

PATIENT

Truffles Hammond

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

2 Years

WEIGHT

~5 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (Canine &
Feline), Cert. IVUSS

**IMAGING
PERFORMED BY**

Andrea Nicastro, DVM,
DACVIM

HOSPITAL NAME

Meadowlawn AS,
Market Commons

REFERRING VET

Dr. Clemons

INVOICE

35515

DATE

11/14/25

PRESENTING CLINICAL SIGNS

History: Few day hx of lethargy, inappetence. One episode of vomiting. Previously asymptomatic
Abnormal PE/Chem/CBC/UA Results: ALT - 695 ALP - 223 Glucose, BUN, albumin - all normal SBAs:
pre- 18.9, post - 247.7

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. Medullary structure differed distinctly from the cortex, and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.5 cm. The left kidney measured 3.34 cm. Slight pinpoint mineralizations were noted in both kidneys.

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 0.32 cm at the cranial pole and 0.33 cm at the caudal pole. The right adrenal gland measured 0.9 cm at the cranial pole and 0.41 cm at the caudal pole.

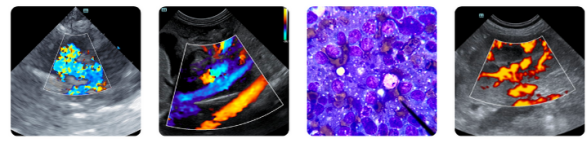
Spleen

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 were noted.

Liver

The **liver** was significantly subnormal in size and hypovascular. The gallbladder and common bile duct were unremarkable. The hepatic lymph nodes were slightly enlarged (up to 7.0 mm). The portal vein was subnormal in size (0.35 cm). The vena cava measured 0.55 cm. The aorta measured 0.55 cm. Between the vena cava and aorta, just cranial to the diaphragm, an extra vessel appeared to be present, which would be consistent with a double aorta, however, primary shunt could not be definitively identified, however, extra hepatic shunt, such as splenoazygos shunt would fit this pattern. CT evaluation is recommended.

Gastrointestinal



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The **stomach** in this patient was mildly thickened and edematous, measuring 0.6 cm, with some loss of mural detail and fluid filled lumen. The upper small intestine was spastic.

Truffles Hammond

Pancreas

SPECIES

The **right pancreatic limb** revealed an edematous pattern, consistent with inflammation or pancreatic edema.

Canine

BREED

ULTRASONOGRAPHIC FINDINGS

Yorkie

- Gastroenteritis/possible microulcerative gastritis.
- Concurrent pancreatitis
- Microhepatica
- Slight renal pinpoint mineralizations

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Spayed Female

AGE

Medical management is warranted to stabilize the patient for gastroenteritis/pancreatitis and hepatic dysfunction. Once stable, then CT with contrast is indicated. GI protectants, IV fluid support, and diet adjustment are all indicated.

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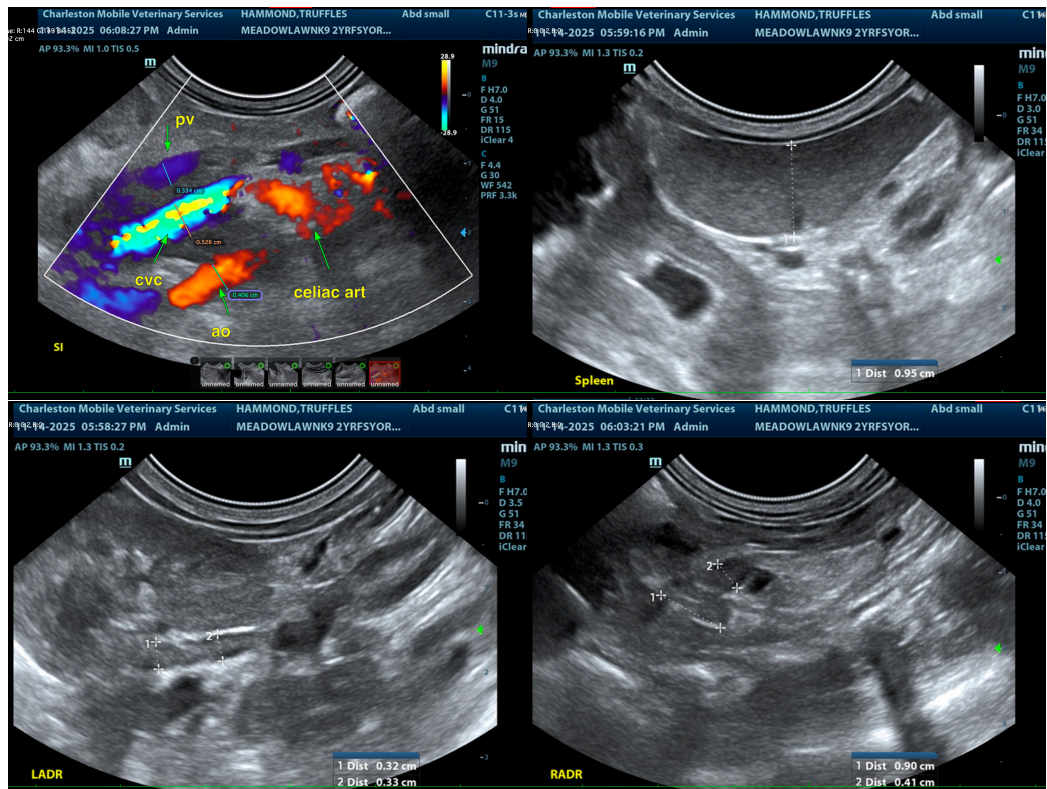
Dr. Clemons

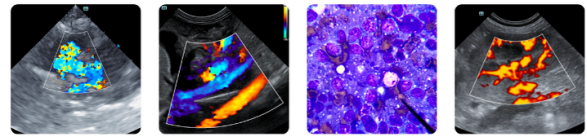
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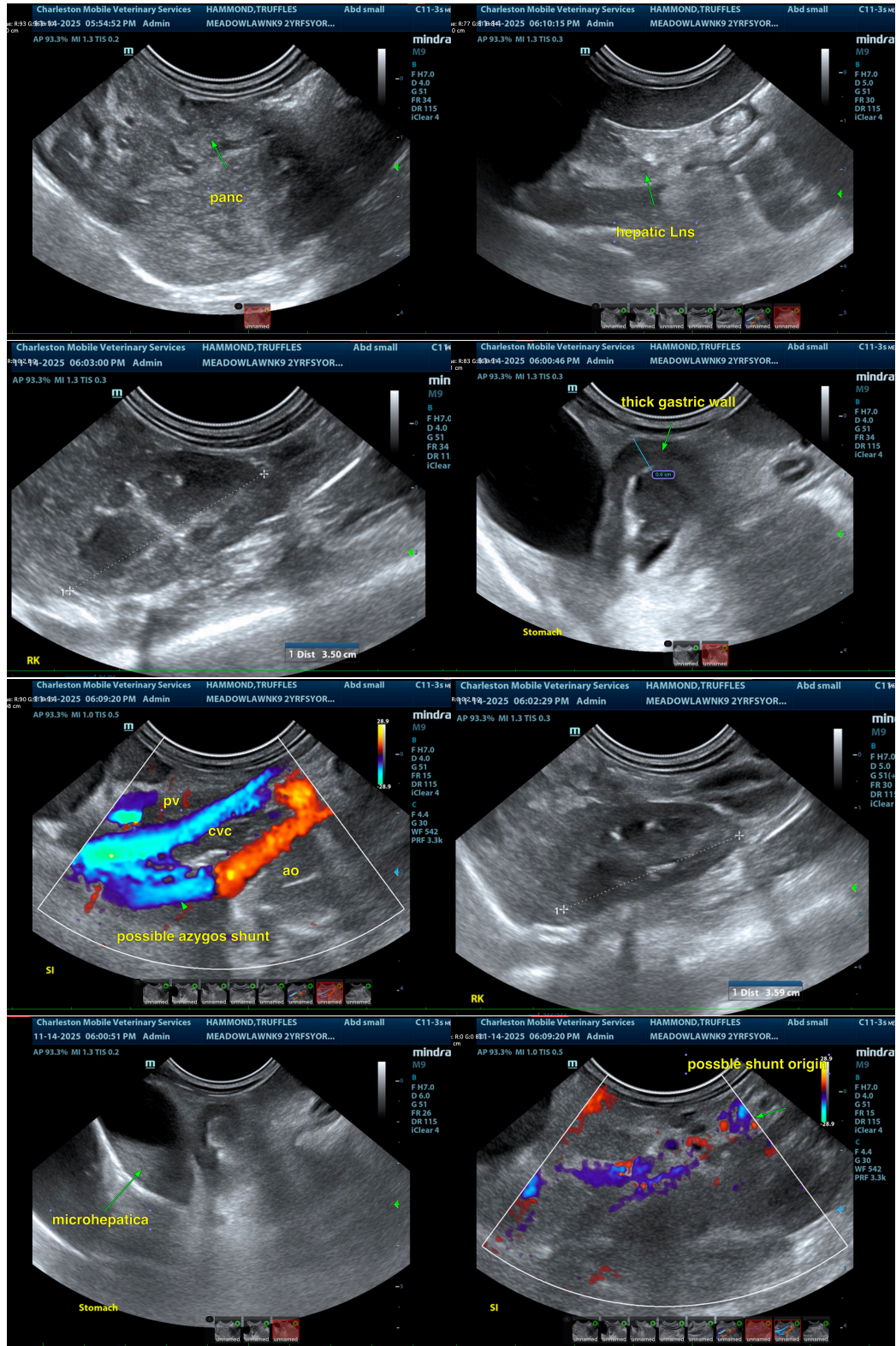
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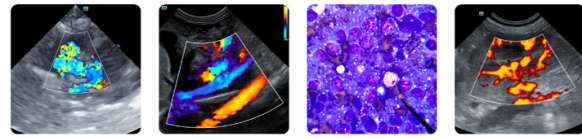
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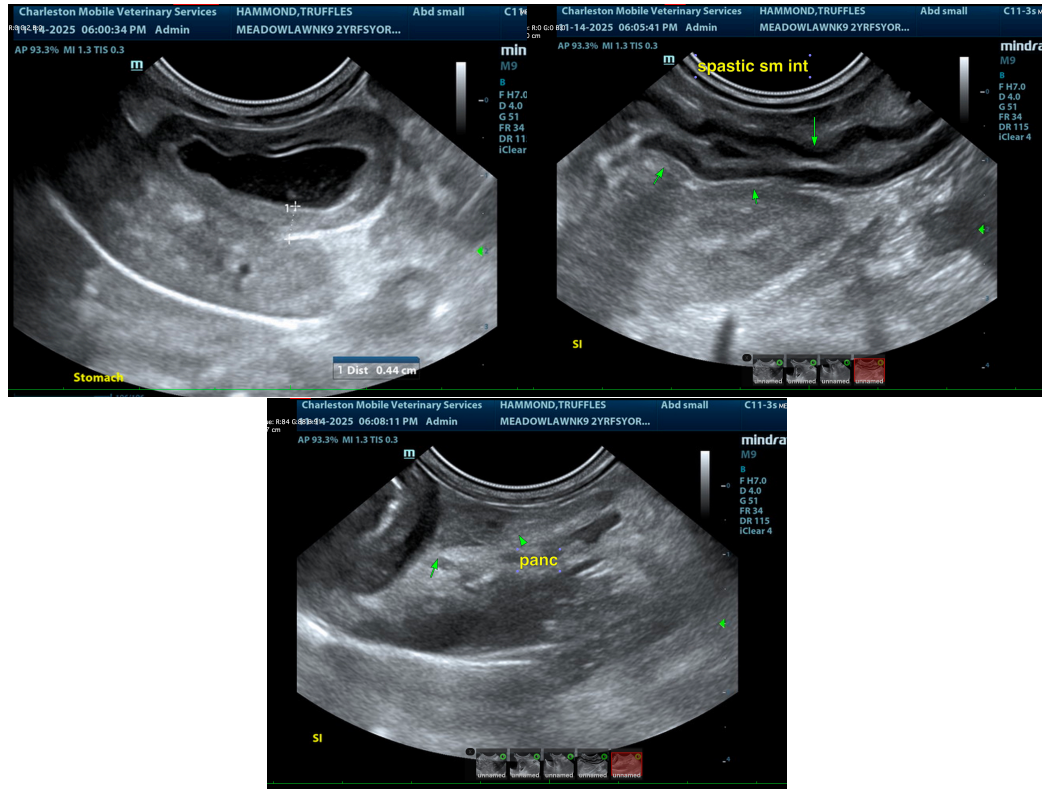
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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