



## PATIENT

Mikaela Ortiz

## SPECIES

Canine

## BREED

Yorkshire Terrier

## SEX

Spayed female

## AGE

12 years

## WEIGHT

3.4 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Gabriel Ferrer

## HOSPITAL NAME

Pulse Pet Ultrasound  
Services

## REFERRING VET

Dr. Colon

## INVOICE

73728

## DATE

3/24/26

## PRESENTING CLINICAL SIGNS

- Px presented as a referral for an abdominal ultrasound and Portosystemic Shunt evaluation due to elevated hepatic enzyme levels
- Px visited a vet clinic 3/20/26 due to vomiting and bloody stool, bloodwork and rads seemed to be WNL, so Px was Tx as a case of Colitis
- On 3/22/26 Px was lethargic and so owner visited rDVM, bloodwork showed a significant elevation in the hepatic enzyme values
- rDVM performed a bile acids test, results were the following: Pre - 90.3, Post - 66.1
- Focal echocardiogram was performed, no obvious mass was observed on the right auricle and no pericardial effusion was seen
- Bloodwork and radiographs attached below for your reference

## 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. The capsules were acceptably uniform without significant irregularities. Non-obstructive pinpoint mineralization was noted in both kidneys. The left kidney measured 2.7 cm with trace pyelectasia. The right kidney measured 2.97 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 1.63 x 0.59 cm at the caudal pole and 0.55 cm at the cranial pole. The right adrenal gland measured 1.4 x 0.58 cm at the caudal pole and 0.58 cm at the cranial pole.

### Spleen

The **spleen** revealed an expansive mixed, hypoechoic 1.2 cm x 1.5 cm mass. Minor, heterogeneous changes were noted elsewhere in the spleen.

### Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Slightly increased portal markings were noted in the liver. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. The portal vein to vena cava ratio was 1:1 with no evidence of portosystemic



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shunting. The gallbladder revealed excessive gallbladder debris. The common bile duct was slightly dilated and measured 0.34 cm without overt obstruction.

## ***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. 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**

Splenic mass. Differentials include hemangiosarcoma, round cell neoplasia, abscessation or necrosis, benign hyperplasia.

Dystrophic renal mineralization.

Minor microhepatica, increased portal markings.

Slightly dilated common bile duct.

Gallbladder sand and minor calculi.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the necessity for a splenectomy in this patient, I recommend liver inspection and biopsy at the time of surgery for further definition. There was no evidence of metastatic disease. Bile acid elevation may be owing to slow emptying of the biliary tract. Cholecystotomy and common bile duct lavage could be considered proactively given the necessity for splenectomy. Assessment for underlying Leptospirosis is indicated.



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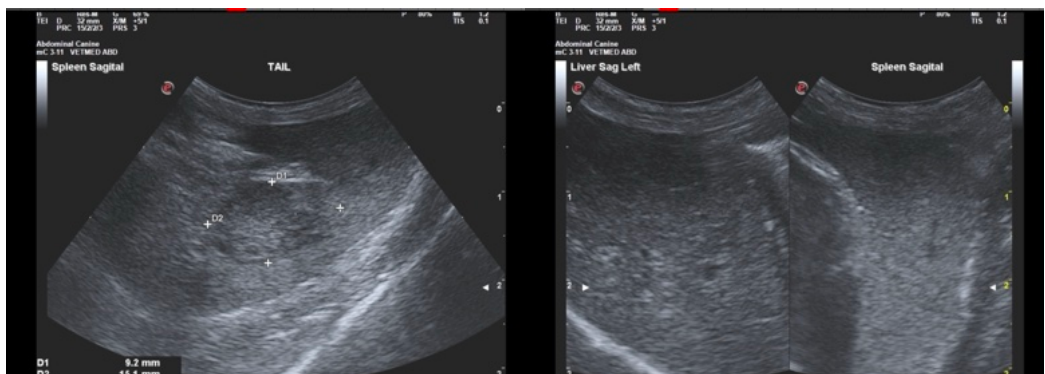
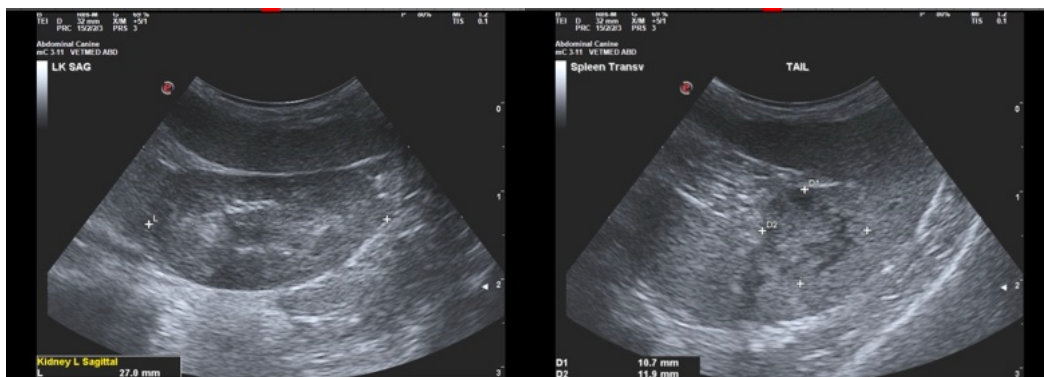
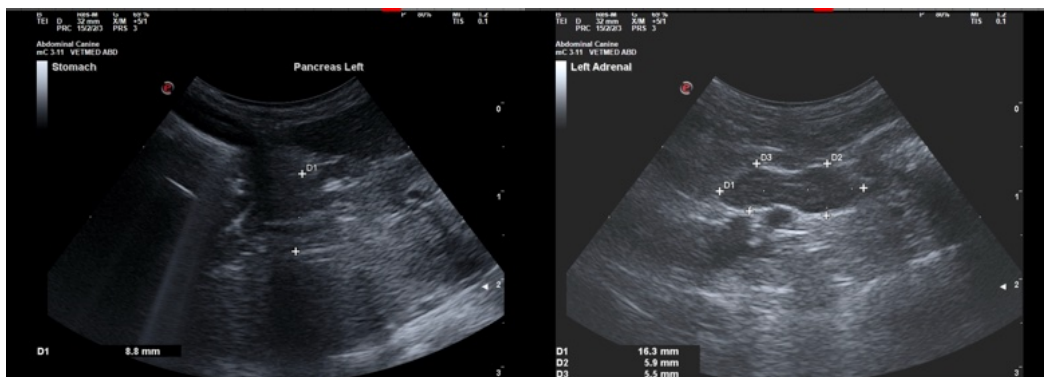
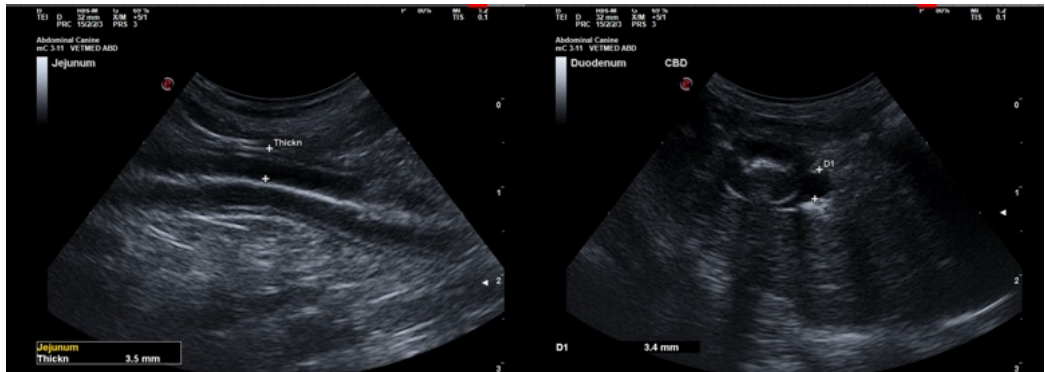
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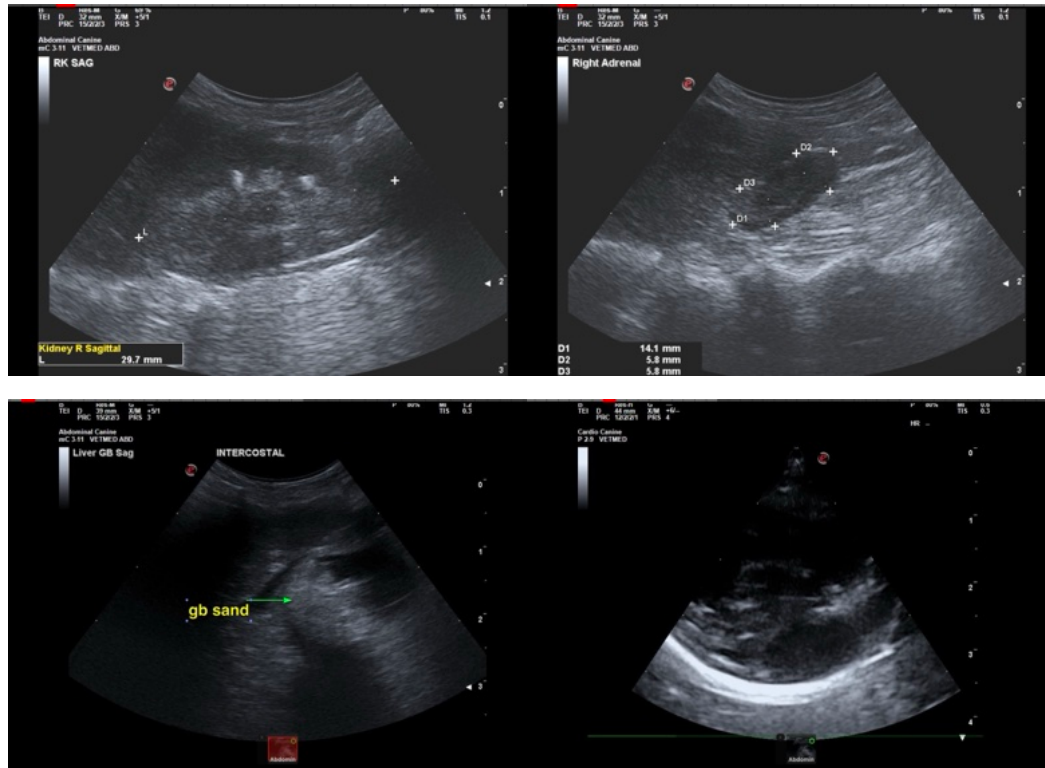
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)