



PATIENT

Wesley Bieber

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

14 Years

WEIGHT

13.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kevin Moon, DVM

HOSPITAL NAME

Shiloh Veterinary
Hospital

REFERRING VET

Arianna Evans, DVM

INVOICE

75267

DATE

5/19/26

PRESENTING CLINICAL SIGNS

Cystotomy 4/20/26. P presented 4/28 for restlessness and frequent urinary straining. Casts found in urinalysis, external surgical incision healthy.

Abnormal PE/Chem/CBC/UA Results: 4/28 cats present (mix on hyaline and non-hyaline) Banded neutrophils suspected, over WBC count 7K Total protein 9.1, globulins 5.4 (2.5-4.5) ALT 131 U/L (10-125) Bilirubin - Total 1.9mg/dL (<0.9) Catalyst Pancreatic Lipase 452U/L (<200)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed minor post-cystotomy thickening, normal healing. Wall thickness measured 0.47 cm, extending 2.6 cm in the ventral wall. No evidence of free fluid or significant inflammation.

The pre-prostatic urethra revealed slight mineralization. The prostate measured 0.80 cm. The post-prostatic urethra appeared unremarkable and empty.

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 his age patient. Medullary structure differed distinctly from that of the cortex. Slight pinpoint mineralizations noted in both kidneys. A mineralization in the corticomedullary junction of the left kidney measured 0.25 cm. Left kidney measured 4.6 cm. A pinpoint mineralization in the right kidney measured 0.25 cm. Right kidney measured 4.6 cm with slight pyelectasia noted.

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. Left measured 0.56 cm.

The **right adrenal gland** was not visualized.

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

Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. The gallbladder was largely unremarkable with a minor amount of dependent debris. This is expected for this type of presentation. There was no overt pathology. Minor gallbladder sand noted.



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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

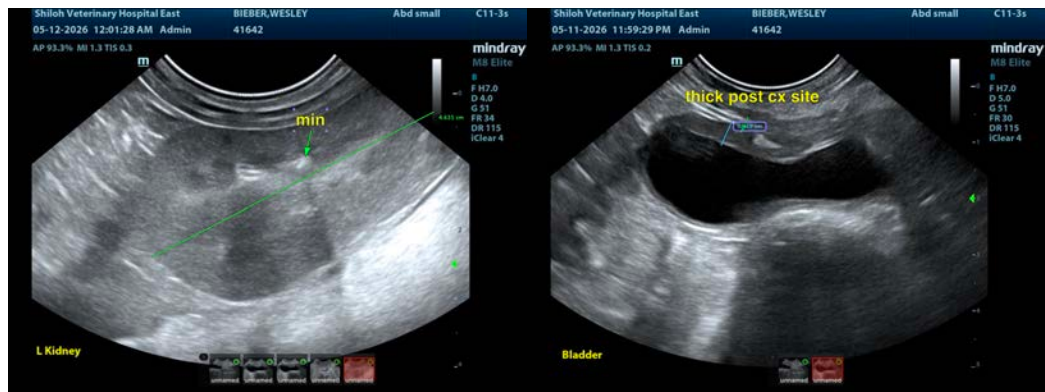
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Slight pinpoint renal mineralizations and mild to moderate degenerative changes.
- Slight pre-prostatic urethral sand granule, which should pass without difficulty.
- Benign hepatopathy.
- Normal post-cystotomy healing of the urinary bladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient is likely passing small calculi periodically from the kidneys to the lower urinary tract, given the small granule that is present in the pre-prostatic urethra. This should pass, however, as it is exceedingly small. No obstructive disease noted at the time of the sonogram. Recommend reassessment of the bilirubin elevation, as there is no justification from a structural standpoint. Lab artifact may be an issue.





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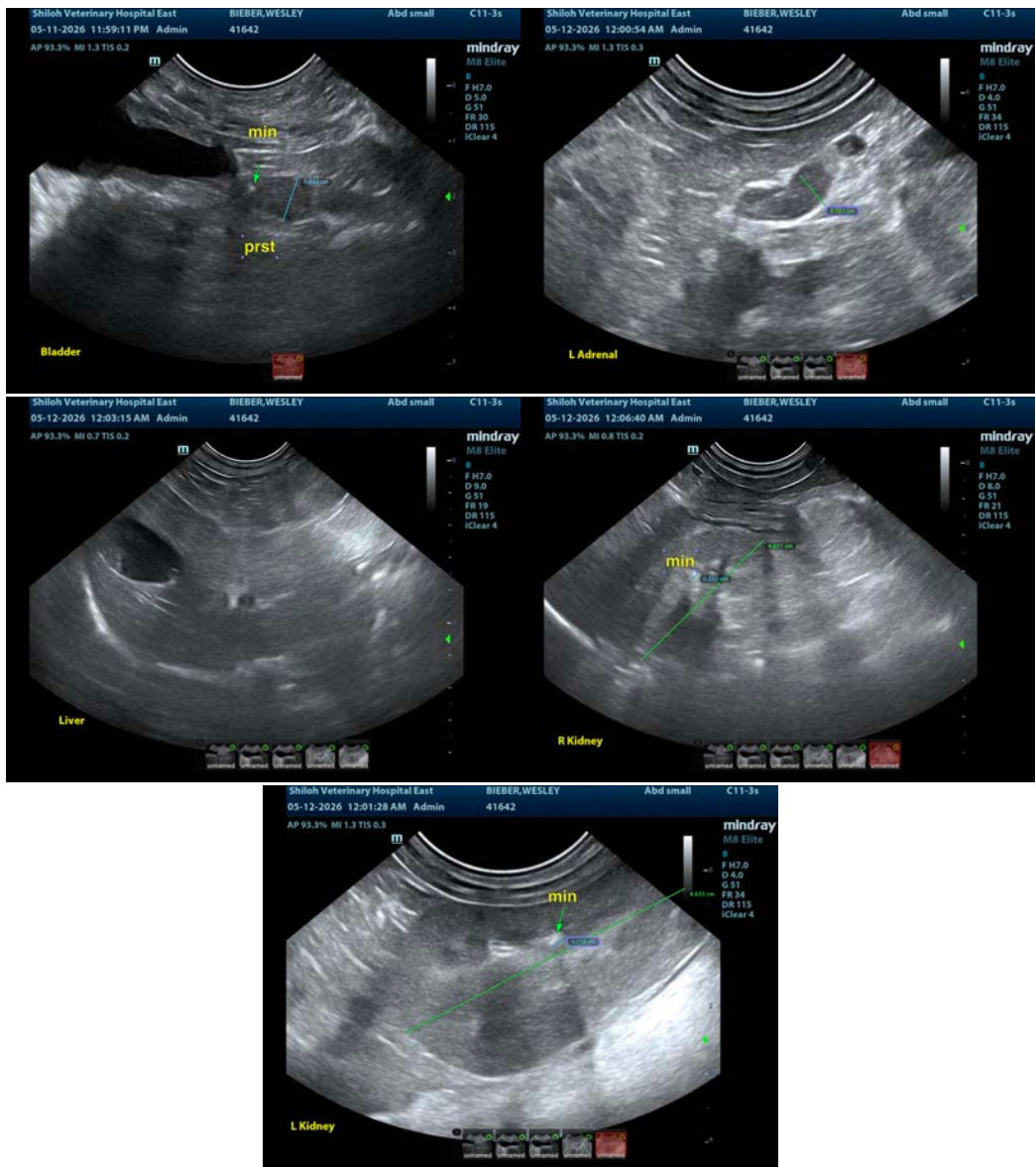
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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