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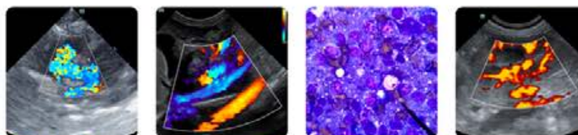


Clinical Sonography & Telecytology

Educational Teleconsultation Services™

PATIENT

Bentley Marino

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

AGE

12

WEIGHT

15.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr. Kahn

INVOICE

72587

DATE

12/15/25

PRESENTING CLINICAL SIGNS

Anorexia since Wednesday blood in stool lethargy Improvement in GI signs since starting tx r/o underlying dz as source of GI upset Current meds IVF Metro Proviable Cerenia Panto prazole

Abnormal PE/Chem/CBC/UA Results: Lipase 656 all else WNL ACTH stim (Addisons suspect) was normal

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** 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. Mineralization noted in both kidneys. Left kidney measured 5.0 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. Right measured as slightly swollen at 2.01 cm x 1.46 cm at the cranial pole and 1.05 cm at the caudal pole. Left measured normal at 1.85 cm x 0.55 cm at the caudal pole and 0.59 cm at the cranial pole.

Spleen

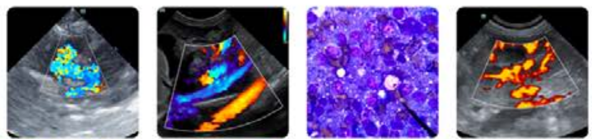
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The gallbladder and common bile duct were unremarkable. This is consistent with chronic inflammatory hepatopathy.

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

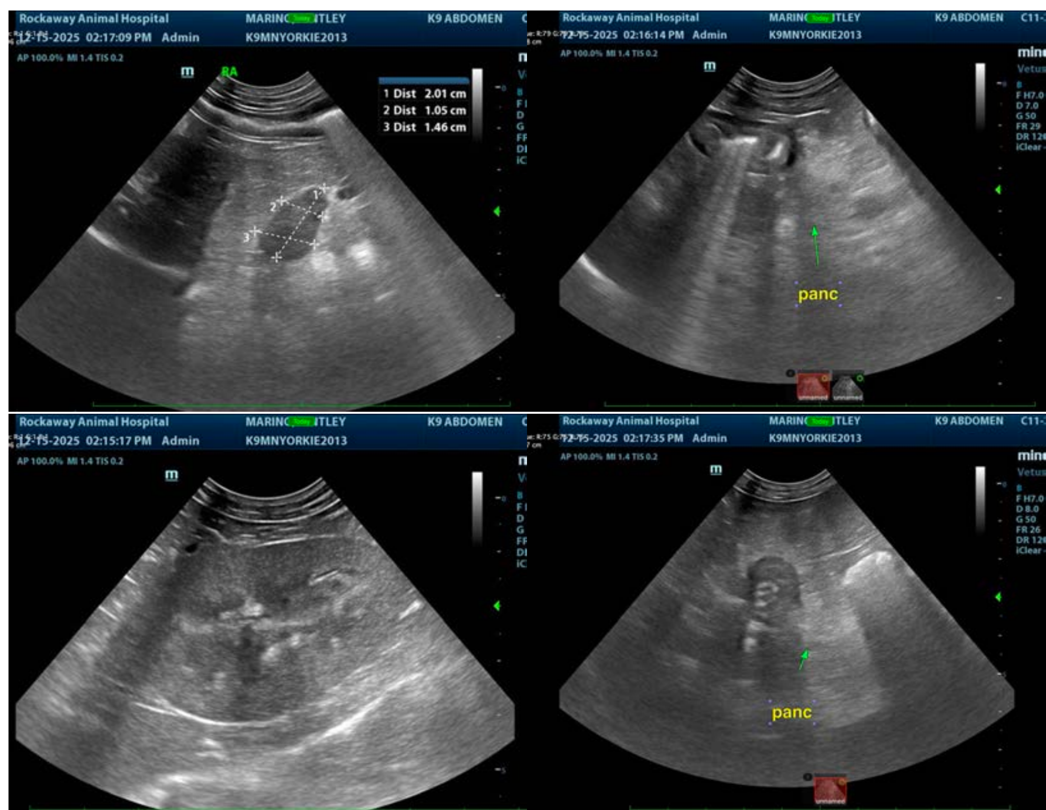
The **pancreas** revealed heterogeneous mixed echogenic changes, primarily in the right limb, consistent with remodeling. History of pancreatitis likely, low-grade pancreatitis possible.

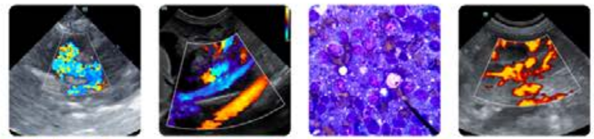
ULTRASONOGRAPHIC FINDINGS

- Possible low-grade pancreatitis.
- Benign hepatopathy.
- Age related renal and adrenal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. GI protectant protocol and diet change to hydrolyzed diet may be appropriate. Other causes of anorexia should be considered such as orthopedic pain, CNS or thoracic disease.





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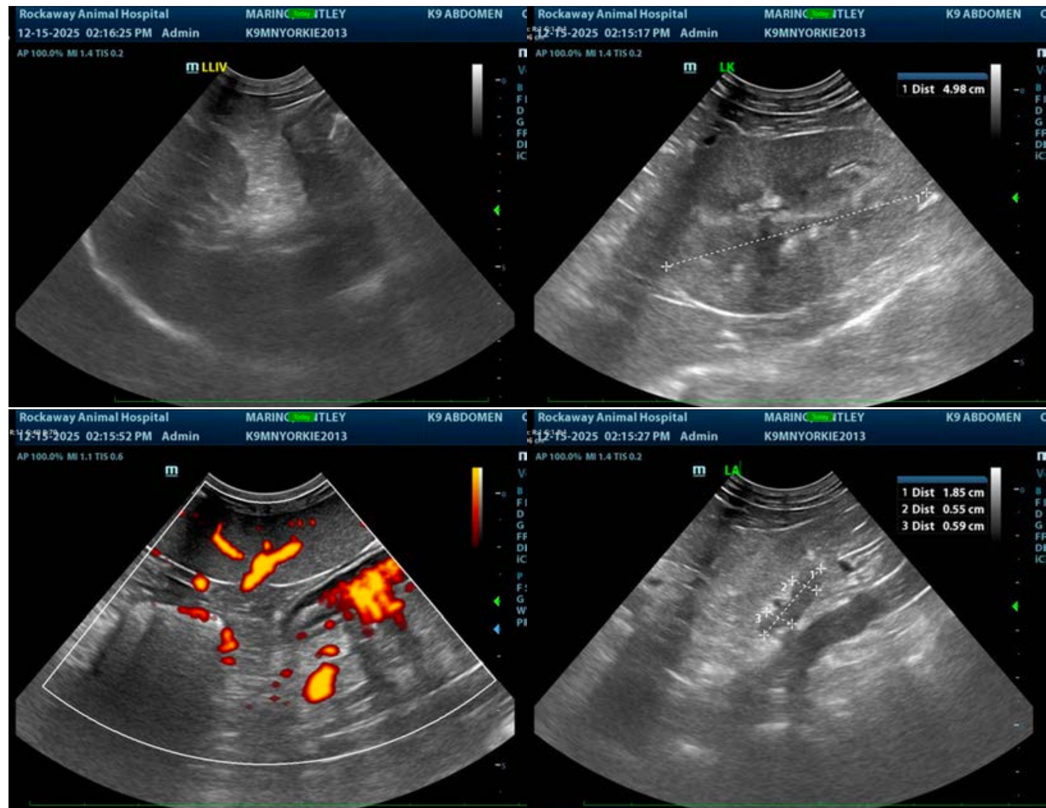

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com