



**PATIENT**

John Snow Klamer

**SPECIES**

Canine

**BREED**

Yorkipoo

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

Not Provided

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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DABVP(CFM), Cert.  
IVUSS

**HOSPITAL NAME**

Franklin Lakes Animal  
Hospital

**REFERRING VET**

Dr. Rizzo

**INVOICE**

15291

**DATE**

04/21/26

**PRESENTING CLINICAL SIGNS**

Gallbladder sludge- rule out obstructive versus nonobstructive.

Labs: ALP 475, ALT 154

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.9 cm in length. The right kidney measured 5.25 cm in length.

*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 1.9 cm x 0.62 cm width. The right adrenal gland measured 0.96 cm width at the cranial pole and 0.74 cm width 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, nonobstructive nonpathological gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. Power doppler assessment was negative and a cluster measured 2.5 cm. 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. An occasional hypoechoic nodule was present in the liver measuring up to 1.4 cm.

*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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**Pancreas**

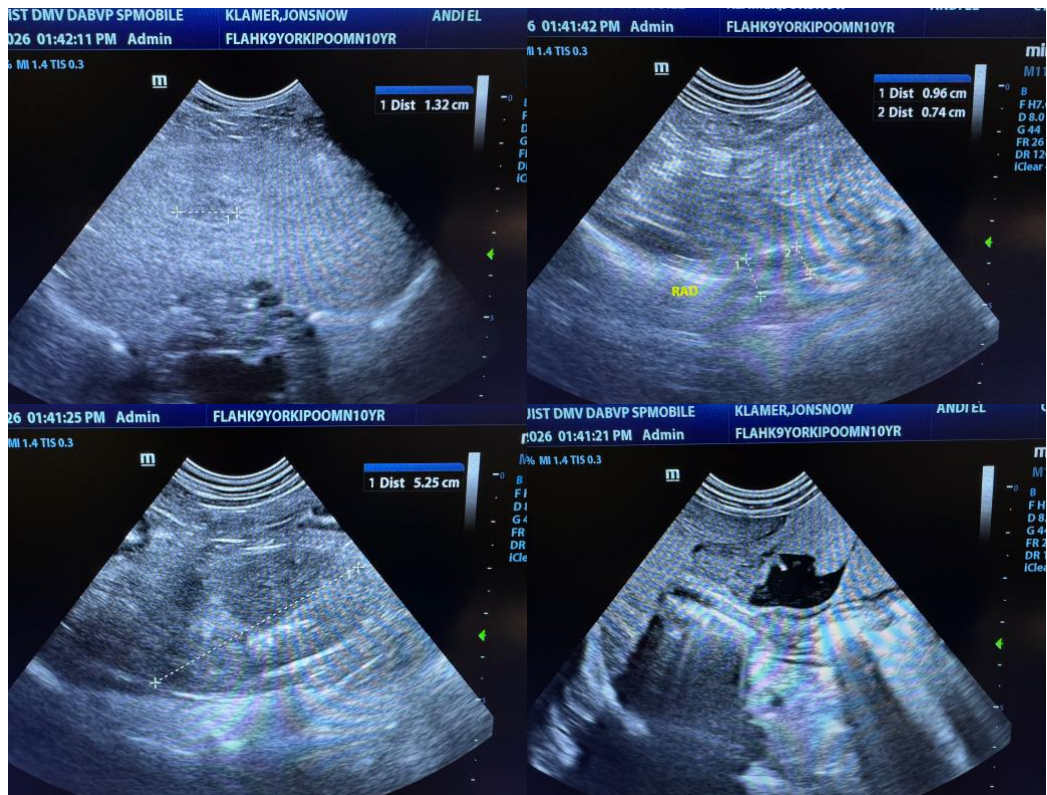
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Vacuolar hepatopathy nodular hyperplasia liver pattern.
- Minor gallbladder debris- not pathological.
- Age-related renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

It is debatable whether Ursodiol therapy is necessary in this patient.





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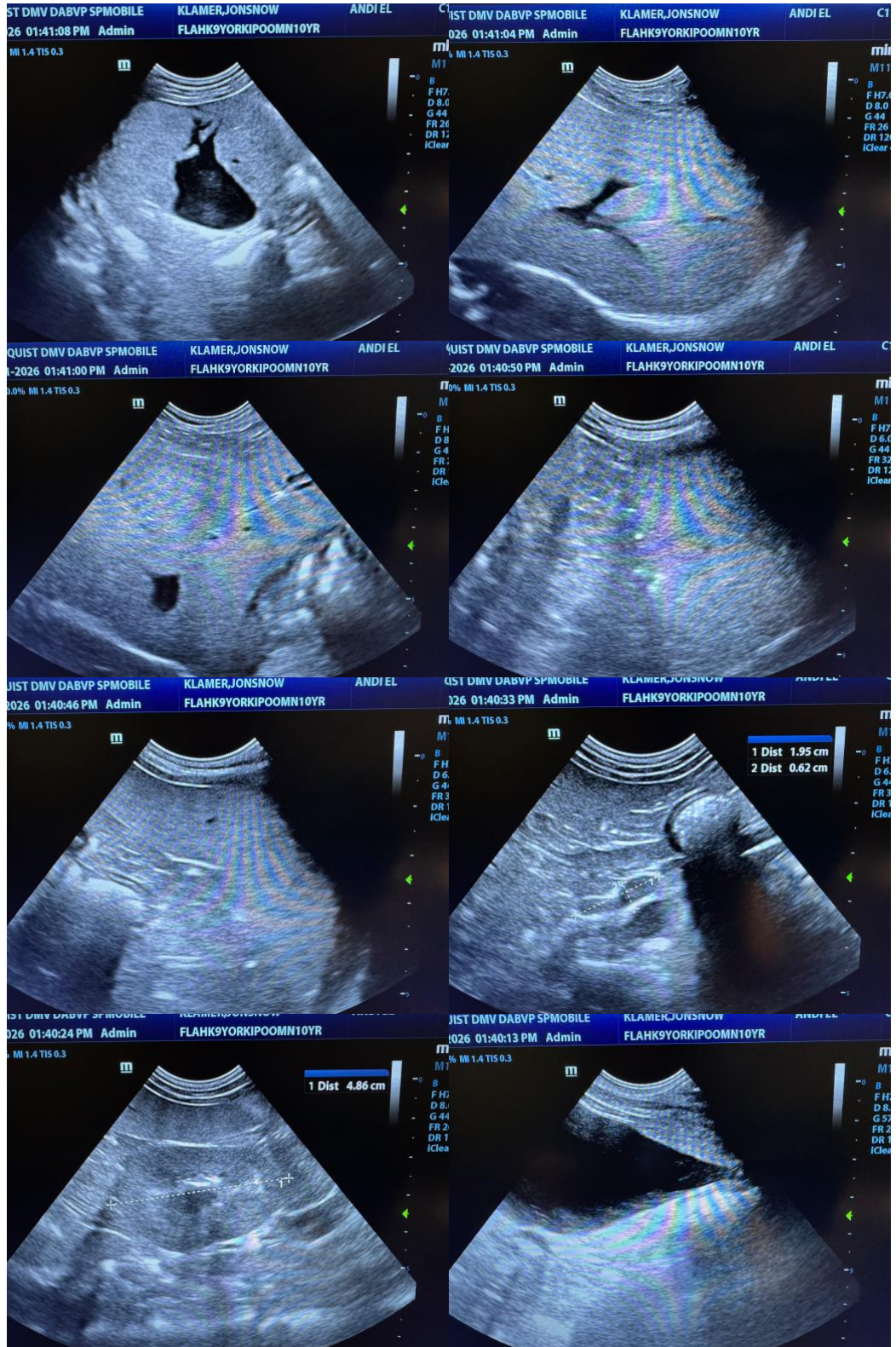
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Yorkipoo

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

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