



PATIENT

Smokey Castillo

SPECIES

Canine

BREED

Yorkipoo

SEX

Spayed Female

AGE

7 Years

WEIGHT

5.6 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Alexis Cervantes

HOSPITAL NAME

TLC Animal Hospital

REFERRING VET

Dr. Mayra Terres

INVOICE

15337

DATE

04/21/26

PRESENTING CLINICAL SIGNS

Patient was taken to the ER last week for vomiting & diarrhea. ER performed blood work which revealed hemoconcentration, & 2x ALT liver elevations. Urinalysis showed proteinuria (30mg/ml). Patient followed up with me the following morning. Per owner patient has had historical gastrointestinal issues. Owner stated patient's stool appeared dark & tarry & her vomit had a pink tinge to it. I prescribed sucralfate, ondansetron, omeprazole, sucralfate, proviable, Entyce, & Gabapentin. A Texas A&M GI panel was also sent out. Concerned for PLN/PLE/IBD as well as other possible hepatic disease.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a small shadowing calculus measuring 0.45 cm.

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. Nonobstructive pinpoint mineralizations were noted. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.26 cm in length. The right kidney measured 3.34 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 right adrenal gland measured 0.93 cm width at the cranial pole and 0.40 cm width at the caudal pole. The left adrenal gland measured 0.50 cm width.

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** 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. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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 soft stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

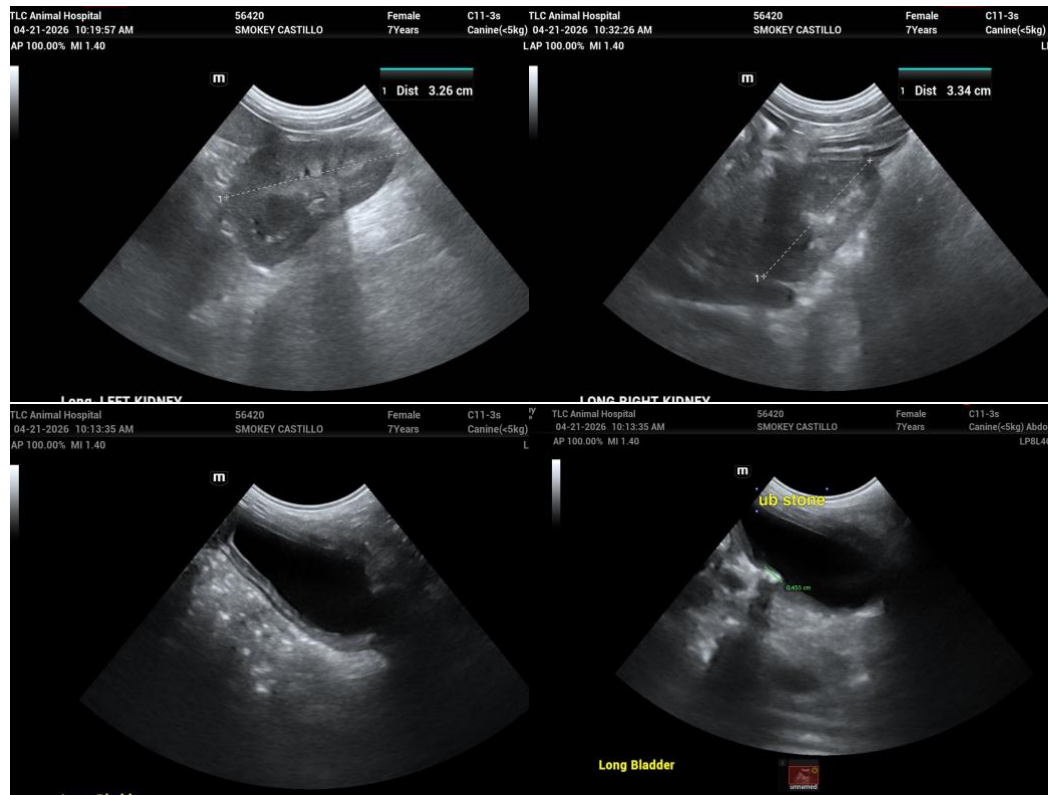
The pancreas presented with slightly heterogenous parenchymal changes. Possible low-grade inflammation yet changes were minor.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific gastroenteritis pattern.
- Heterogenous pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care for GI upset should prove effective. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. Reactive hepatopathy likely given the ALT elevations in light of unremarkable liver presentation.





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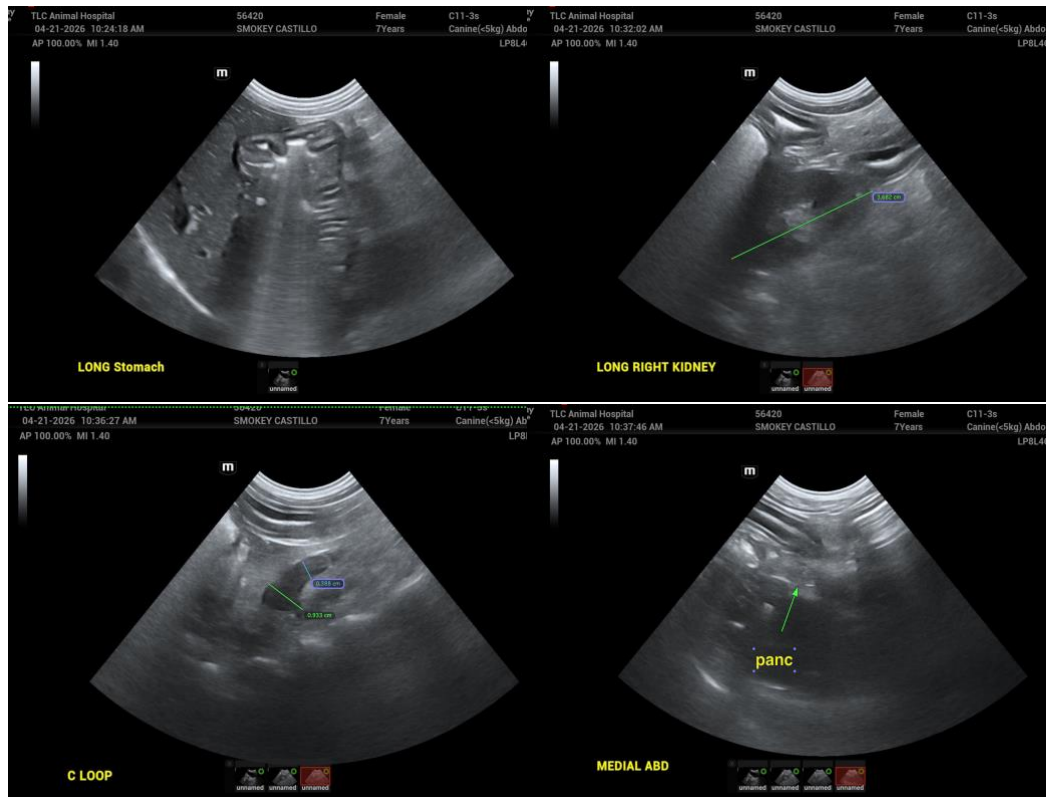
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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