



PATIENT

Buster Milne

SPECIES

Canine

BREED

Yorkie

SEX

Neutered male

AGE

11 years

WEIGHT

12.31 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Kym

HOSPITAL NAME

Emergency Animal
Hospital of Crystal Hills

REFERRING VET

Dr. Tateski

INVOICE

71499

DATE

2/11/26

PRESENTING CLINICAL SIGNS

- Buster was treated (sounds like outpatient basis) several months ago for suspected pancreatitis (o does not think AUS was performed). Since then he has been on low-fat diet and doing well. Last week, cat got in to the trash and it got spread over the floor - Buster ate some unknown quantity of chicken and broke with bloody diarrhea. O withheld food for 24 hours and he self-resolved and has been doing fine.
- Today he seemed normal. O left for errand this afternoon; returned and Buster was acting abnormal. Head hung low, trembling, clingy, and reluctant to move. He has not stopped trembling and seems painful, so was brought here.
- Many years ago, Buster was treated for suspected IVDD - symptoms very similar to today. Responded to medical management. O also reports history of elevated liver enzymes - was on Denamarin for a long time - most recent bw (no super recent) showed liver values were wnl. He is not currently on Denamarin or any other medications.
- No vomiting.
- Talked with o about BW discussed hepatopathy - chronic hepatitis / active infection / cancer / benign rec coags given ALT >700 - o declines discussed FNA of liver (if coags wnl) - o declines rec CXR if considering splenectomy- o declines

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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.4 cm. The right kidney revealed slight mineralization. The right kidney measured 4.1 cm.

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 0.5 cm. The right adrenal gland measured 0.65 cm at the cranial pole and 0.54 cm at the caudal 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



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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 was noted.

Liver

The **liver** revealed coarse architecture with increased portal markings. A moderate amount of remodeling with isoechoic nodular changes were noted. The gallbladder revealed inspissated bile and mild over distension. There was some striating bile noted as well. This is not likely a clinical issue, yet would be classified as an immature gallbladder mucocele.

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 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. 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.

ULTRASONOGRAPHIC FINDINGS

Chronic inflammatory hepatopathy with emerging gallbladder mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile is warranted and if elevated this may be contributing to the clinical signs, yet the remainder of the abdomen appears to have simple geriatric changes. If lower urinary tract signs are present, then further imaging of the pelvic urethra is indicated. Ursodiol therapy over the next 6-8 weeks or gallbladder motility study would also be warranted. If the bile acids are elevated this may be contributing to the clinical signs.



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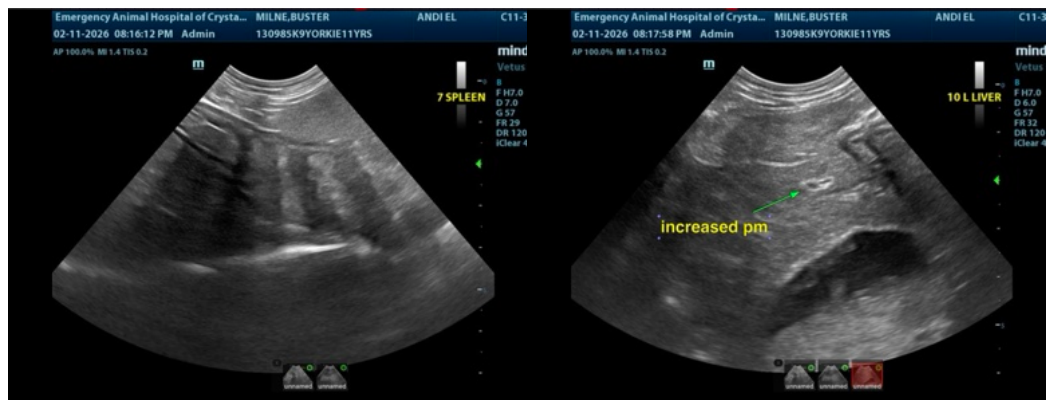
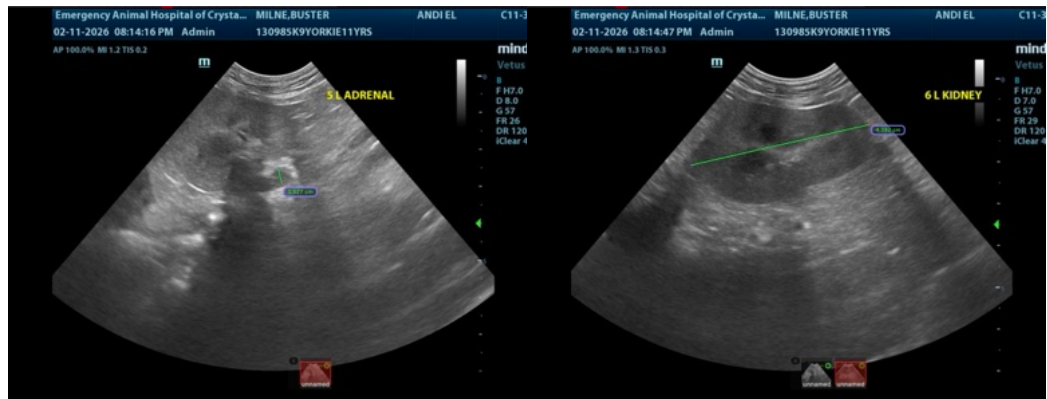
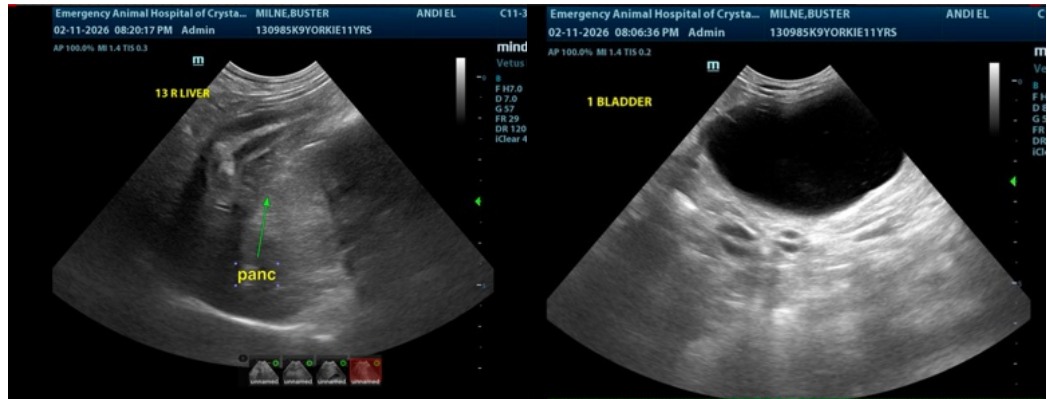
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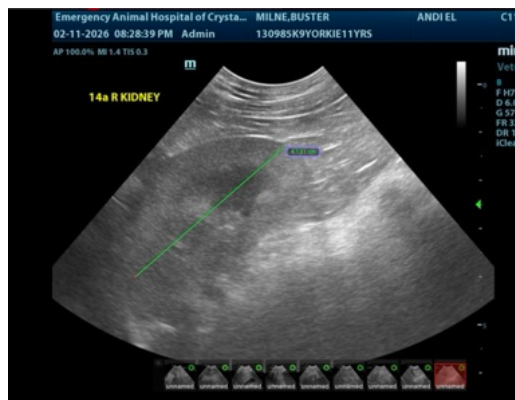
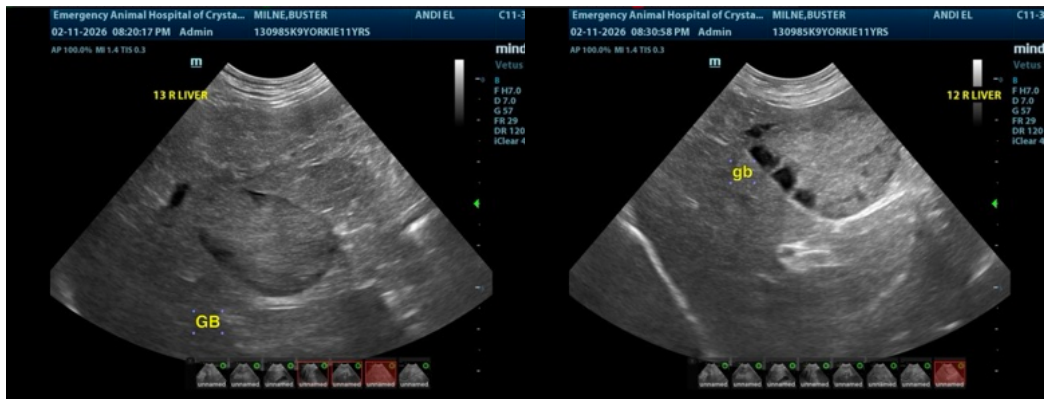
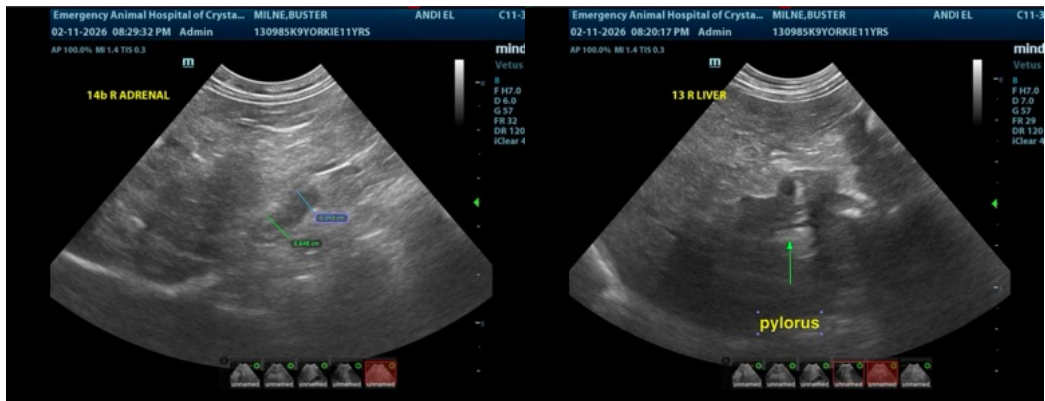
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

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