



PATIENT

Molly Ort

SPECIES

Canine

BREED

Yorkshire
Terrier/Cockapoo Mix

SEX

Spayed Female

AGE

16 Years 4 Months

WEIGHT

7.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Christensen

HOSPITAL NAME

Tranquility VC

REFERRING VET

Dr. Castellani

INVOICE

36156

DATE

3/5/26

PRESENTING CLINICAL SIGNS

Syncopal (O thought seizure at first) episode Sunday and Tuesday (yesterday) lasting 2 minutes after getting excited when O got home.

Abnormal PE/Chem/CBC/UA Results: November 2025 (attached): anemia, increased monocytes, CKD, albumin low, ALT borderline increased. Currently on Vetmedin 1.25mg BID.

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** presented moderate degenerative changes and interstitial nephrosis pattern with slight pyelectasia and loss of corticomedullary definition. The left kidney measured 3.57 cm. The right 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 right adrenal gland measured 1.15 cm x 0.58 cm at the cranial pole and 0.35 cm at the caudal pole. The left adrenal gland measured 2.0 cm x 0.5 cm at the cranial pole and 0.54 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 were noted.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. No evidence of passive congestion was noted.

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.



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Pancreas

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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.

SPECIES

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Other

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Transdiaphragmatic view revealed lung rockets/pulmonary edema pattern.

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ULTRASONOGRAPHIC FINDINGS

- Geriatric abdomen
- Moderate degenerative renal changes
- Lung rockets/B-lines noted in the lung fields in the transdiaphragmatic views
- Hepatopathy pattern

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend focusing on the cardiac presentation in this patient, as well as ensuring systemic hypertension is not an issue given the chronic renal changes.

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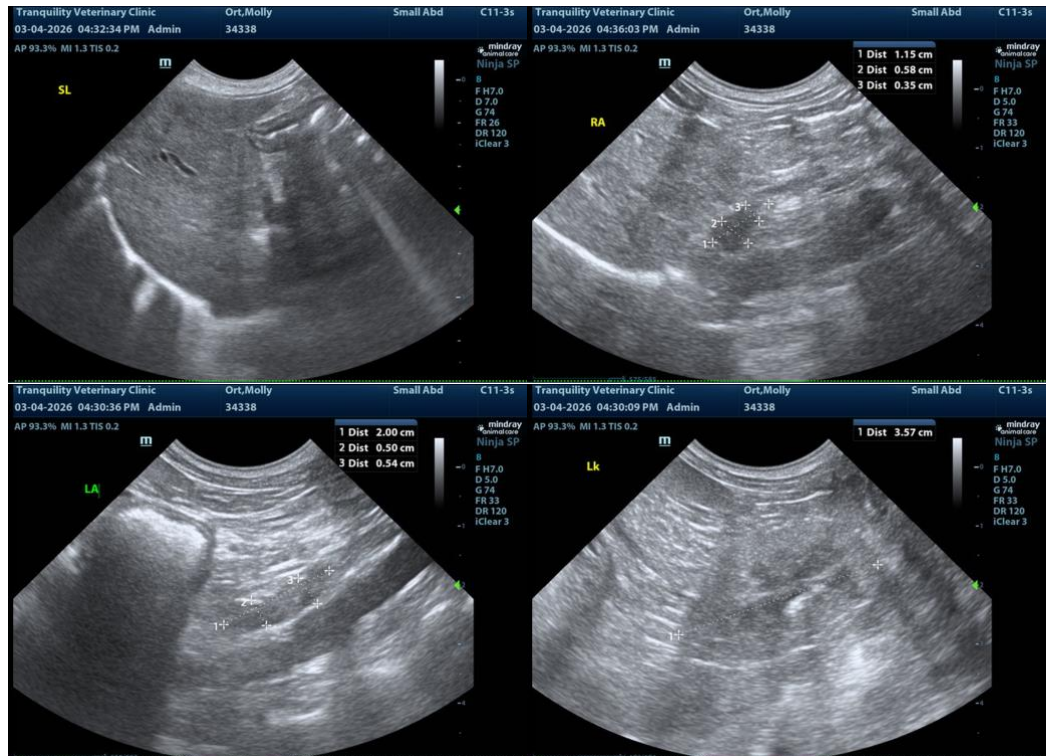
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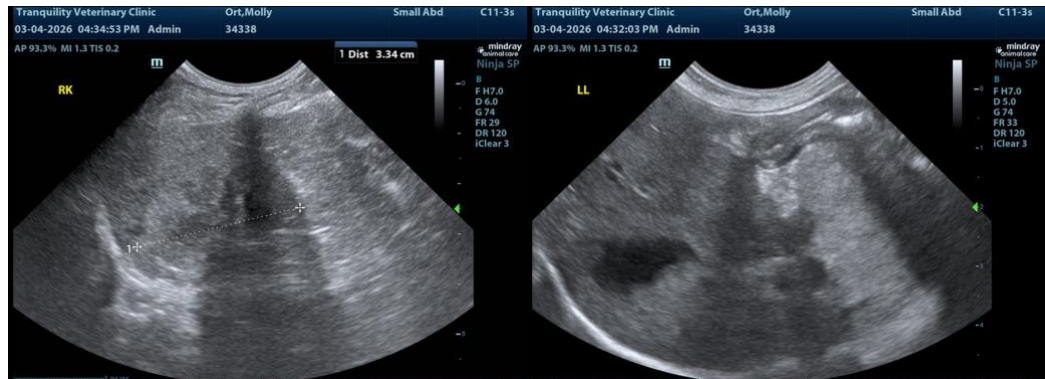
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com
info@SonoPath.com