



PATIENT

Punky Sherman

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

13 Years 11 Months

WEIGHT

5.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Scott

HOSPITAL NAME

Wyckoff Veterinary
Hospital

REFERRING VET

Dr. Eisenberg

INVOICE

11498

DATE

11/26/25

PRESENTING CLINICAL SIGNS

Coughing yesterday and decreased app, weight loss

Abnormal PE/Chem/CBC/UA Results: chest rads- R side of the heart slightly enlarged Chem- ALT 1184, ALP 3585, GGT 204, T Bili 2.6, Ca 8.5, creat 0.4, SDMA 21 WBC 24 K, Neut 19K, T4 <0.5

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** in this patient presented increased cortical echogenicity and thickening with mild, irregular contour. Microcystic cortical changes were noted. This is secondary cystic formation consistent with degenerative changes and remodeling. There was no suspicion or evidence of abscessation. There was no suspicion of neoplasia. The renal pelvises were acceptably closed. No obstructive disease was noted. Dystrophic mineralization was noted and non-obstructive at this time. The left kidney measured 3.6 cm in length. The right kidney measured 2.6 cm in length.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** presented enlarged, hypoechoic and irregular measuring 1.7 cm width with enhanced surrounding mesentery consistent with infiltrative disease.

Liver

The **liver** was swollen with hypoechoic parenchyma compared to minimal falciform fat. Severe generalized enlargement with isoechoic target nodules strongly consistent with infiltrative disease. The gallbladder was empty.

Gastrointestinal

Variable **gastrointestinal** infiltrative patterns were noted with thickening and suggest for GI involvement.

Pancreas

The **pancreas** was obscured by regional inflammation deriving from the GI tract, spleen and lymph nodes yet secondary pancreatitis is likely.

Free Abdomen

Pleural effusion as well as ascites were noted and suggest for dual cavity neoplasia.

Enlarged abdominal lymph nodes were visualized. Omental nodular changes were also noted.

ULTRASONOGRAPHIC FINDINGS



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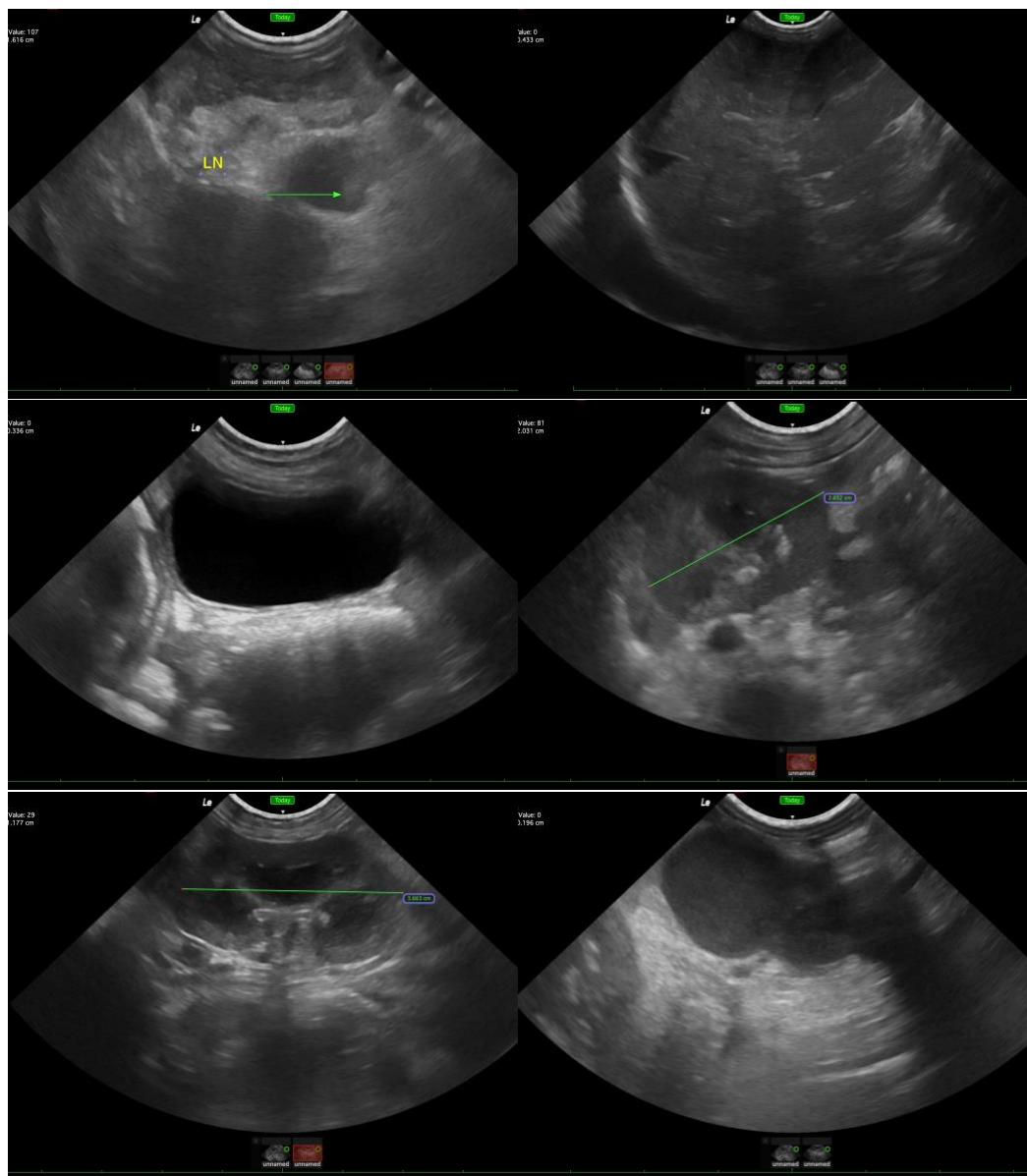
DATE

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- Splenohepatic infiltrative pattern.
- Lymphomatosis type presentation.
- Age-related renal changes with mineralizations.
- Suspect pancreatitis.
- Infiltrative GI pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the spleen, liver and lymph nodes are recommended. Immediate chemotherapeutic intervention is recommended. Chest radiographs, echocardiogram, Pleurocentesis are all indicated.





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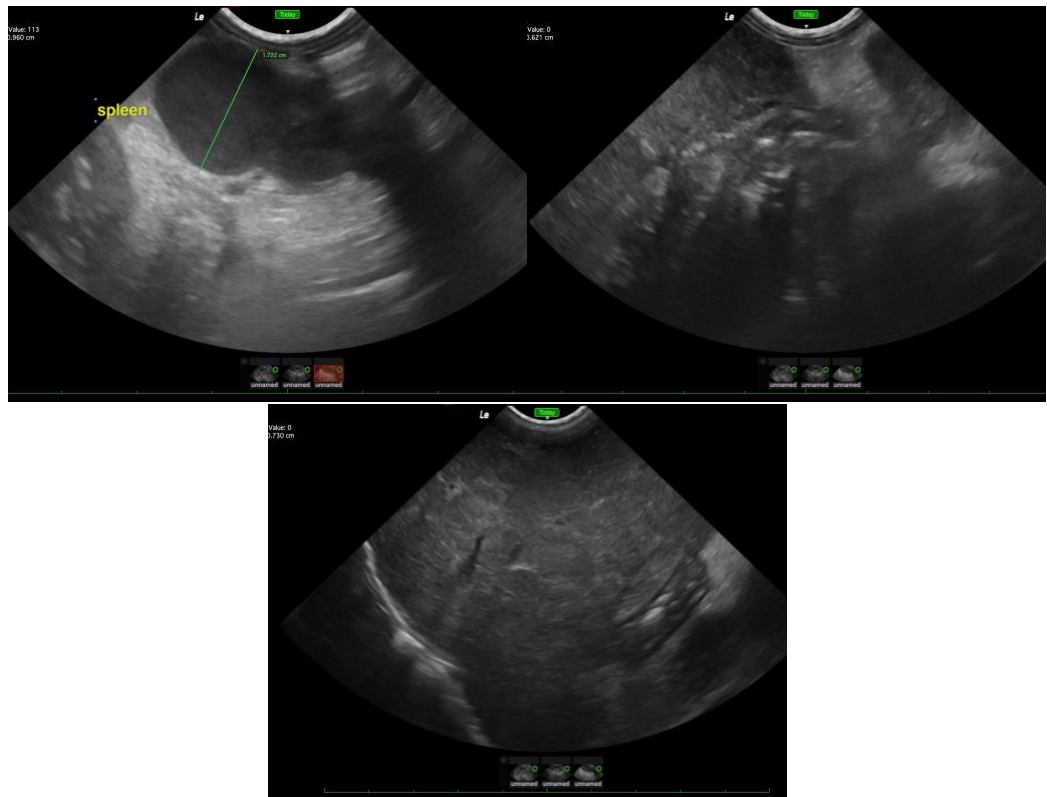
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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