



PATIENT

Petey Seever

SPECIES

Canine

BREED

Yorkie

SEX

Neutered male

AGE

14 years

WEIGHT

4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kym

HOSPITAL NAME

Emergency Animal
Hospital of Crystal
Falls

REFERRING VET

Dr. Wilson

INVOICE

77905

DATE

5/25/26

PRESENTING CLINICAL SIGNS

History: Petey, a 14YO MN Yorkie, presents for lethargy, vomiting, hyporexia, and weight loss. Petey's owners have been OOT for 10 days. During this time, pet sitter reported he ate very well, had one episode of vomiting at some point during the 10 days, but no major health concerns. When owners got back this evening Petey did not greet them at the door (v abnormal for him), only ate a small amount of his dinner, and O found a pile of brown liquid (owner suspects vomit). O thought pt might be painful so administered 0.3mL of canine gabapentin rx'd for another dog. Per O Petey has been historically very healthy. No current D/C/S, other medications (besides prevention). Petey is UTD on all vaccinations (including leptospirosis). O notes historically he has always been 6-7 pounds. (Today 4.2)

Abnormal PE/Chem/CBC/UA Results: - CBC: Mild normochromic normocytic anemia (HCT 35.2), mild monocytosis (1.63), otherwise WNL. - PCV/TP: 48/7.4/clear - Chem: Severe azotemia (BUN >140, Cre 4.5, IP >15), Mild mixed hepatopathy (ALT 121, GGT 18, TBIL 1.4), otherwise WNL. - USG: 1.016 - BP: Unable to obtain prior to bolus, re-checked after bolus and got 220 doppler. Unclear if diagnostic so re-checking in 2 hours

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 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 3.4 cm. The left kidney measured 2.8 cm.

Adrenal Glands

The **adrenal glands** were mildly swollen> The left adrenal gland at the caudal pole measured 0.5 cm and 0.4 cm at the cranial pole. The right adrenal gland measured 0.5 cm.

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.



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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 was over distended with rounded and suspended, striating bile consistent with atypical mucocele.

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. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

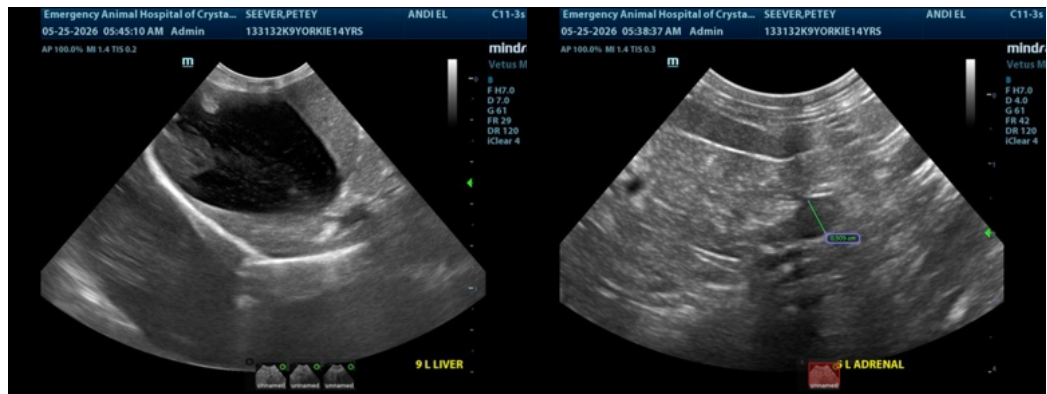
ULTRASONOGRAPHIC FINDINGS

Atypical mucocele.

Acute on chronic renal failure.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Stabilization of the azotemia, gallbladder motility study and cholecystectomy is indicated. Leptospirosis titers are indicated.





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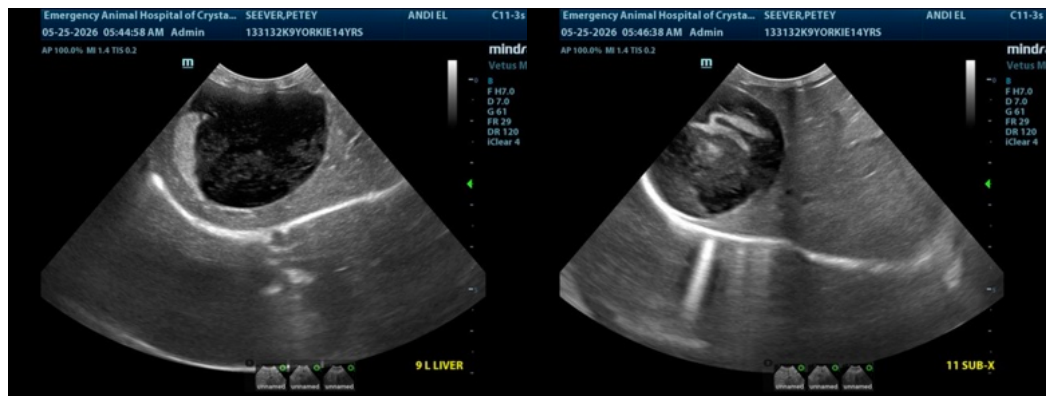
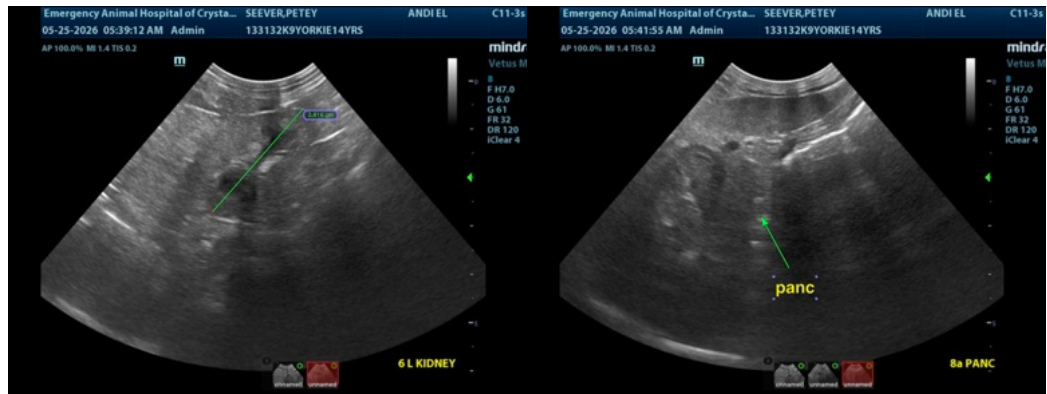
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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