



PATIENT

Bella Billet

PRESENTING CLINICAL SIGNS

History: recent anal gland infection, lethargic, decreased appetite
Abnormal PE/Chem/CBC/UA Results: CREAT 6.4 CA 0.86 HCT 29

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Yorkie

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.

SEX

Spayed female

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. Slight pyelectasia was noted as well as occasional microcystic cortical change. The right kidney measured 5.24 cm. The left kidney measured 4.72 cm.

AGE

15 years

WEIGHT

4.19 lbs

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 2.22 x 0.66 cm at the cranial pole and 0.63 cm at the caudal pole. The right adrenal gland measured 0.8 cm at the cranial pole and 0.6 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The visible **spleen** was volume contracted.

IMAGING PERFORMED BY

Hayley-Heindel, CVT

Liver

There is a mass that appears to be deriving from the caudal aspect of the **liver** and impinging the spleen dorsally; however, connection to the spleen cannot be completely ruled out. The mass measured 8.0 x 5.0 cm and appears pedunculated and potentially resectable. The right liver appeared unremarkable with uniform parenchyma and minor remodeling. The gallbladder presented acceptably thin walls with primarily anechoic content. Some striating bile was noted in the gallbladder. This is consistent with emerging mucocele formation. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

HOSPITAL NAME

Mason Dixon AEH

REFERRING VET

Dr. Parr

INVOICE

42429

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12/31/22



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Gastrointestinal

Bella Billet

The **stomach** revealed prominent, irregular mucosa with minor retention of ingesta or chyme. Mucosal fogging was noted in the small intestine. Dilated portions of small intestine were noted followed by empty small intestine. The exact cause is unclear. Soft stool was noted in the colon.

SPECIES

Canine

Pancreas

BREED

Yorkie

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

SEX

Spayed female

ULTRASONOGRAPHIC FINDINGS

AGE

15 years

Suspected left-sided liver (potentially splenic in origin) mass with dilated intestine and irregular gastric mucosa.

Emerging gallbladder mucocele.

WEIGHT

4.19 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

I recommend exploratory surgery in this patient with expectations towards left liver lobectomy and manual expression or removal of the gallbladder. Inspection of the GI for causes of potential delayed outflow or obstructive activity is recommended. I believe that there are multiple issues in this patient; the cranial abdominal mass of likely hepatic origin with a possibility of splenic origin, the GI presentation with gastric stasis as well as emerging mucocele all of which appear to be surgically resolvable. The prognosis is guarded. FNA of the mass can be performed in order to define whether the mass is of hepatic origin as expected or of splenic origin.

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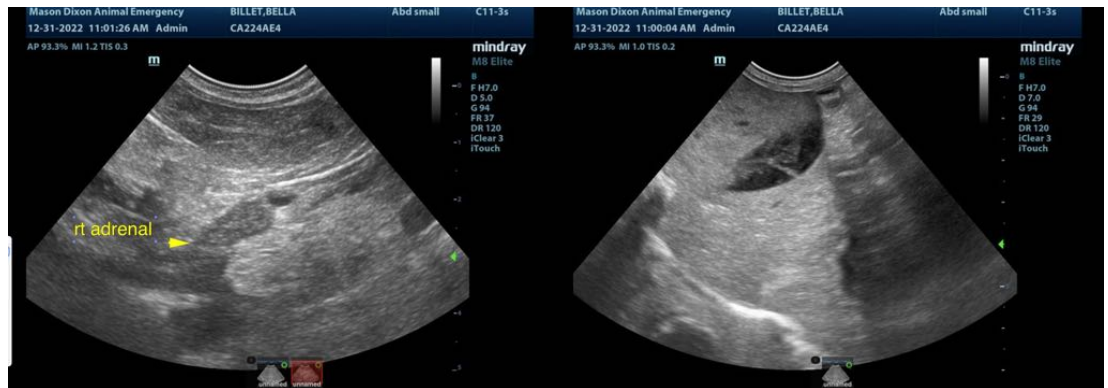
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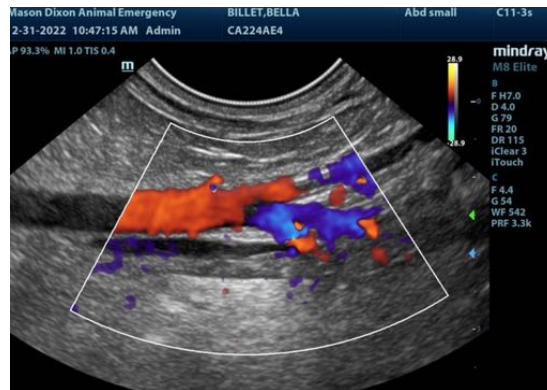
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com