



## PATIENT

Rosco McNaughton

## SPECIES

Canine

## BREED

Yorkshire Terrier

## SEX

Neutered male

## AGE

9 years

## WEIGHT

6.8 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Sarah Barthelemy

## HOSPITAL NAME

Risk Creek Pet Hospital

## REFERRING VET

Dr. Scott

## INVOICE

69588

## DATE

12/25/25

## PRESENTING CLINICAL SIGNS

History: Dec 23 presented with vomiting, lethargy. Currently hospitalized  
Leukocytosis, marked elevation amylase and lipase

## 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.

### 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 0.37 cm at the cranial pole and 0.46 cm at the caudal pole. The right adrenal gland measured 0.4 cm at the caudal pole and 0.6 cm at the cranial pole

### Spleen

The **spleen** was largely unremarkable, yet focal, hypoechoic 0.7 cm nodule. Mild generalized enlargement was 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. Slight, hyperechoic lipid plaque was noted and measured 0.95 cm. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



## PATIENT

Rosco McNaughton

## SPECIES

Canine

## BREED

Yorkshire Terrier

## SEX

Neutered male

## AGE

9 years

## WEIGHT

6.8 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Sarah Barthelemy

## HOSPITAL NAME

Risk Creek Pet Hospital

## REFERRING VET

Dr. Scott

## INVOICE

69588

## DATE

12/25/25

## Gastrointestinal

The **gastrointestinal tract** revealed hyperperistalsis and mild envelopment by the pancreatic and omental pathology. No obstructive or overt infiltrative disease was noted. The mesenteric lymph nodes were reactive and measured up to 0.5 cm.

## Pancreas

The **pancreas** revealed extensive, hypoechoic, enlarged, irregular parenchyma with enhanced surrounding mesentery measuring up to 0.93 cm. A significant amount of heterogenous omental changes were noted in the cranial abdomen surrounding the pancreas.

## Free Abdomen

Free fluid was noted in the mid caudal abdomen.

## ULTRASONOGRAPHIC FINDINGS

Extensive pancreatitis pattern.

Splenomegaly with splenic nodule. Reactive spleen, possible splenitis.

Free fluid.

Gastroenteritis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the splenomegaly, pancreatic changes and free fluid I strongly recommend 25-gauge FNA of the spleen, pancreas, abdominocentesis and cytospin of the localized free fluid. There is a potential for emerging carcinomatosis. Sampling is strongly recommended along with management for pancreatitis and gastroenteritis is warranted in the meantime until cytology can be evaluated.





**PATIENT**

Rosco McNaughton

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Neutered male

**AGE**

9 years

**WEIGHT**

6.8 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Sarah Barthelemy

**HOSPITAL NAME**

Risk Creek Pet Hospital

**REFERRING VET**

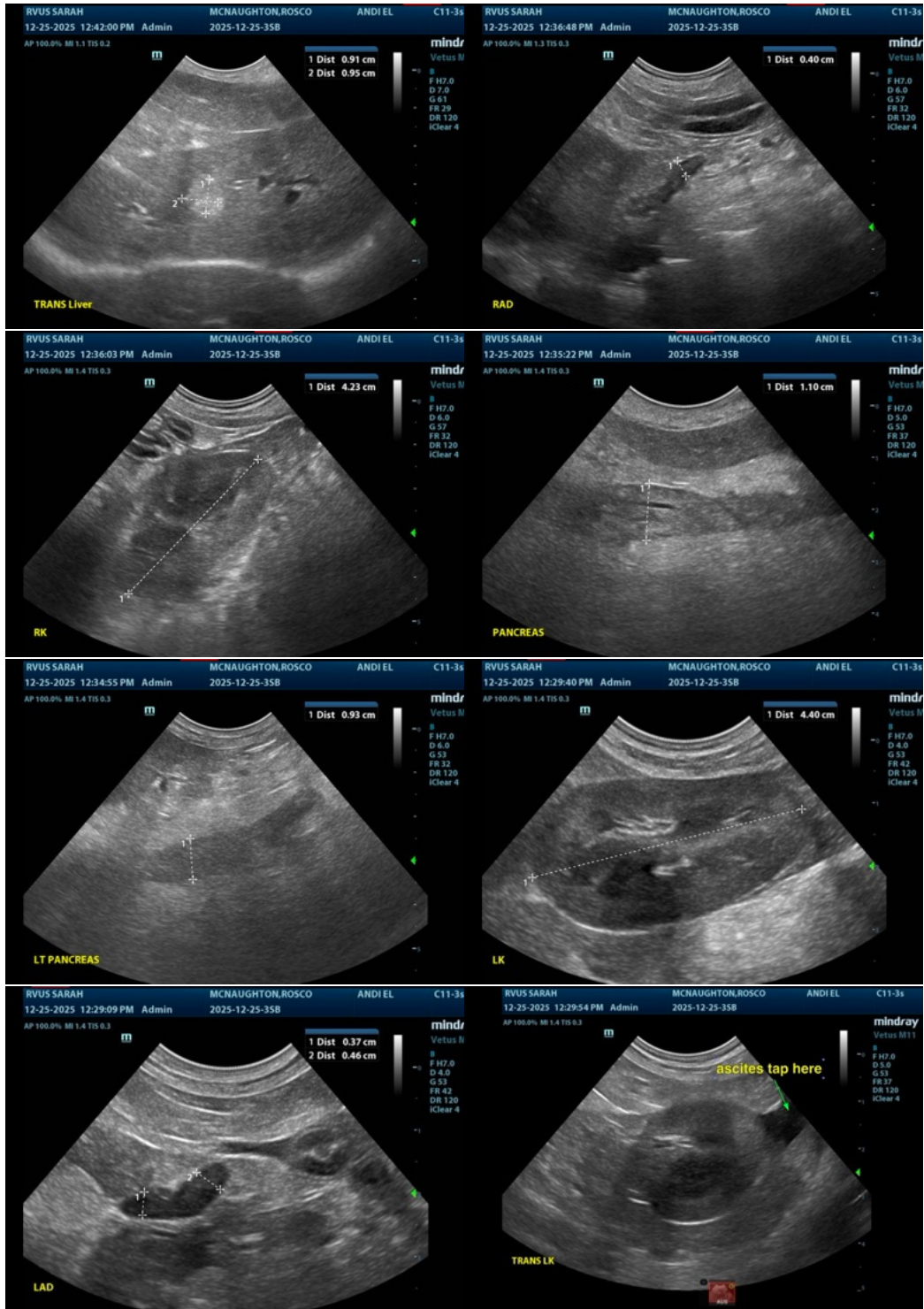
Dr. Scott

**INVOICE**

69588

**DATE**

12/25/25





## PATIENT

Rosco McNaughton

## SPECIES

Canine

## BREED

Yorkshire Terrier

## SEX

Neutered male

## AGE

9 years

## WEIGHT

6.8 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Sarah Barthelemy

## HOSPITAL NAME

Risk Creek Pet Hospital

## REFERRING VET

Dr. Scott

## INVOICE

69588

## DATE

12/25/25



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 of SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)