



**PATIENT**

Judy Waughlen

**PRESENTING CLINICAL SIGNS**

ALT elevated on routine pre-surgical blood work( 445, reference range 10-125) Post prandial bile acids high normal (29.8, ref range 0-29.9) Screening for structural liver gallbladder disease

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Yorkie

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.

**SEX**

Spayed Female

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 left kidney measured 3.35 cm. The right kidney measured 3.32 cm.

**AGE**

10 Years

**Adrenal Glands**

**WEIGHT**

7.4 Pounds

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 0.50 cm. The right adrenal gland measured 0.70 cm.

**Spleen**

**INTERPRETED BY**

Eric Lindquist, DMV

The **spleen** was folded upon itself, uniform, no evident pathology.

**Liver**

DABVP, Cert. IVUSS

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. Intrahepatic vascular volume and contour normal. Minor excessive gallbladder debris noted with striating bile, not to the level of mucocele formation.

**IMAGING PERFORMED BY**

A. Murphy CVT

Portal vein/vena cava ratio 1:1, 5.0 mm each.

**HOSPITAL NAME**

Wauwatosa Vet

**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.

**REFERRING VET**

Dr. Ericka Haynes

**Pancreas**

**INVOICE**

36951

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**

**DATE**

4/15/22

- Excessive gallbladder debris, structurally normal liver otherwise



**PATIENT**

Judy Waughlen

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ursodiol therapy warranted over the next 4-6 weeks and recheck of the bile acids and brief ultrasound to theoretically avoid mucocele development.

**SPECIES**

Canine

Radiographs: Hepatomegaly, otherwise unremarkable.

**BREED**

Yorkie

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

7.4 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

A. Murphy CVT

**HOSPITAL NAME**

Wauwatosa Vet

**REFERRING VET**

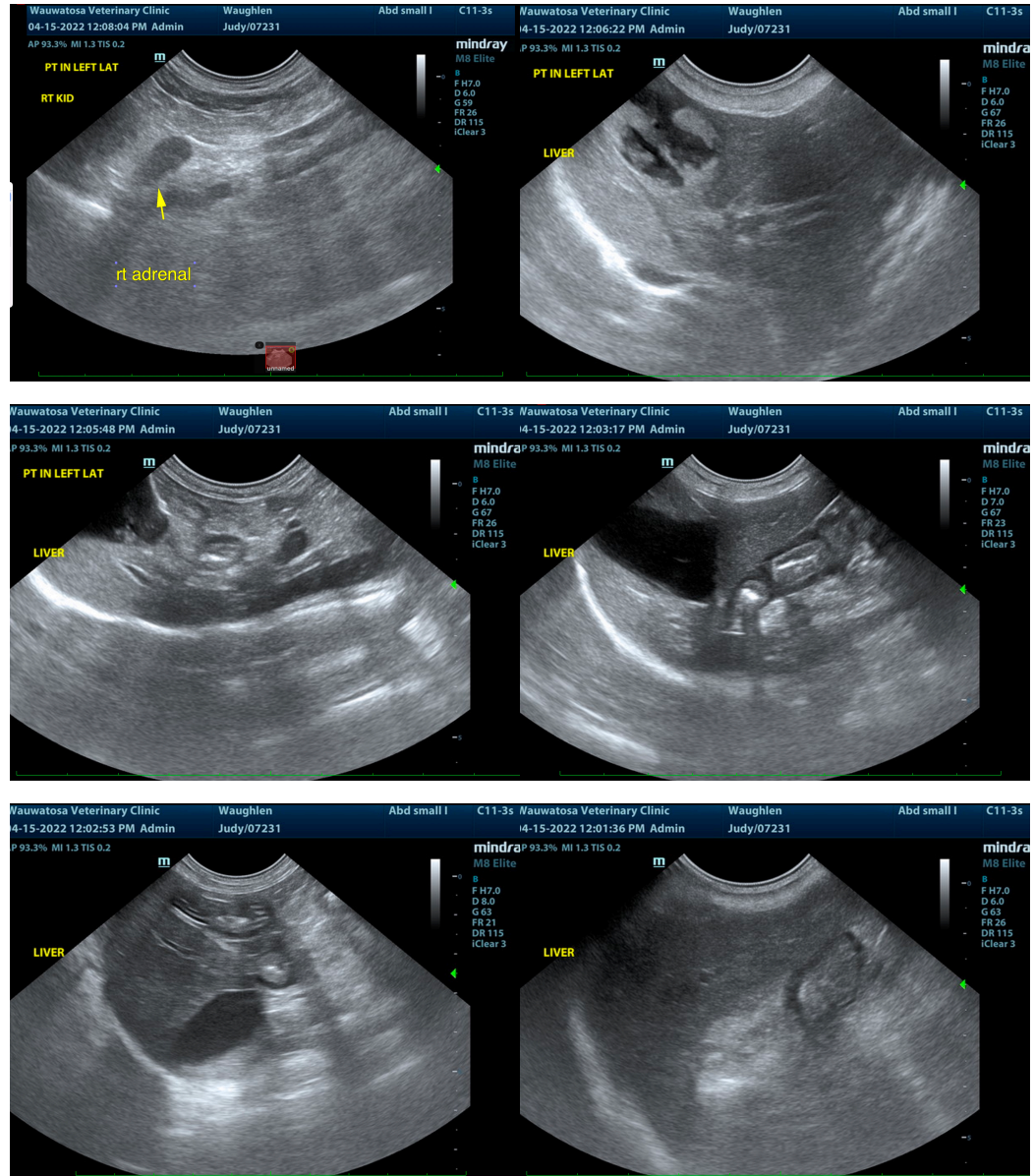
Dr. Ericka Haynes

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Judy Waughlen

**SPECIES**

Canine

**BREED**

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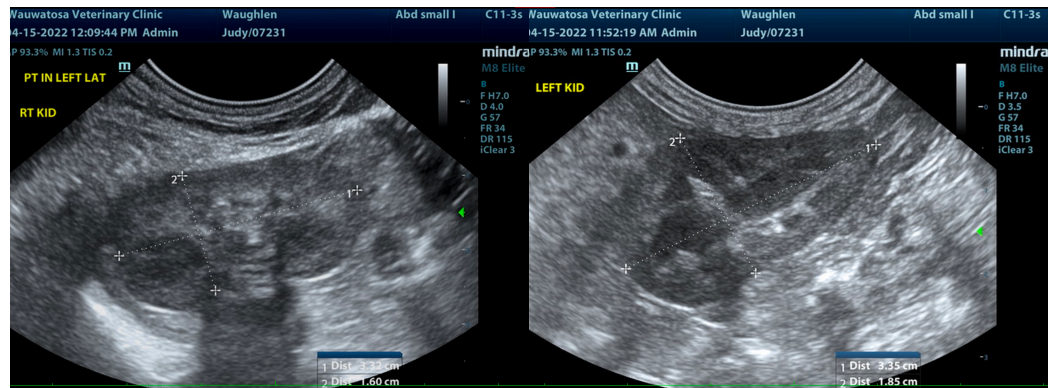
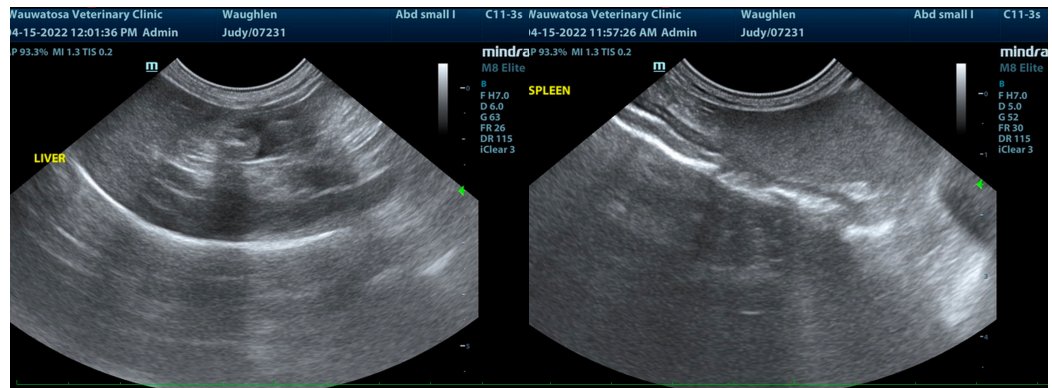
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**AGE**

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**WEIGHT**

7.4 Pounds



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

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