



PATIENT

Tilly Valentine

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

14 Years

WEIGHT

8.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Grace Jayne, CVT

HOSPITAL NAME

Ark Animal Homecare

REFERRING VET

Dr. Colleen Monahan

INVOICE

16265

DATE

06/02/26

PRESENTING CLINICAL SIGNS

Not eating at all (including treats like peanut butter), could not take meds (proviabre forte). Loose stools everywhere every half hour unless she is sleeping. No vomiting. Hind end is very raw. Ate a little bit of hamburger and rice yesterday between 5 and 6pm and was able to keep that down but has not eaten anything since.

Abnormal PE/Chem/CBC/UA Results: WBC 19.31 Neutrophils 16.34 Monocytes 1.24 Eosinophils 0.05 BUN 60 Amylase 1,539 Lipase 1,831 SNAP cPL Abnormal

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 were noted. Ureteral papillae were normal.

The **iliac trifurcation** was unremarkable.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild/moderate 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. Dystrophic mineralization was noted and non-obstructive at this time. The left kidney measured 3.7 cm in length. The right kidney measured 4.7 cm in length. The largest calculus in the right kidney measured 0.47 cm.

Adrenal Glands

The **right adrenal gland** was enlarged measuring 0.85 cm width and appeared hypoechoic and swollen.

The **left adrenal gland** was enlarged measuring 0.95 cm width and appeared hypoechoic and swollen.

Spleen

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies.

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



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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. A minor amount of ingesta was present in the stomach.

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.

Free Abdomen

Some enhanced **mesentery** was noted throughout the mid abdomen.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific gastrointestinal insult.
- Age-related renal changes with mineralizations.
- Prominent adrenal glands.
- Reactive mesentery.
- Gastric ingesta.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Some level of reactive mesentery and pancreatitis is likely in this patient. It was a non-specific presentation. Management for GI upset and pancreatitis is warranted in the meantime. No evidence of obstructive disease nor neoplasia.





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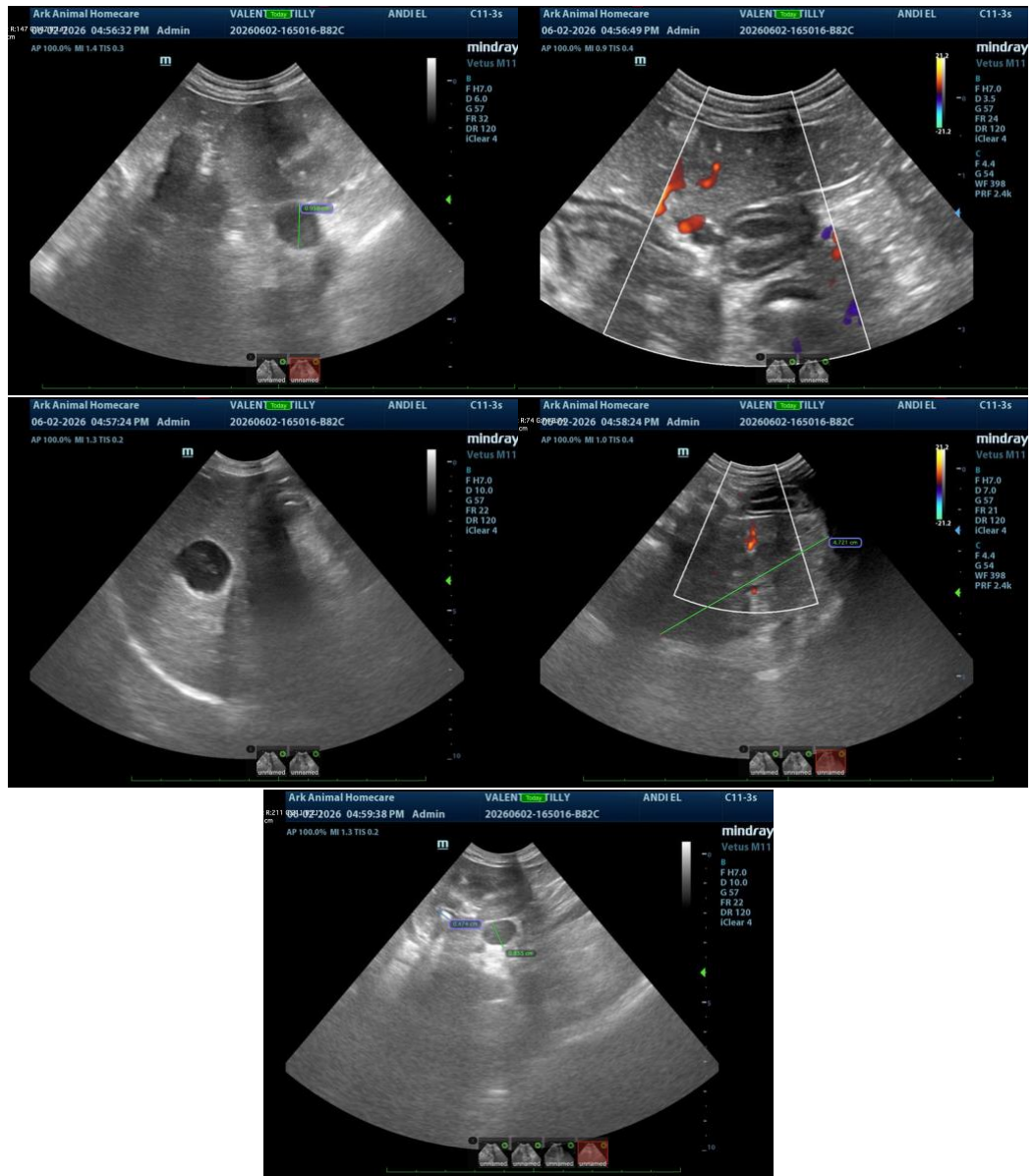
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

info@SonoPath.com



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