



PATIENT

Buster Jr Shaffer

SPECIES

Canine

BREED

Yorkie

SEX

Neutered male

AGE

7 years

WEIGHT

21.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jocelyn Hollway

HOSPITAL NAME

Valley Green VH

REFERRING VET

Dr. Oberer Gerber

INVOICE

74480

DATE

4/15/26

PRESENTING CLINICAL SIGNS

History: Presented yesterday (4/14/26) for ADR + RH limp. 4/14 presented for illness exam, ADR. Owner notes he is hyporexic and drinking more than normal. Pt did get into some cat food outside 4/13 morning; Owner notes no apparent ants or mold in the cat food. normal urination and defecation. went on a small walk which pt typically loves however he did not seem right during the walk; pt is BCS 9/9 and yesterday was one of the first days this year over 75 degrees in PA. He has long-term limping on RH which comes and goes and has been present for a long time. 4/15 Owner reports Patient slept well through the night, he did not have interest in chicken/rice for dinner when offered. drinking normally. stopped panting late last night.

4/14: PT/PTT = NSF; rest of BW included in attachments with scan
CXR and HL rads to IDX = pending

No obv heart murmur detected however stark panting so difficult to evaluate. After sedation, could auscultate heart appropriately, no apparent murmurs or arrhythmias. Lungs clear. ABD = pot-belly with discomfort over cranial ABD today though seemed more generalized yesterday. BCS 9/9, unintentional weight gain. Pain associated w/ palpation and manipulation of R stifle. Bilateral mild stenotic canals with copious hair, no debris, inflammation. Grade 2-3 ddz.

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 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 4.84 cm. The right kidney measured 5.18 cm.

Adrenal Glands

The **left adrenal gland** was 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 0.56 cm.

In the areas of the **right adrenal gland** a hypoechoic structure was noted and measured 2.7 cm and was rounded. This should be confirmed with further imaging, possibly under sedation as some sound beam attenuation and artifactual interference was present.



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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.

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. Slight, hyperechoic nodules were noted and measured up to 0.77 cm. This is consistent with lipid plaques. 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 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.

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

Subjectively, benign nodular hepatic changes.

Hypoechoic structure in the region of the right adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Other than the right adrenal area, there is no evidence of abdominal disease that would be responsible for the clinical signs. CNS, thoracic and orthopedic pain related vague clinical signs should all be considered.



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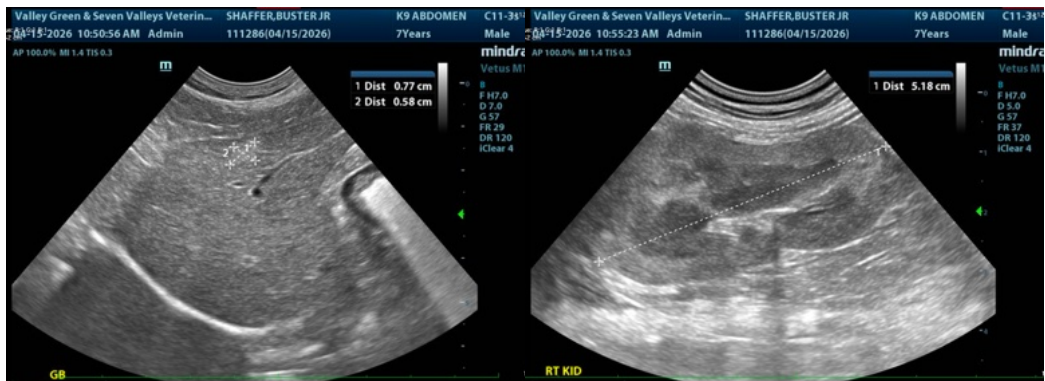
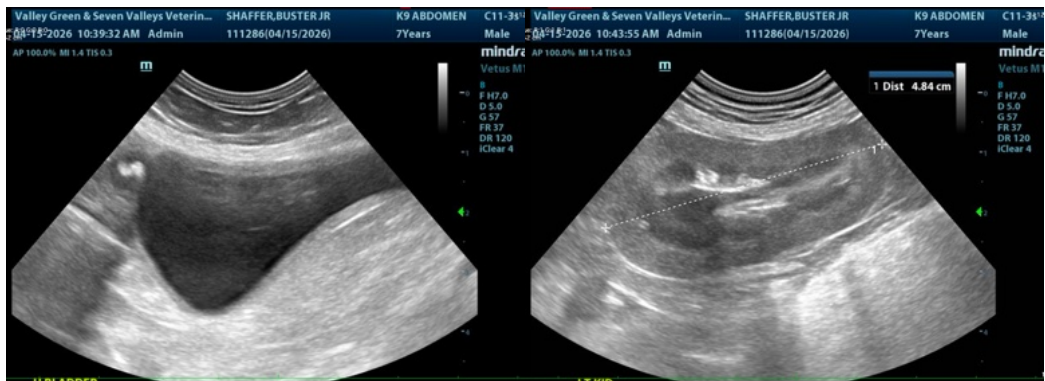
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Serial blood pressure measurements are warranted. If hypertension is present, then urine metanephrine level is indicated. This concerning structure was only present in one view and cannot be confirmed as a real lesion as opposed to superimposition of adjacent tissues.





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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

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