



## PATIENT

Zoe Fawzi

## SPECIES

Canine

## BREED

Yorkshire Terrier

## SEX

Spayed Female

## AGE

12

## WEIGHT

6.24

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP (CFM), Cert.  
IVUSS

## IMAGING PERFORMED BY

Dr. Brianna Gaines

## HOSPITAL NAME

Healthy Pets  
Veterinary Care  
(Boca North)

## REFERRING VET

Dr. Brianna Gaines

## INVOICE

72809

## DATE

2/9/26

## PRESENTING CLINICAL SIGNS

P presented an evaluation of high liver enzymes and epithelial cells in the urine.

## 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 were 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Corticomedullary hyperechoic rim noted with mineralization, idiopathic. Degenerative changes were minor in the kidneys. The left kidney measured 3.0 cm. The right kidney measured 3.6 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. Left measures 0.46 cm. Right measures 0.50 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 were noted.

### Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. Minor gallbladder polyps noted.

### Gastrointestinal

The **stomach** was empty. Curvilinear patterns were respected. No evidence of foreign bodies. The small intestine revealed some areas of mucosal fogging and striations, consistent with lymphangiectasia. Some reactive mesentery noted around portions of the small intestine.

### Pancreas

The **pancreas** revealed hyperechoic changes consistent with remodeling.



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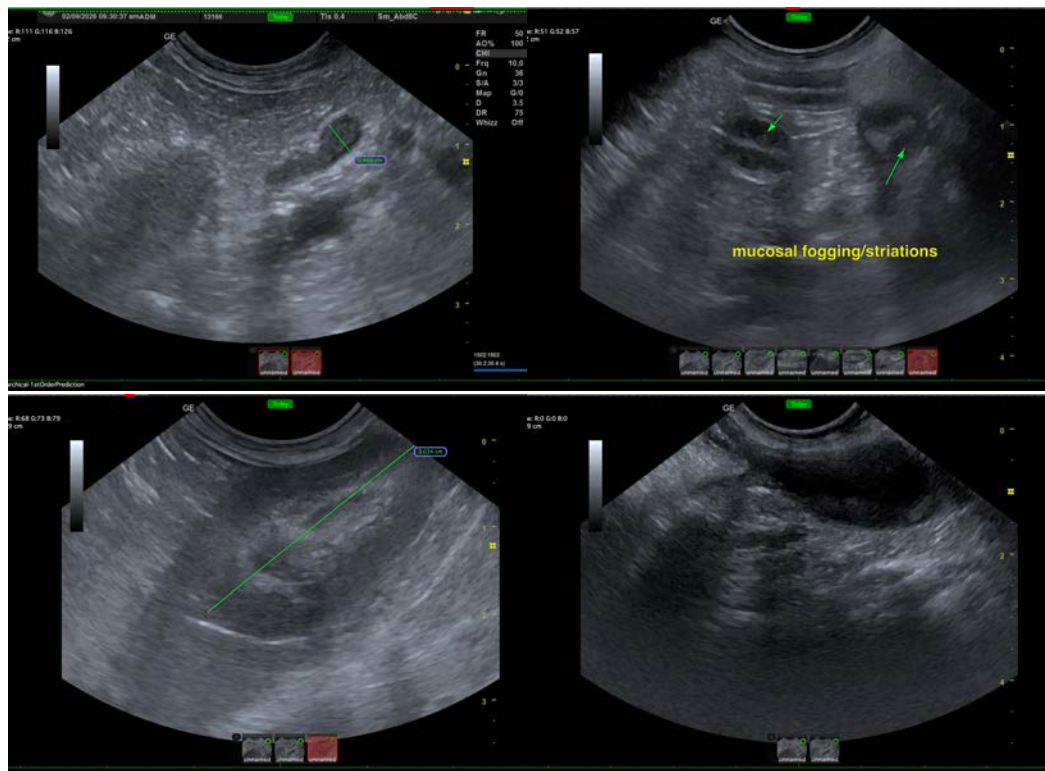
## ULTRASONOGRAPHIC FINDINGS

- Benign liver.
- Lymphangiectasia intestinal pattern with reactive mesentery. History of enteritis likely.
- Idiopathic medullary rim kidney.
- Pancreatic remodeling.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver enzyme elevation is likely reactive hepatopathy owing to underlying intestinal disease. Diet change to Purina HA or Royal Canin HP diet may prove effective if any GI issues are occurring in this patient.

The hepatic clinical sonographic presentation is most consistent with Reactive Hepatopathy which is the most common cause of liver enzyme elevation in dogs and cats. The presumption is that gut and other organ antigen stimuli may be causing a low-grade immune response through portal system with which the liver is reacting to causing low-grade enzyme elevations. US-guided FNA could be performed to assess if low grade lymphoplasmacytic inflammation is present that would support this theory. If FNA is performed, please ask the cytologist to emphasize the primary inflammatory cell type. Empirical treatment measures to address this issue can include diet change to hydrolyzed diet, probiotics, deworming, nutraceuticals (SAME, Actigall...), dental exam and cleaning, and potentially antibiotics such as Clavamox. Metronidazole and Tylosin have traditionally been utilized for this purpose, but new studies show that both these antibiotics can disrupt the normal intestinal bacterial flora (intestinal dysbiosis) for weeks and up to 4-6 months. Therefore, Metronidazole and Tylosin should be utilized as a last resort if other efforts have not been effective and sonographic organ appearance remains benign.





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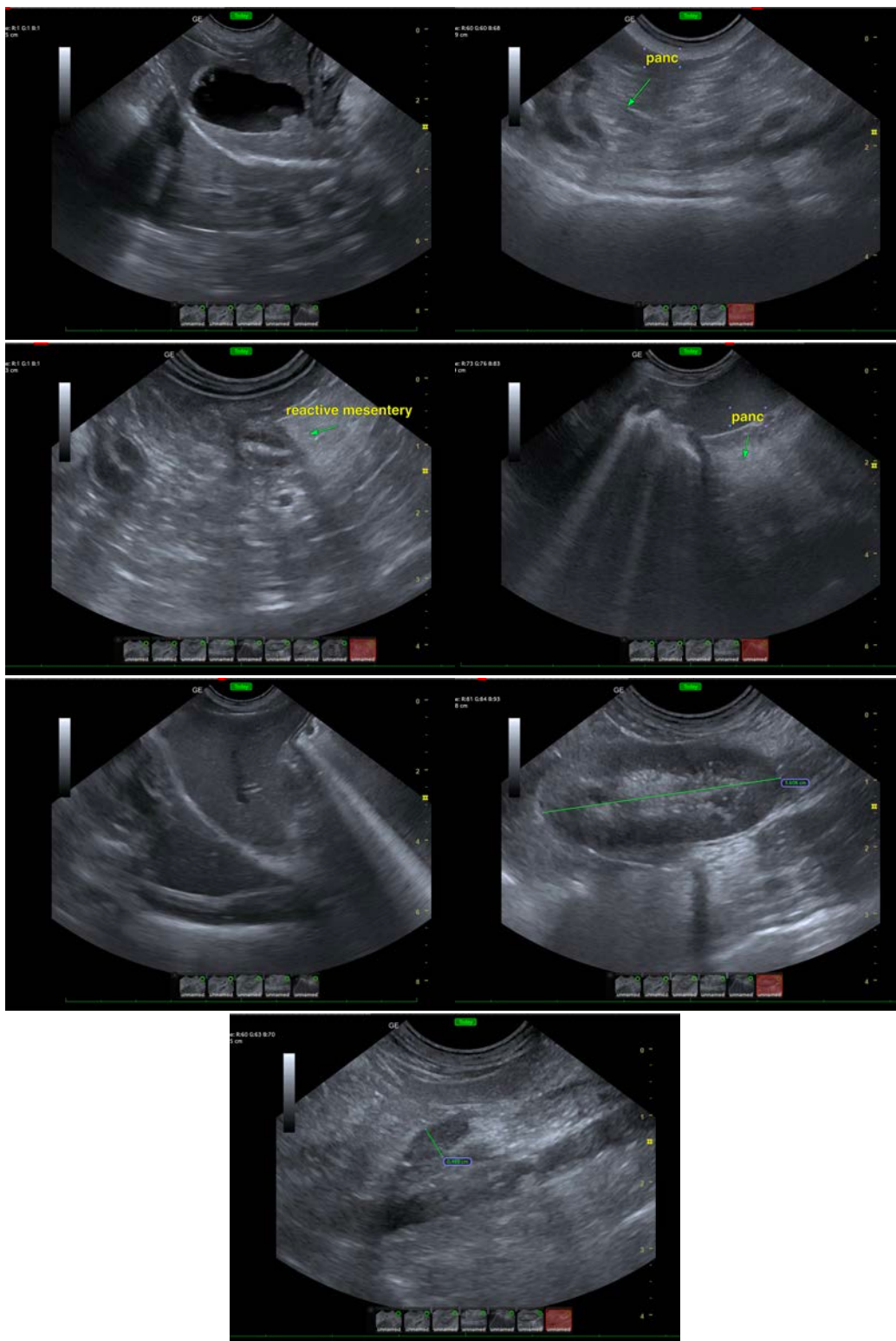
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)