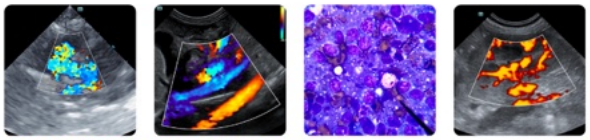


PATIENT

Bolt Rosales

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered male

AGE

12 years

WEIGHT

3 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Gudrun Gunther

HOSPITAL NAME

New Frontier Animal Medical Center

REFERRING VET

Dr. Gunther

INVOICE

71798

DATE

2/23/26

PRESENTING CLINICAL SIGNS

- Chronic vomiting and weight loss
- Today has complete anorexia
- Afebrile 2/2/26 - CBC - thrombocytosis CHEM - SDMA elevated, rest of CHEM WNL UA - no proteinuria, Cystatin B elevated 2/23/26 - CHEM 10 Hypoglycemia very mild elevation BUN Very mild elevation ALP Very mild hypoalbuminemia 2.1 (normal 2.2 - 3.0)

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. Slight pinpoint renal mineralization was noted. The right kidney measured 3.0 cm. The left kidney measured 2.8 cm.

Adrenal Glands

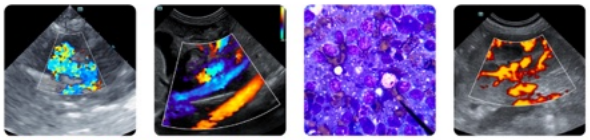
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.62 x 0.35 cm at the cranial pole and 0.49 cm at the caudal pole. The right adrenal gland measured 1.47 x 0.45 cm at the cranial pole and 0.41 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 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** itself was uniform with normal vascularity. The hepatic parenchyma was unremarkable. The portal vein to vena cava ratio was 1:1. The gallbladder revealed a mild amount of coalesced bile, yet not to the level of mucocele formation. However, Ursodiol therapy can be justified with recheck sonogram in 6 weeks.



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Gastrointestinal

The **gastrointestinal tract** was unremarkable other than minor variable thickening and areas of hyperperistalsis. Given the low albumin I am concerned for protein losing enteropathy even though no overt mucosal striations are noted. If no significant proteinuria is present then protein losing enteropathy is likely given the breed predisposition and GI presentation.

Pancreas

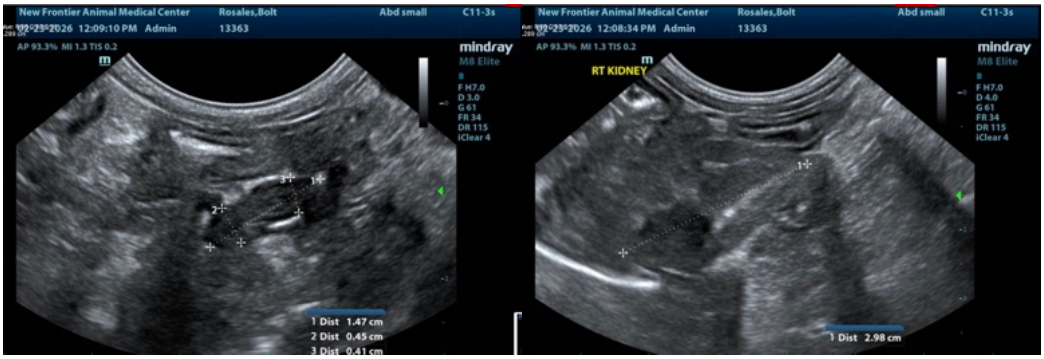
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Gastrointestinal irritability pattern, likely protein losing enteropathy. No evidence of neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening for occult Addison's is warranted even though the adrenal glands appear normal, yet low albumin can be caused by occult Addisonian state. Parasite management is also indicated. GI protectant protocol and Purina HA or Royal Canin diet would be appropriate. Parasite management and screening for Addison's and assessment for any proteinuria is indicated. The cause of hypoglycemia is unclear. There is no overt evidence of insulinoma; however, insulin glucose ratio would be appropriate as insulinoma lesions can be extremely small. Xylitol toxicity should also be considered if the hypoglycemia is a persistent issue.



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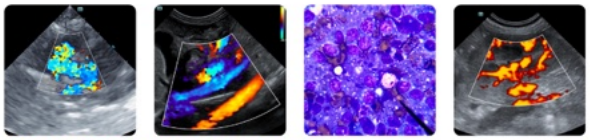

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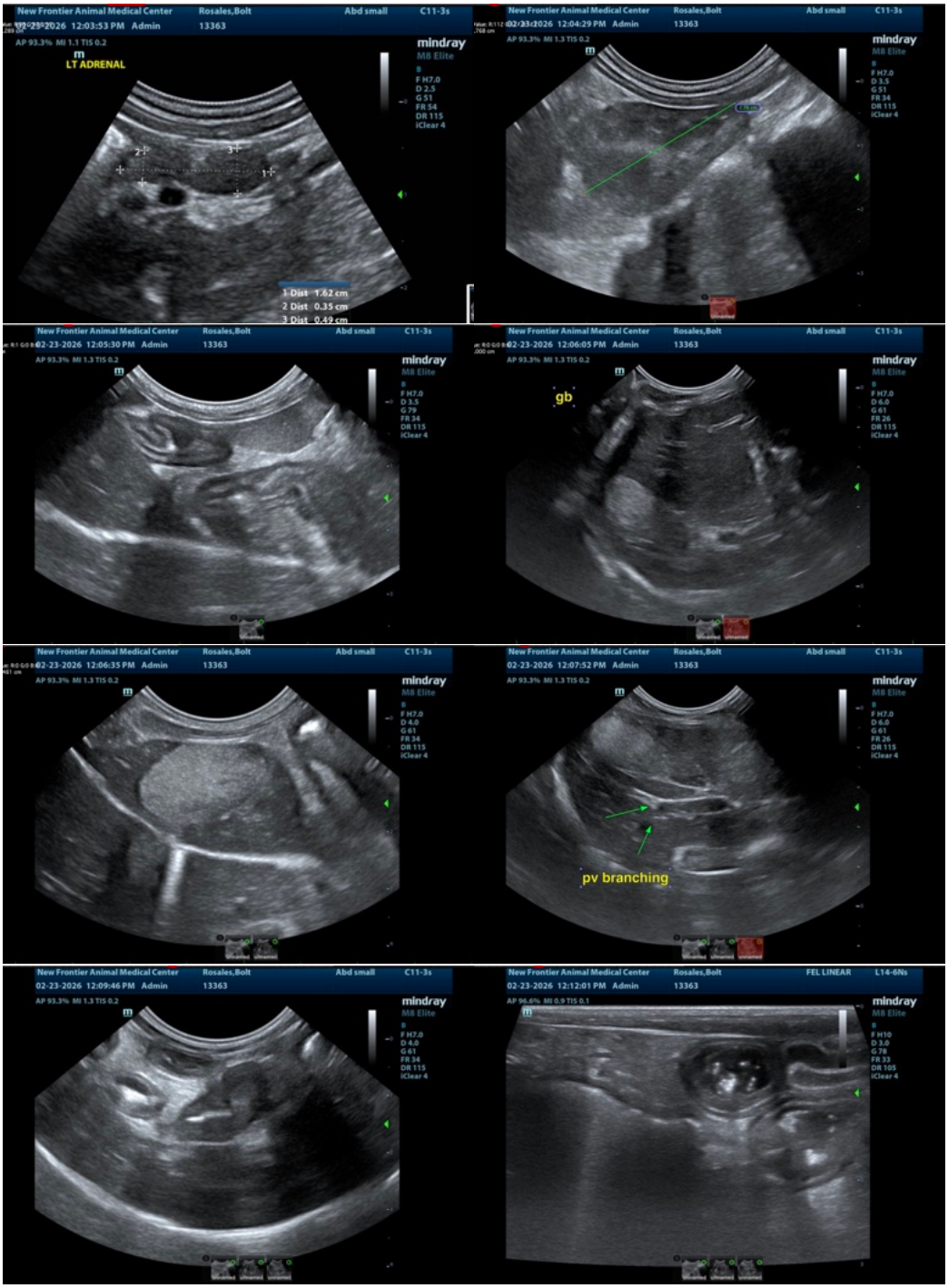

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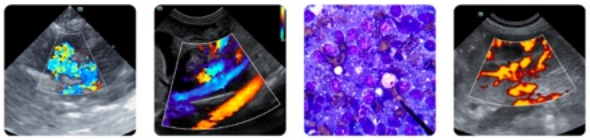

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com