



PATIENT

Buck Shot Garrett

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered male

AGE

8 years

WEIGHT

10.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

James Hornbuckle,
DVM

HOSPITAL NAME

Golden Isles AH

REFERRING VET

Dr. Hornbuckle

INVOICE

71800

DATE

2/23/26

PRESENTING CLINICAL SIGNS

- Mild elevation in some kidney values on senior labs. Came back in for a 1 month recheck of labs.
- MCV: 61.3 MCH: 19.3 MCHC: 31.5 Total Protein: 11.2 Albumin: 5.6 Globulin: 5.6 ALT: Did not run ALP: <10 Total Bilirubin: 4.4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal. 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. The left kidney measured 3.57 cm.

The residual prostate measured 0.85 cm.

Adrenal Glands

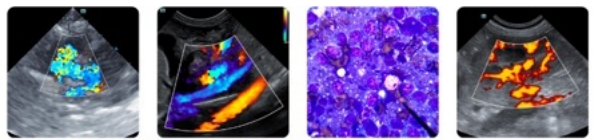
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.5 cm.

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. The spleen measured

Liver

The **liver** revealed slightly increased portal markings, normal size and contour. The portal vein and vena cava ratio was 1:1. The gallbladder and common bile duct were unremarkable.



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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

Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxiphoid palpation reveals pain response. No overt masses were noted.

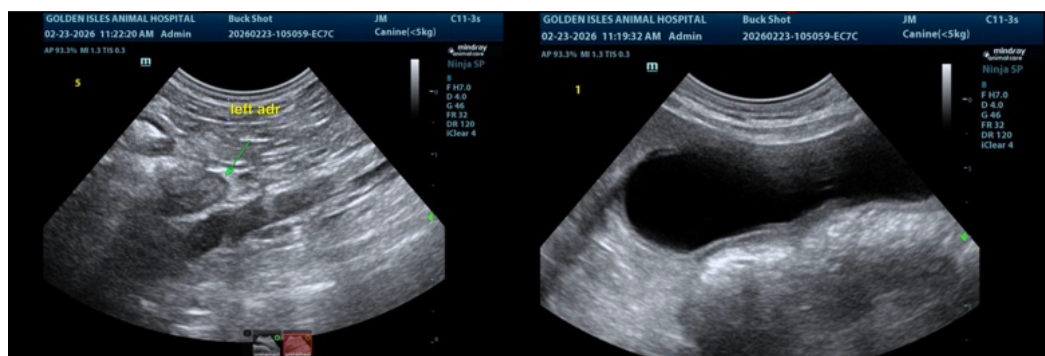
ULTRASONOGRAPHIC FINDINGS

Structurally normal abdomen, minor hepatic remodeling.

Mild pancreatic remodeling, no evidence of significant disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend reassessment of the bilirubin elevation to ensure that this is not artifactual as structurally there is no justification for bilirubin elevations. If persistently elevated then FNA of the liver is indicated.





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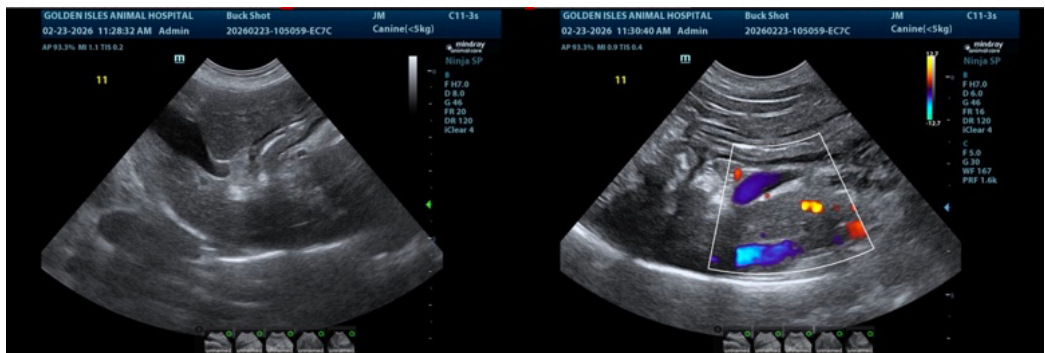
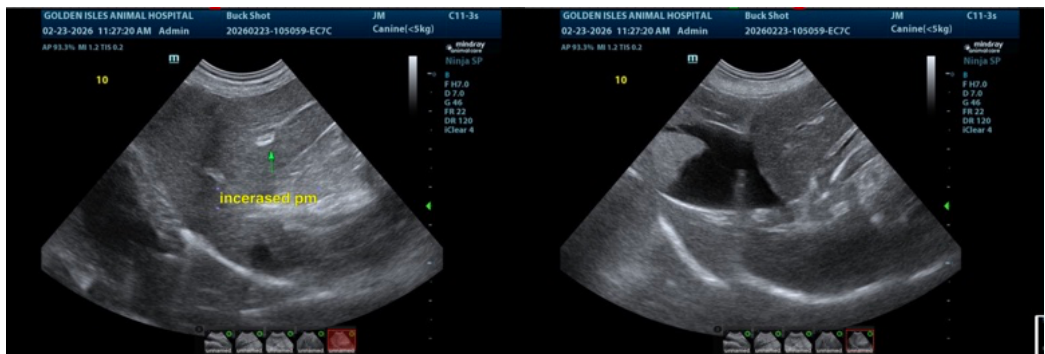
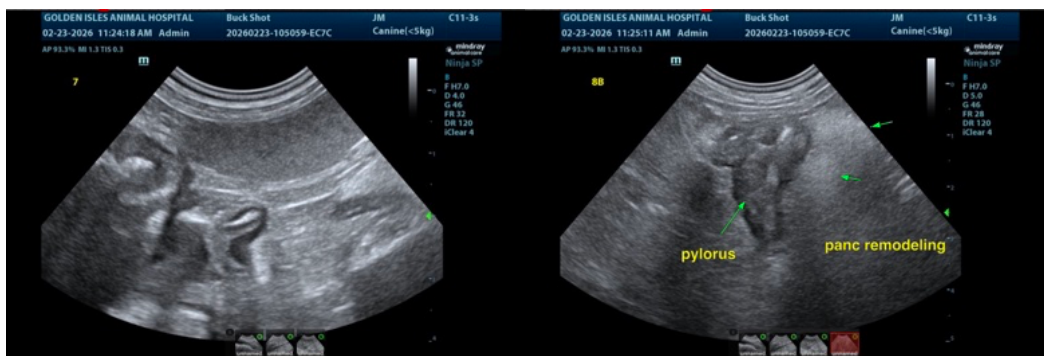
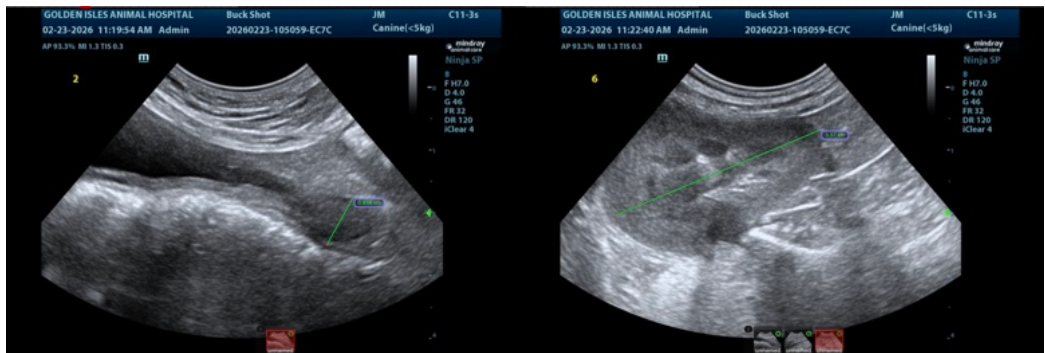
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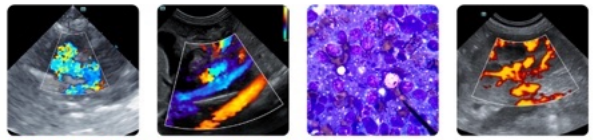
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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