



PATIENT

Annie Hall

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed female

AGE

11 years

WEIGHT

14.1 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Mary Pearce

HOSPITAL NAME

Chambersburg AH

REFERRING VET

Dr. Miller

INVOICE

78129

DATE

5/29/26

PRESENTING CLINICAL SIGNS

History: Presenting Symptoms: Overall, doing well. At wellness noted distended abdomen. O not describing any abnl GI signs. No change in panting, pu/pd type issues. Consistent appetite, weight loss noted. Recent L CCL tear noted.

Reason for Ultrasound: distended abdomen, persistent AIKP elevation, and weight loss.

Abnormal PE/Chem/CBC/UA Results: Radiographs 5/29: Very enlarged/prominent liver extending about halfway caudal in abdomen. Hemoclips present from spay. Otherwise unremarkable abd. Thorax shows enlarged cardiac silhouette w/ L atrial enlargement. Otherwise unremarkable. PE: Rounded/distended abdomen, cranial organomegaly. Gr. II/VI systolic HM. BW 5/19: ALT 81 (intermittent mild elevation since 2023), ALP 454u/L (persistently elevated since 2023), TP 6.7g/dL, Alb 3.5g/dL, glob 3.2g/dL, Monocytosis 0.866k/uL.

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 1.0 cm beyond the cystourethral junction and appeared normal. 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 left kidney measured 4.75 cm. The right kidney measured 5.27 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 right adrenal gland measured 1.9 x 0.74 cm at the cranial pole and 0.51 cm at the caudal pole. The left adrenal gland measured 2.05 x 0.5 cm at the cranial pole and 0.64 cm 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 was noted.



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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 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.

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. The pylorus revealed a polypoid thickening measuring 2.9 x 2.0 cm with muscularis hypertrophy. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No associated abnormal lymphatic activity was noted.

Pancreas

The right limb of the **pancreas** revealed mixed echogenic remodeling.

ULTRASONOGRAPHIC FINDINGS

Pyloric polyp.

Pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA can be considered. Endoscopy would be indicated. This is likely well differentiated epithelial tumor, possible carcinoma. This may be resectable with Bill Roth procedure. The prognosis is dependent upon sampling results.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.



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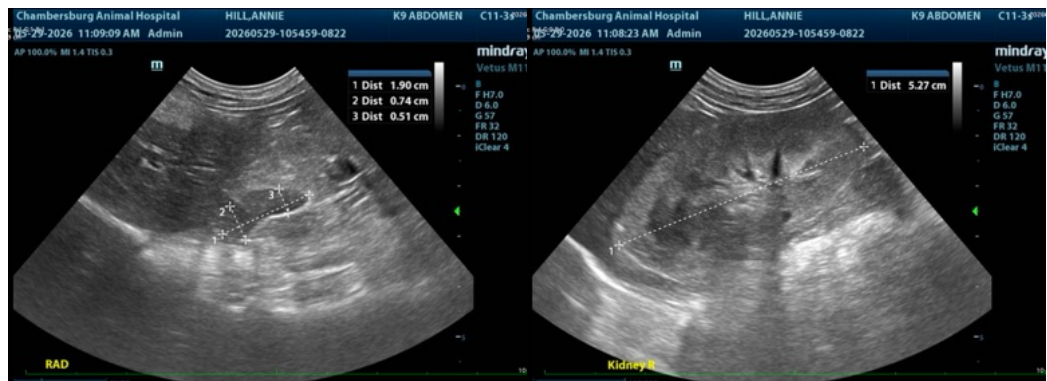
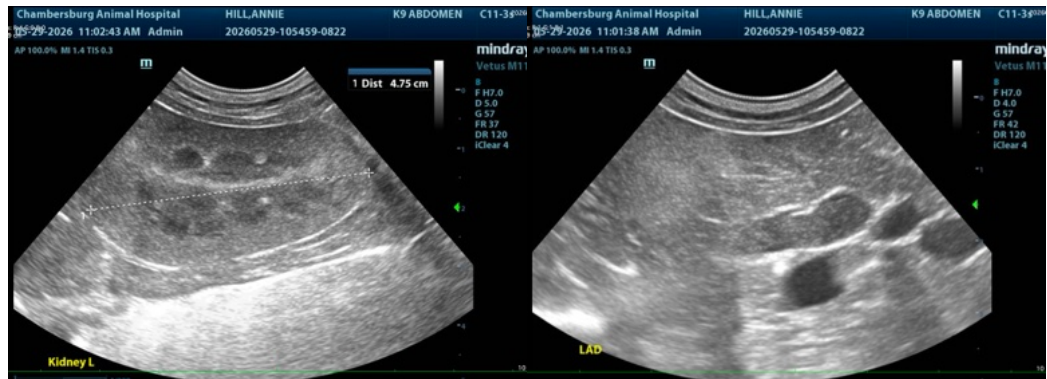
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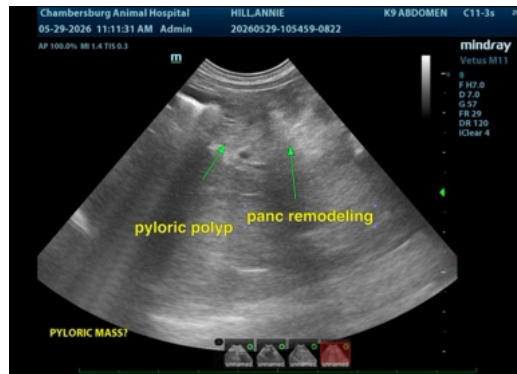
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com