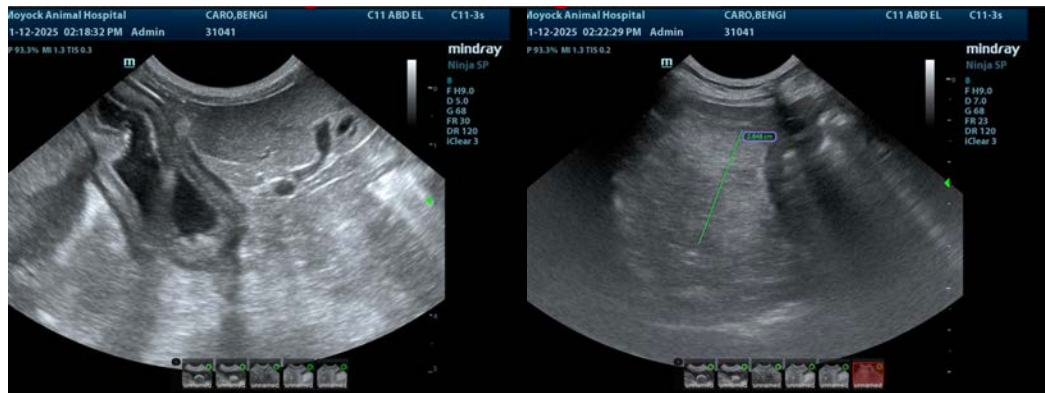
Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxyphoid palpation reveals pain response. No overt masses were noted.

ULTRASONOGRAPHIC FINDINGS

- Bladder calculus with polypoid hyperplasia bladder presentation. I cannot rule out carcinoma.
- Swollen left kidney with mineralization.
- Benign hepatopathy with likely hepatoma formation, possible carcinoma.
- Left adrenal nodule – adenoma, adenocarcinoma, pheochromocytoma less likely.
- Pancreatic fibrosis.
- Folded spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are multiple issues in this patient. Recent passage of calculi or obstructive nephrolithiasis may have occurred. Currently the kidneys are not obstructed. Cystotomy with stone analysis and bladder polyp biopsies or removal could be considered. BRAF testing would also be warranted to assess for urothelial carcinoma. FNA of the liver indicated. Management for gastritis indicated. Eventual workup for Cushing's could be considered. An argument could be made for cystotomy, stone analysis, bladder polyp biopsies, left adrenalectomy, manual expression of the gallbladder +/- gastric biopsy to assess for gastritis. Blood pressure and full urinary workup warranted. Assessment of other organ systems for causes of anorexia such as pain related disease, CNS or thoracic disease would be indicated.





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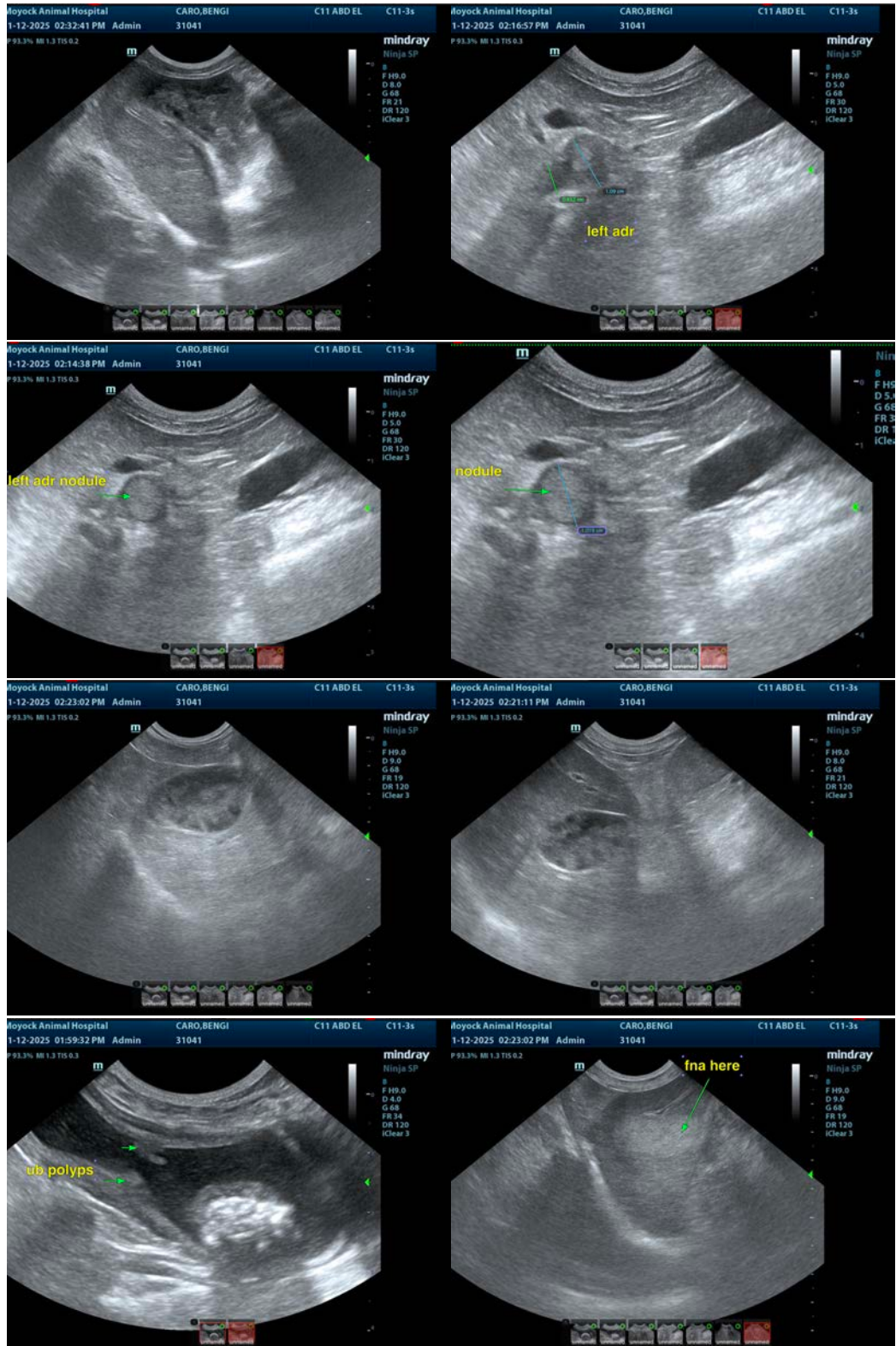
Dr. Tracy Eure

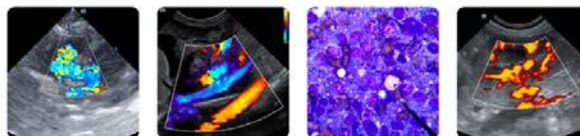
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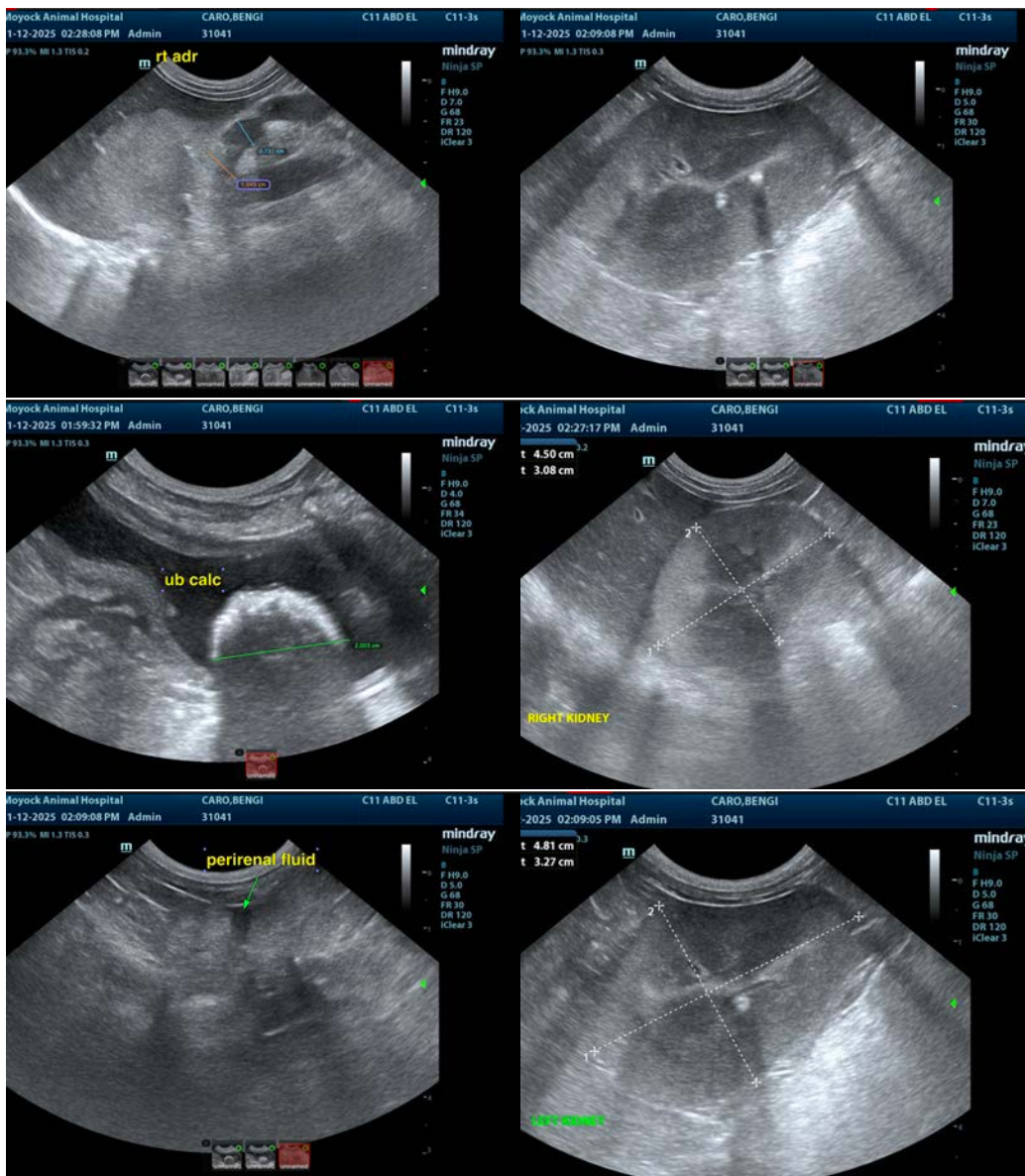
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
CEO, Owner, Founder -- SonoPath.com
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