



## PATIENT

Godiva Roche

## SPECIES

Canine

## BREED

Yorkshire Terrier

## SEX

Spayed female

## AGE

13 years

## WEIGHT

5.5 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Gambon

## HOSPITAL NAME

Lanier AH

## REFERRING VET

Dr. Gambon

## INVOICE

72352

## DATE

3/9/26

## PRESENTING CLINICAL SIGNS

- Pet stated having liquidly/ mucous stool with blood in it Saturday night. The first couple times blood was present but no blood when pet defecated yesterday morning. Pet is still eating normal and drinking normal. Pet is on HA diet wet food and gets 1/2 - 1 can a day. Pet also started vomiting Saturday evening pet vomited a total of 2 separate times - (once Saturday evening and once Sunday afternoon) but nothing since. Vomit was light brown/ food colored and liquidly. no coughing/sneezing. Energy is still normal for the most part but a little decreased. not on any medications right now. No food changes. Pet on Proheart injection 12m.
- BW from 11/10/25: CBC: NSF (mild eosinopenia 0.12 and mild thrombocytosis 466 - suspect stress) chem: NSF (slightly elevated CK at 263) UA: USG 1.013; otherwise unremarkable UA T4: 2

## 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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Pinpoint mineralization was noted in the kidneys. Mild irregular contour was noted. The right kidney measured 3.9 cm with pinpoint mineralization. The left kidney measured 3.34 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 0.6 cm at the caudal pole and 0.8 cm at the cranial pole. The right adrenal gland measured 0.7 cm at the cranial pole and 0.7 cm at the caudal pole.

### 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.



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## Liver

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

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

Pancreatic remodeling.

Age related abdominal changes with slight pinpoint nephrolithiasis.

Non-specific geriatric changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of neoplasia.

Dietary indiscretion, food intolerance, structurally significant inflammatory bowel or occult parasitism and occult Addison's are all potentials.



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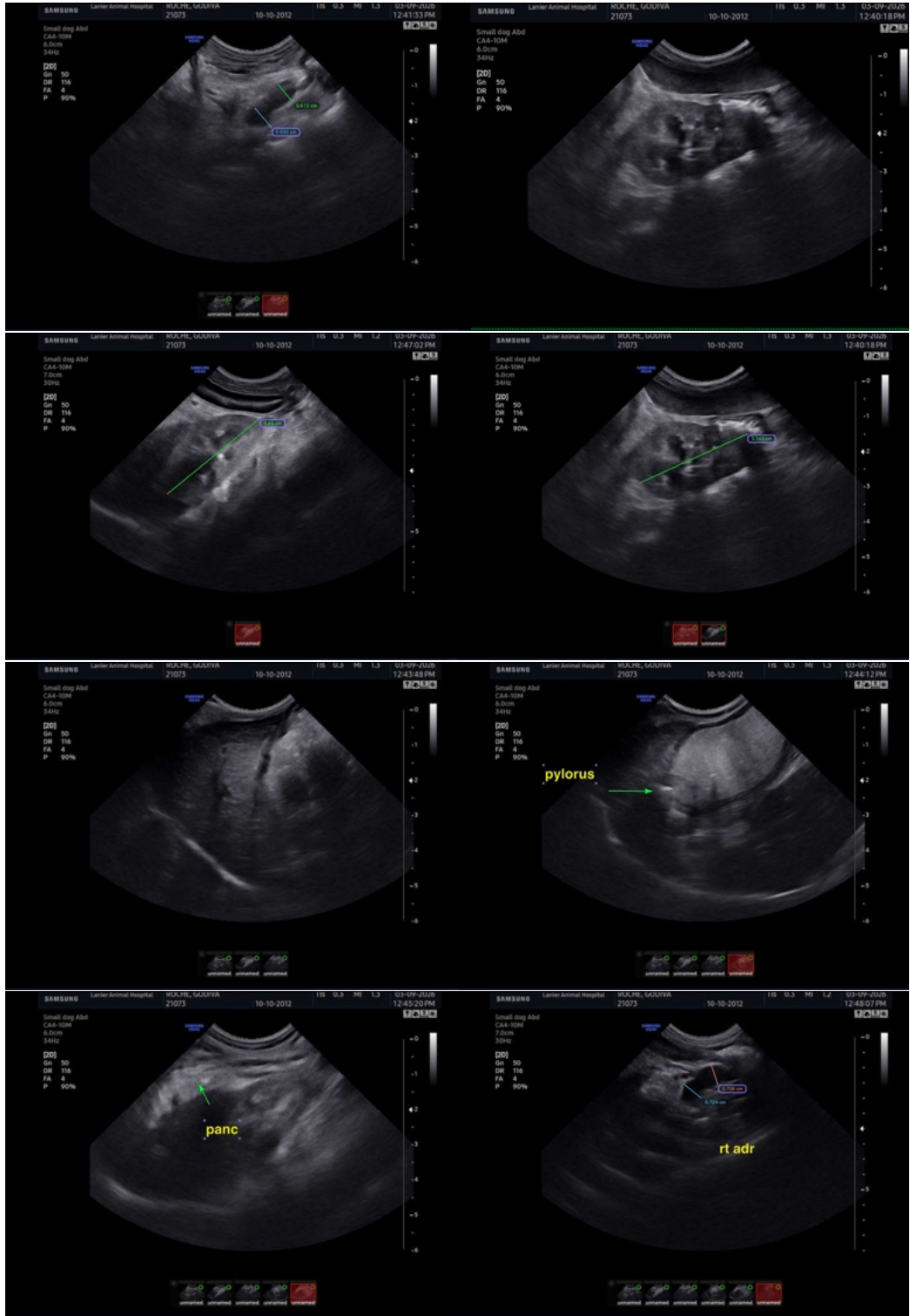
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)