



PATIENT

Fiona Atwell

SPECIES

Canine

BREED

Yorkshire Terrier Mix

SEX

Spayed Female

AGE

15 Years

WEIGHT

14.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Animal General
Hudson

REFERRING VET

Dr. Lang

INVOICE

37422

DATE

6/8/26

PRESENTING CLINICAL SIGNS

History: Workup for wheezing. Found moderate hepatomegaly. Recent Echo - Stage B2 Heart Dz and moderate pulmonary hypertension.

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. The right kidney measured 5.58 cm. The left kidney measured 4.78 cm. Microcystic cortical changes were noted in both kidneys.

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 1.38 cm x 0.78 cm at the cranial pole and 0.6 cm at the caudal pole. The left adrenal gland measured 1.48 cm x 0.41 cm at the cranial pole and 0.48 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 were noted.

Liver

The **liver** revealed passive congestion pattern with dilated hepatic veins. The liver itself revealed a moderate amount of remodeling and irregular contour. The gallbladder was unremarkable.

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



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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. Pancreatic edema was noted.

Free Abdomen

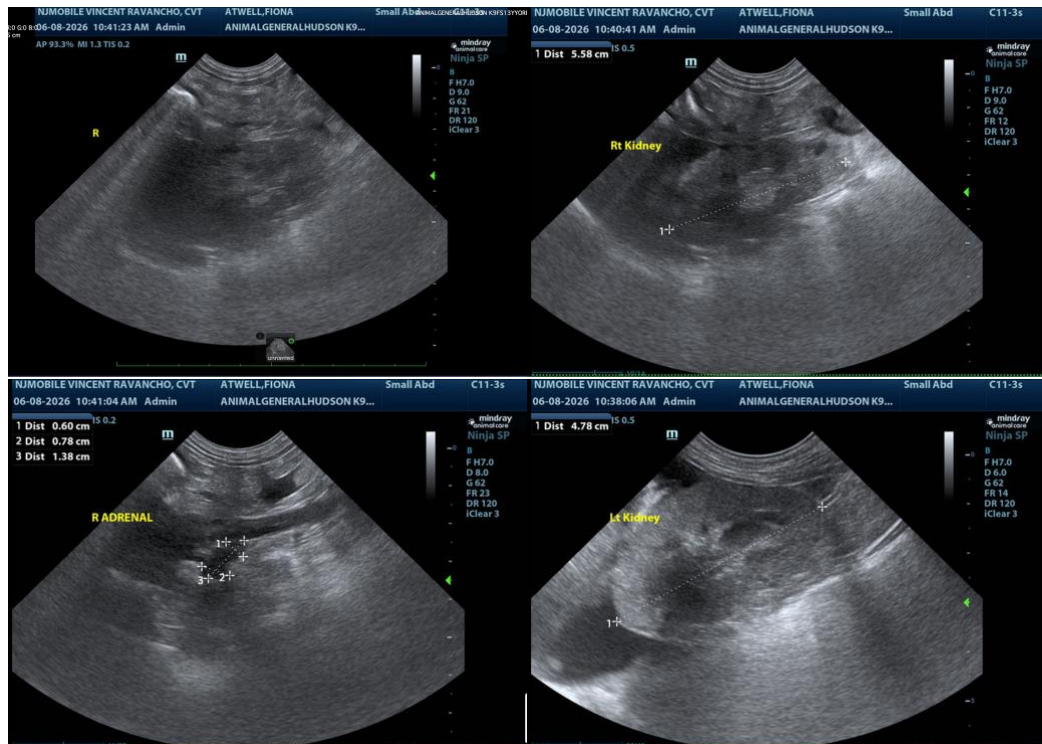
A moderate amount of **ascites** was noted.

ULTRASONOGRAPHIC FINDINGS

- Moderate hepatic remodeling with passive congestion liver pattern
- Secondary ascites
- Age-related renal changes with microcystic cortical changes bilaterally
- Age-related pancreatic changes with pancreatic edema owing to passive congestion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend focusing on cardiac or thoracic presentation based on echocardiogram results. Suspect right sided heart failure to be confirmed by echocardiogram.





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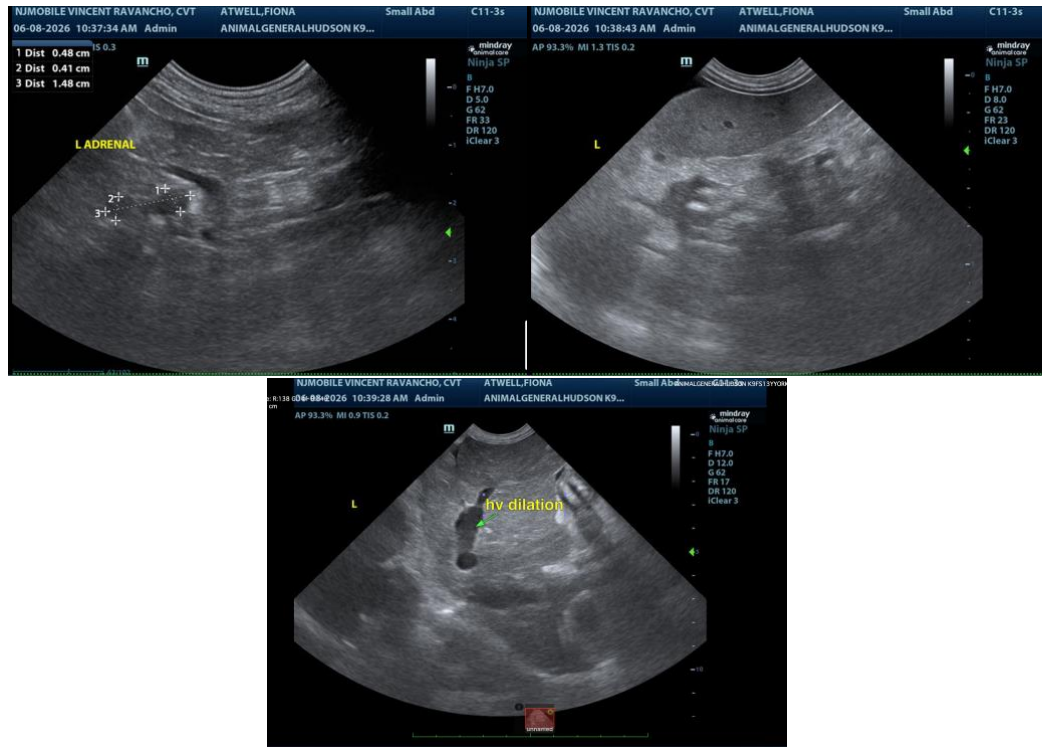
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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