



PATIENT

Maggie De Souza

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

13 Years

WEIGHT

6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Byron Cabrera

HOSPITAL NAME

All Creatures Great
and Small, Denville

REFERRING VET

Dr. Silas Ashmore

INVOICE

36303

DATE

3/20/26

PRESENTING CLINICAL SIGNS

- Lethargy, anorexia, polyuria,
- Skin scabs
- Abnormal PE/Chem/CBC/UA Results: WBC 43 HIGH, GPT 139 HIGH, ALK 4113 HIGH, GTP 136 HIGH, TOTAL BILIRUBIN 1.3 HIGH

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 a minimal amount of urine was present at the time of the sonogram. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. Iliac trifurcation was unremarkable.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. Mineralization was present in the kidneys. The left kidney measured 2.6 cm. The right kidney measured 3.1 cm.

Adrenal Glands

The **left adrenal gland** was 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 0.37 cm.

The **right adrenal gland** was heterogenous and nodular, measuring 0.6 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** was normal in size, contour and vascularity. Slight increased portal markings were noted. The gallbladder wall was slightly echogenic yet not overtly pathological. The common bile duct was normal, measuring 2.0 mm. The portal vein was normal in size. The portal vein to vena cava ratio was 1:1.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of



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hyperperistalsis were noted. This is consistent with response to irritation. Soft stool was noted in the colon.

Pancreas

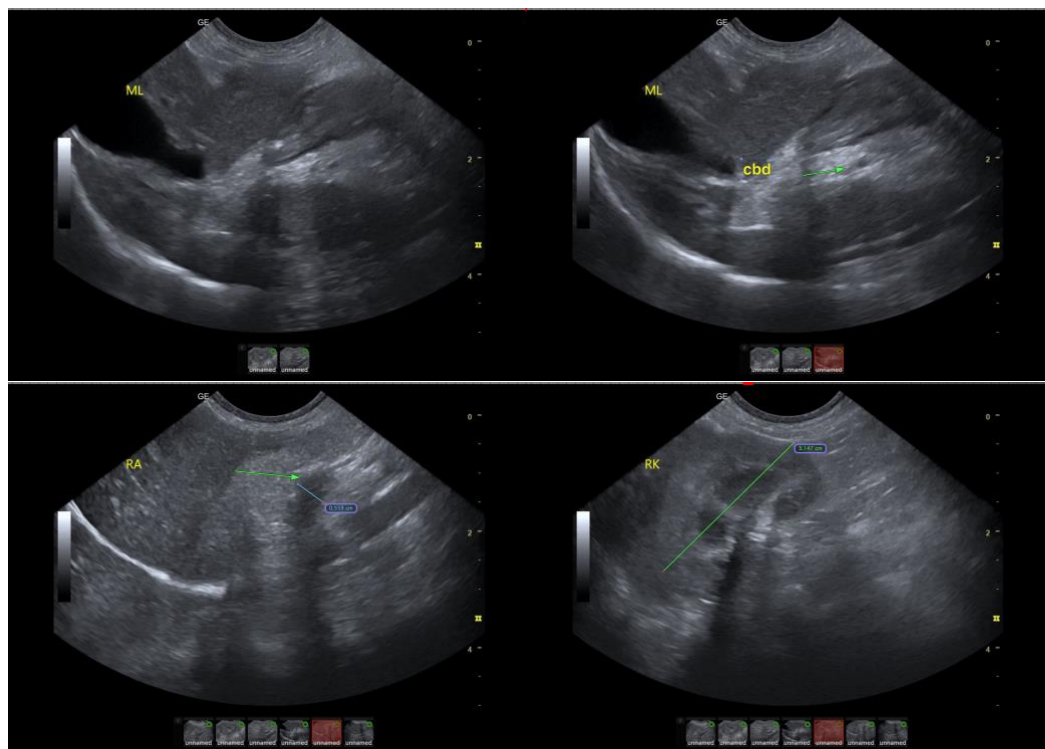
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis
- Heterogenous and nodular right adrenal gland
- Slightly echogenic gallbladder wall, not overtly pathological
- Structurally unremarkable liver – acute hepatic insult, leptospirosis or similar suspected.
- Age-related renal changes with mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver could be considered for further definition.





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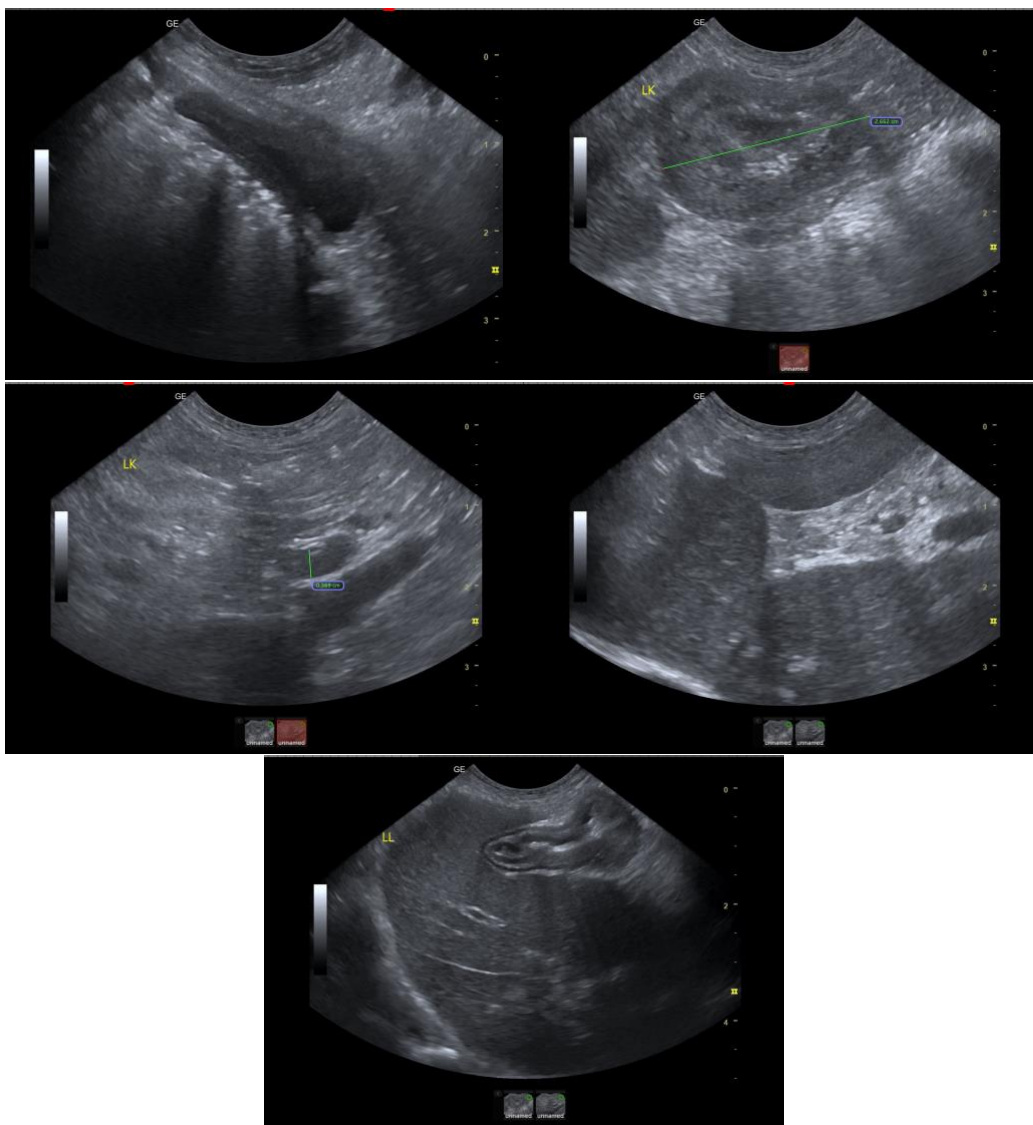
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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