

PATIENT

Pippin Souther

SPECIES

Canine

BREED

Yorkie Mix

SEX

Spayed Female

AGE

9 Years 2 Months

WEIGHT

12 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP (Canine &
 Feline), Cert. IVUSS

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Pet Care Clinic of the
 High Country

REFERRING VET

Dr. Sturgill

INVOICE

36575

DATE

4/13/26

PRESENTING CLINICAL SIGNS

History: P presented for US due to several month history of off and on ADR and elevated ALKP.

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.65 cm. The left kidney measured 4.3 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 2.0 cm x 0.56 cm at the caudal pole and 0.49 cm at the cranial pole. The right adrenal gland measured 1.81 cm x 0.87 cm at the cranial pole and 0.54 cm at the caudal pole.

Spleen

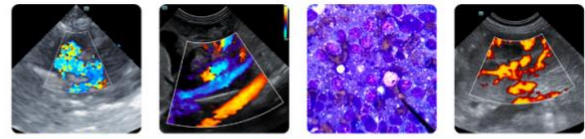
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** largely appears uniform with no obvious metastatic disease was noted, however, micrometastasis cannot be ruled out. The gallbladder revealed small calculi and polypoid changes with mild to moderate overdistention. Polypoid changes in the neck of the gallbladder measured up to 3.1 cm x 1.5 cm with areas of mineralization or embedded calculi. The common bile duct revealed an echogenic 0.58 cm polyp at the level of the duodenal papilla. Moderate vascularity of the gallbladder polyps was noted on colorflow assessment. Proliferative biliary tissue involving the gallbladder, cystic duct, and common bile duct was noted. This may be chronic inflammatory tissue, however, biliary carcinoma is a potential.

Gastrointestinal

The **stomach** revealed progressively shadowing luminal material. The duodenum, small intestine and colon were unremarkable.



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Pancreas

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A mild amount of remodeling was noted in the **pancreas** with slight irregular swelling, primarily in the right base. A history of pancreatitis is likely. Low grade inflammation is possible yet less likely.

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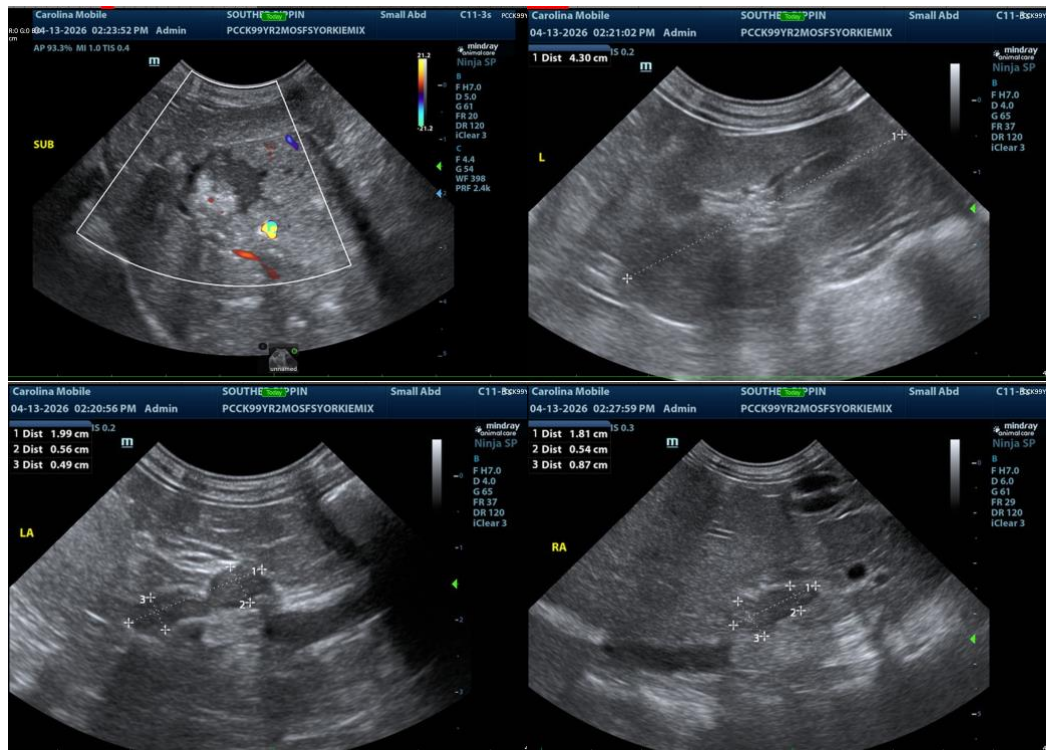
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ULTRASONOGRAPHIC FINDINGS

- Proliferative biliary tissue involving the gallbladder, cystic duct, and common bile duct- may be chronic inflammatory tissue, however, biliary carcinoma is a potential.
- Pancreatic remodeling- history of pancreatitis is likely.
- Progressively shadowing luminal material in the stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical exploratory with expectations of removal of the gallbladder and cystic duct and common bile duct lavage are indicated. Ultrasound guided FNA of the material could be considered, however, may not be fruitful from a definitive diagnosis standpoint.





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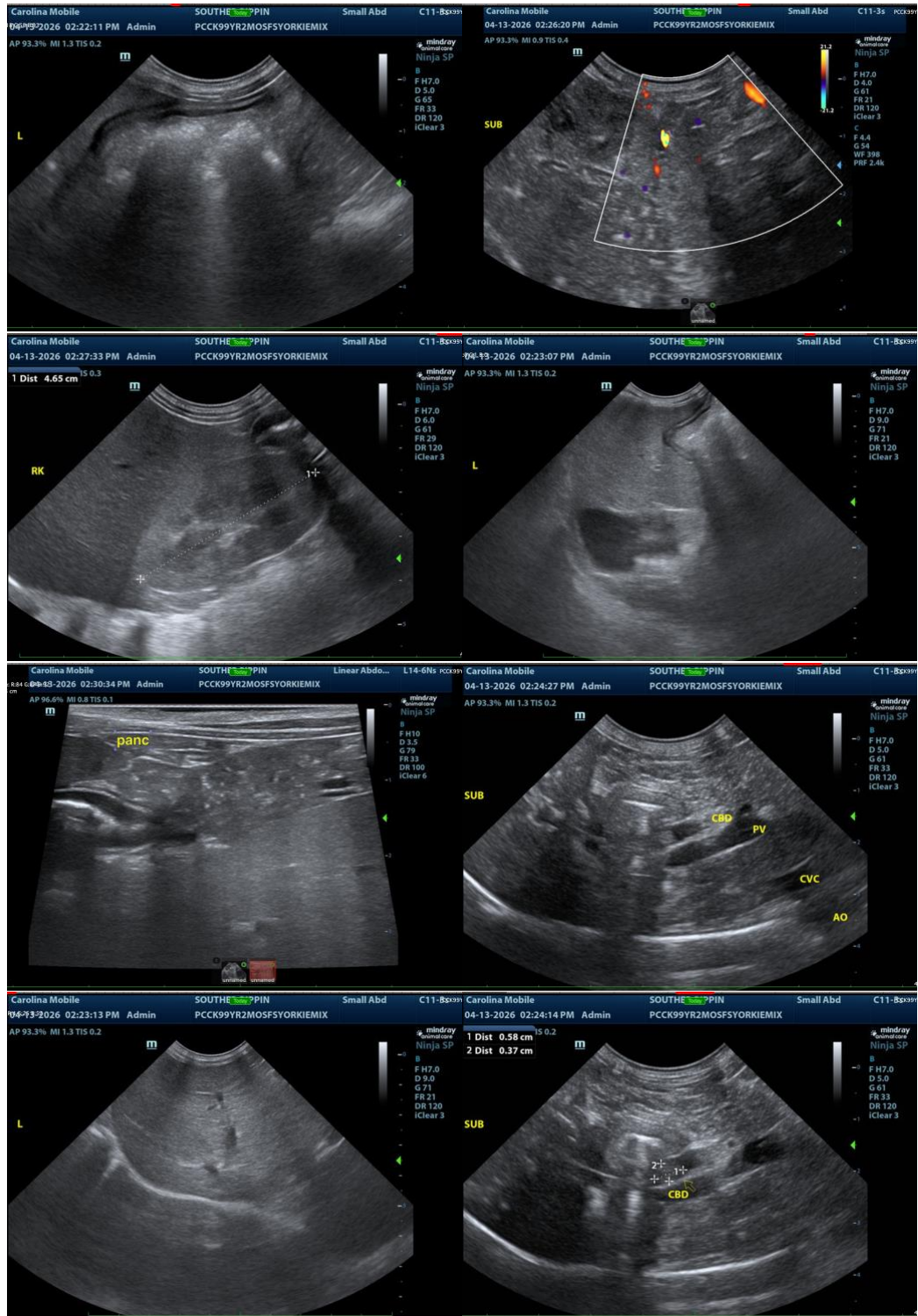
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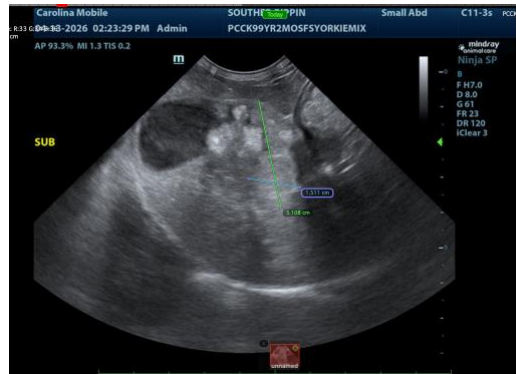
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com