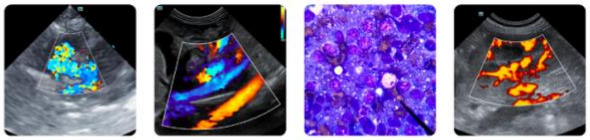

PATIENT

Molly Mangold

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Canine

AGE

12 Years 10 Months

WEIGHT

5.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Julie Kang

HOSPITAL NAME

Sabino VC

REFERRING VET

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PRESENTING CLINICAL SIGNS

- Hx of chronic GI issues and hx marked PSL elevation inconsistently symptomatic. Weight loss over time (2/2024 7.8lbs --> 5/2024 5.6lbs --> 8/2024 6.3lbs --> 4/2025 5.7lbs --> 7/2025 6.6lbs --> 9/2025 6.4lbs --> 2/2026 5.7lbs --> 3/2026 5.6lbs). O unable to increase RC HP and Vegetarian (goal ultra low fat and tolerated by P without causing pancreatitis) as will cause V/D symptoms.
- Current RX/Supplements: RC Hydrolyzed Protein canned, RC Vegetarian dry, Omeprazole 5mg q12h, Cerenia 15 mg q24h, Tylosin powder: ~1/16 tsp q12h, Pro-pectalin: 1 mL q8h, Proviable Forte: 1 packet q24h.
- Abnormal PE/Chem/CBC/UA Results: 2/2026: CBC - HCT/RBC 42%/5.4 <-- 50%/6.5 in 9/2025 <-- 51%/6.8 in 4/2025) - sudden trend down in HCT/RBC since 9/2025. Chem21 - mild ALT elevation (131 <-- 125 in 9/2025 <-- 114/WNL in 4/2025); mild BUN elevation (35 <-- 31 in 9/2025 <-- 36 in 4/2025), IRIS stage 1 otherwise; marked PSL elevation (567 <-- 211 in 9/2025 <-- 199 in 4/2025 <-- 144 in 6/2024 <-- 135/WNL in 6/2023) - Hx marked elevation, doing well on exam 2/23/26; low normal Albumin (2.7 <-- 3.3 in 9/2025 <-- 3.4 in 4/2025). TT4 - (1.4). UA - 1.041, trace proteinuria. Accuplex - negx4. O&P - NPS. PE 3/26/2026: BCS 3/9, MCS 2/4, II-III/VI L apical systolic murmur, FAS 3-4/5.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a polypoid nodule, measuring 0.8 cm, at the level of the ureteral papilla, without overt obstruction. The 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 mild 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. Slight mineralizations were noted. The left kidney measured 3.1 cm. The right kidney measured 3.06 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 0.15 cm. The right adrenal gland measured 0.49 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

PATIENT

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The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume, and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Some chronic thickening of portions of the intestine were noted. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.

Pancreas

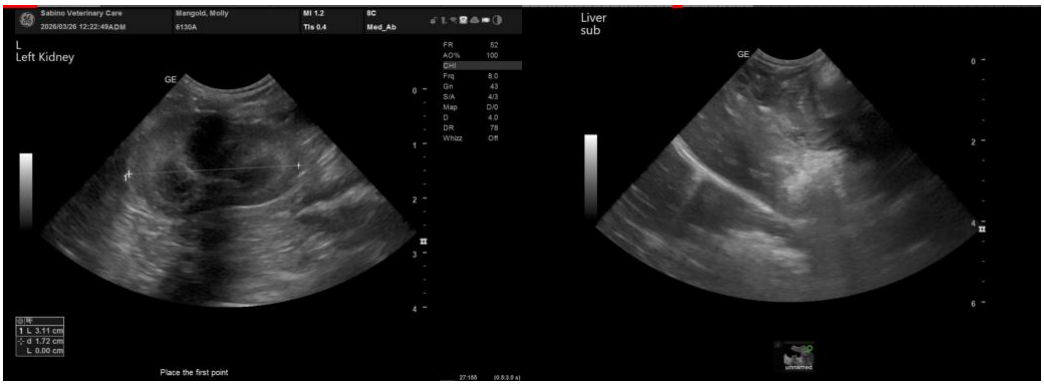
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder polyp (to monitor or remove)- polypoid hyperplasia versus carcinoma
- Nonspecific gastrointestinal upset
- Some chronic thickening of portions of the intestine
- Age-related renal changes with slight mineralizations
- Geriatric abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BRAF testing, cytospin of a free catch urine sample, and endoscopy are all indicated, or monitoring +/- surgical removal. No evidence of neoplasia. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.



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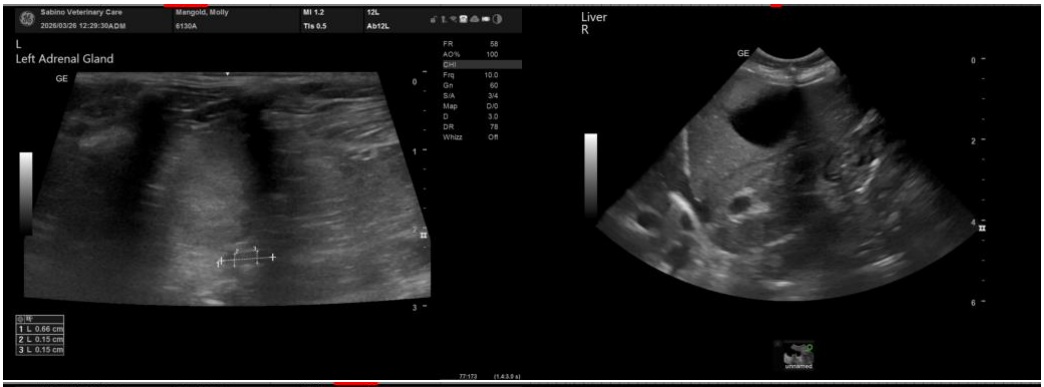

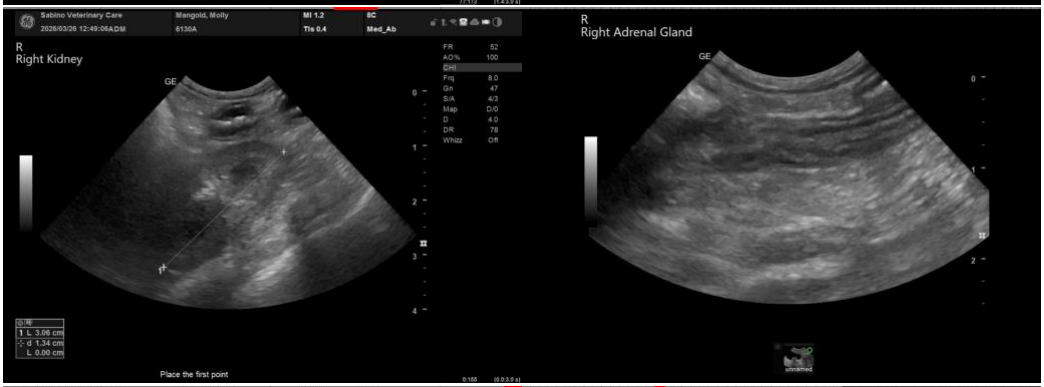

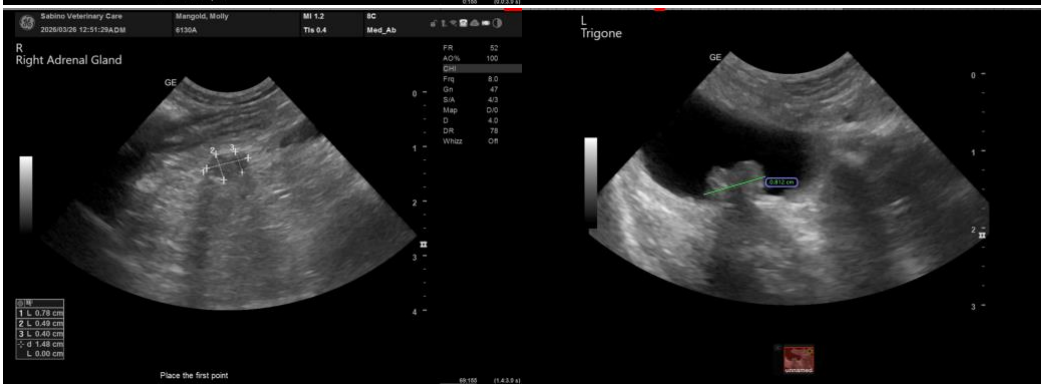

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com