



PATIENT

Bug Jacobson

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

13 Years

WEIGHT

12.8 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

Long Valley Animal
 Hospital

REFERRING VET

Dr. Russell Earl

INVOICE

12705

DATE

12/15/25

PRESENTING CLINICAL SIGNS

Diabetic patient with history of elevated liver enzymes. Also past history of pancreatitis. Insulin dose decreased following a hypoglycemic event on 12/1/25. Medications: Lantus insulin (6 units bid), Ursodiol 75 mg sid, Canine I/D low fat diet

Abnormal PE/Chem/CBC/UA Results: Pancreatic lipase = 850 U/L (H) ALT = 157, AlkPhos = 457
 Lipase = 2,985

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra (to a depth of 3.0 cm) 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 residual **prostate** measured 0.70 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. The left kidney measured X cm in length. The right kidney measured 4.77 cm in length.

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 1.7 cm x 0.74 cm width at the cranial pole and 0.48 cm width at the caudal pole. The right adrenal gland measured 2.01 cm x 1.13 cm width at the cranial pole and 0.80 cm width at the caudal pole.

Spleen

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies.

Liver

The **liver** presented mild 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. An isoechoic nondisruptive nodule was noted in the left liver measuring 1.9 cm.

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

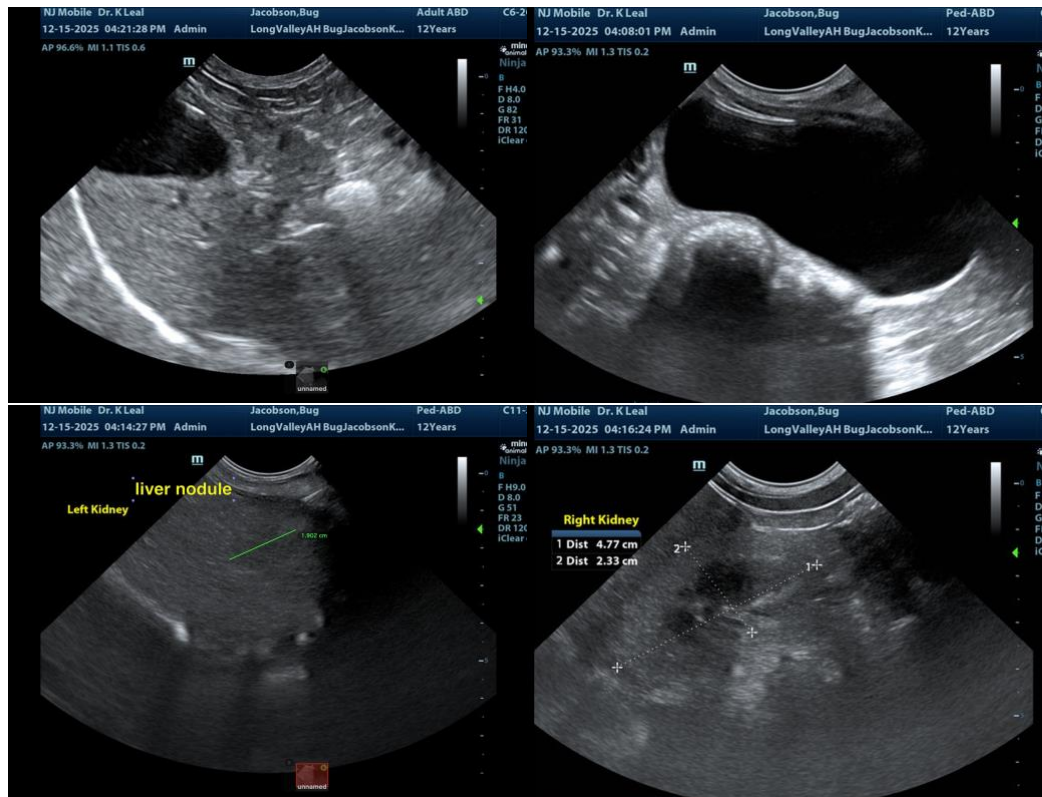
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Age-related renal changes.
- Mineralized spleen.
- Benign hepatopathy with isoechoic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant disease.





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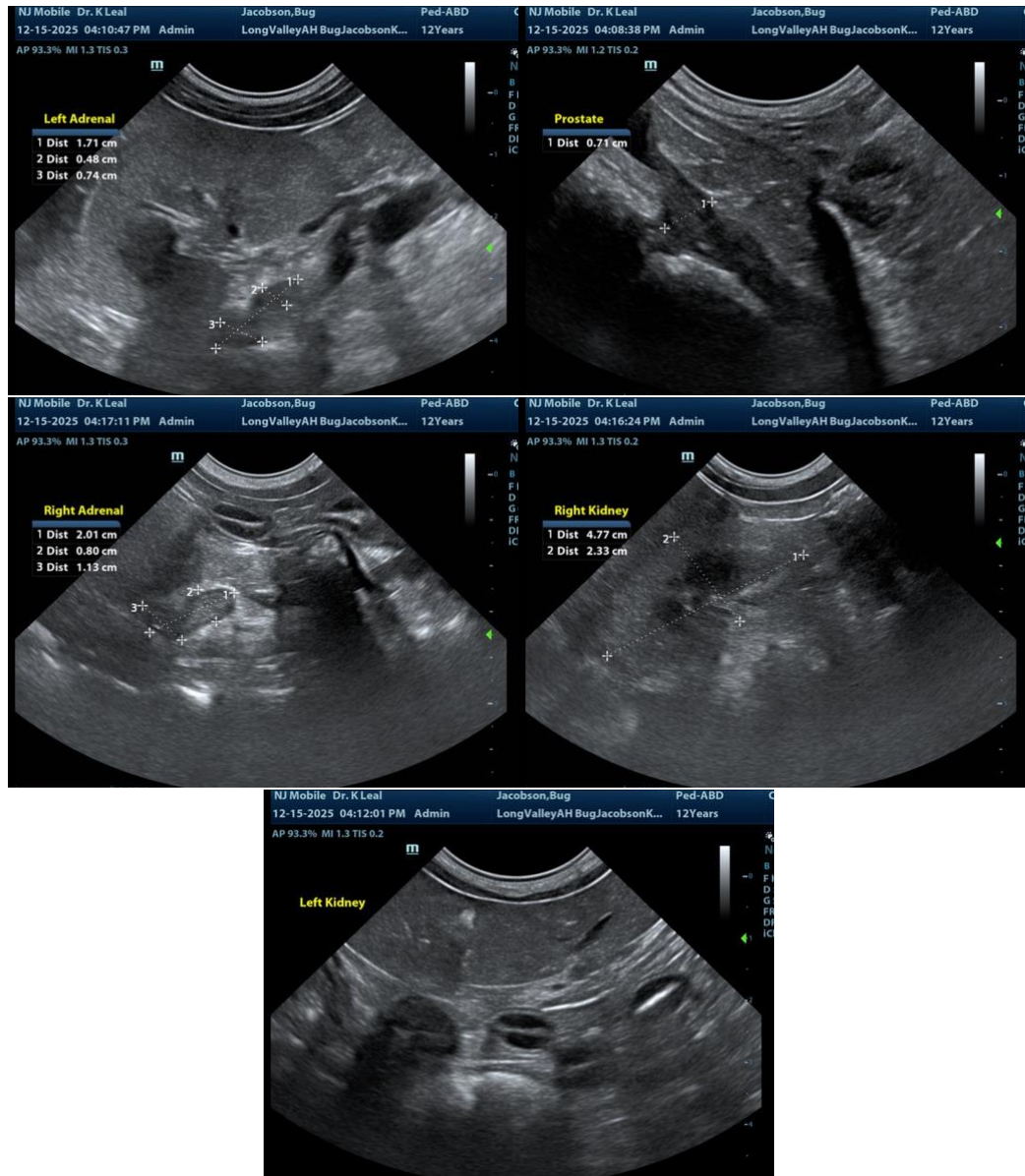
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com



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