



PATIENT

Flip Santiago

SPECIES

Canine

BREED

Yorkie Mix

SEX

Neutered male

AGE

11 years

WEIGHT

18.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Marco Lichfield

HOSPITAL NAME

Sova AH

REFERRING VET

Dr. Sova

INVOICE

98145

DATE

4/8/22

PRESENTING CLINICAL SIGNS

History: Enlarged organs shown on radiographs poss. hepatomegaly and splenomegaly.
Abnormal PE/Chem/CBC/UA Results: Alk Phos. 169, calcium, 11.8, Cholesterol 329, triglycerides 588, PSL 151. Platelet count 544.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 residual prostate measured 0.5 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.11 cm. The left kidney measured 3.8 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 1.81 x 0.37 cm at the cranial pole and 0.7 cm at the caudal pole. The right adrenal gland measured 1.33 x 0.53 cm at the cranial pole and 0.43 cm at the caudal pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially, yet normal in width. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The gallbladder measured 5.0 x 4.0 cm. This is most consistent with emerging mucocele. 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.



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Gastrointestinal

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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.

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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.

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Neutered male

ULTRASONOGRAPHIC FINDINGS

Benign hepatopathy with emerging mucocele.
Age related abdominal changes, folded spleen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no structural evidence of clinical disease, yet Ursodiol therapy is recommended as a preventative. Recheck sonogram is recommended in 8 weeks.

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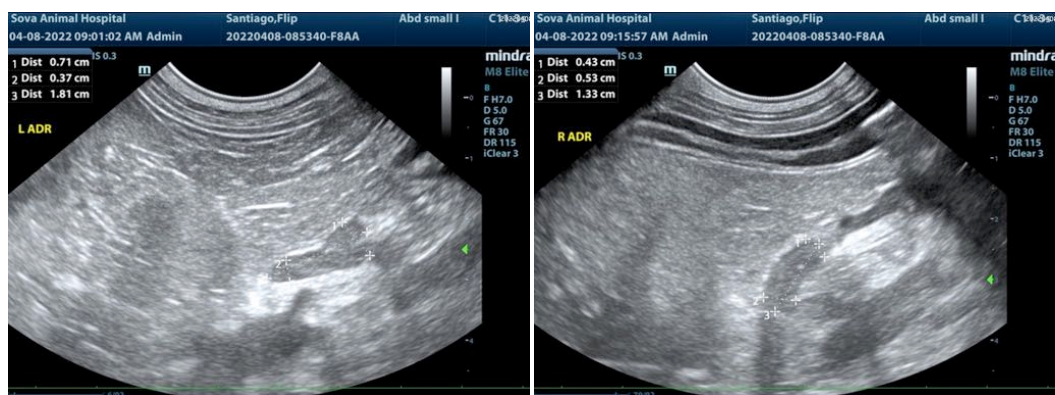
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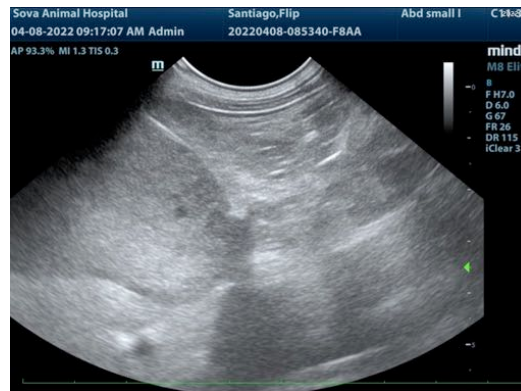
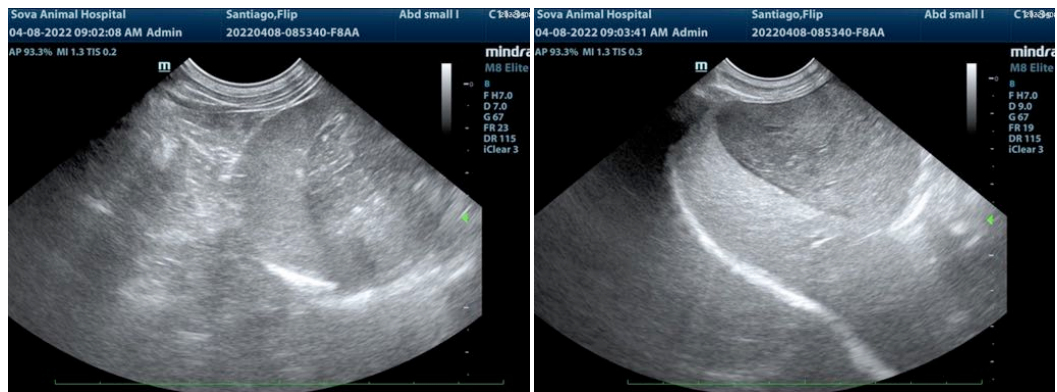
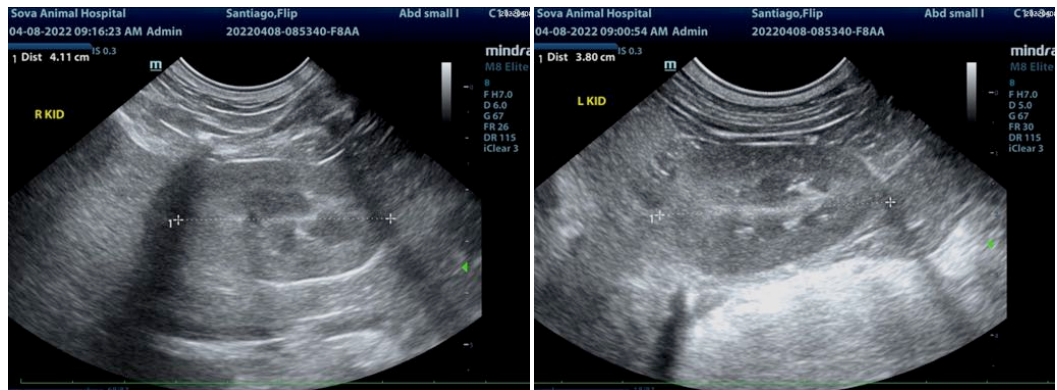
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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