



**PATIENT**

Frankie Gomez

**SPECIES**

Canine

**BREED**

Yorkie

**SEX**

Male

**AGE**

8 Months

**WEIGHT**

N/A

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Banfield PH of  
Bridgewater

**REFERRING VET**

Dr. Baker

**INVOICE**

16570

**DATE**

7/11/22

**PRESENTING CLINICAL SIGNS**

History: Liver enzyme workup and kidney enzyme workup. No current meds.

Abnormal PE/Chem/CBC/UA Results: ALT 299, BUN 29, Glob 2.3, Bile Acids: pre- 27.9, post- 57.2, SDMA 21

**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 prostate was uniform, measuring 1.32 cm.

The **testicles** were imaged and found to be uniform. No evidence of pathology.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.42 cm. The right kidney measured 3.61 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 1.29 cm x 0.98 cm at the cranial pole and 0.25 cm at the caudal pole. The left adrenal gland measured 1.51 cm x 0.32 cm at the caudal pole and 0.34 cm at the cranial 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 minor coarse architecture and remodeling with minor increased portal markings. The gallbladder was unremarkable. No evidence of intrahepatic or extrahepatic shunting. The portal vein to vena cava ratio was 1:1. The portal vein measured 4.0 mm. The vena cava measured 4.0 mm.

**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. 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.

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**Free Abdomen**

A hyperechoic area of **falciform fat** was noted with trace amounts of free fluid. The cause of the free fluid is unclear.

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**ULTRASONOGRAPHIC FINDINGS**

- Trace free fluid adjacent to the diaphragm and liver
- Nonspecific inflammatory hepatopathy
- Unremarkable abdomen otherwise

**SEX**

Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

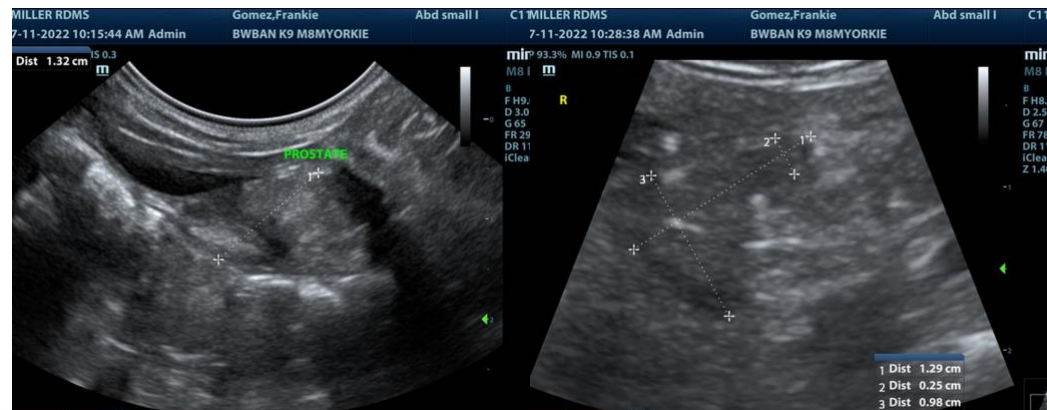
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The cause of the free fluid is unclear. Bile acid elevation may be spurious or possibly related to underlying infection or portal hypoplasia. No evidence of macroscopic shunting. Leptospirosis titers is warranted. FNA of the liver would be indicated for further definition if inflammatory profile is persistent. A clinical trial of amoxicillin and metronidazole over a 10 day period, liver oriented diet and reassessment of the clinical profile would be recommended.

**WEIGHT**

N/A



**INTERPRETED BY**

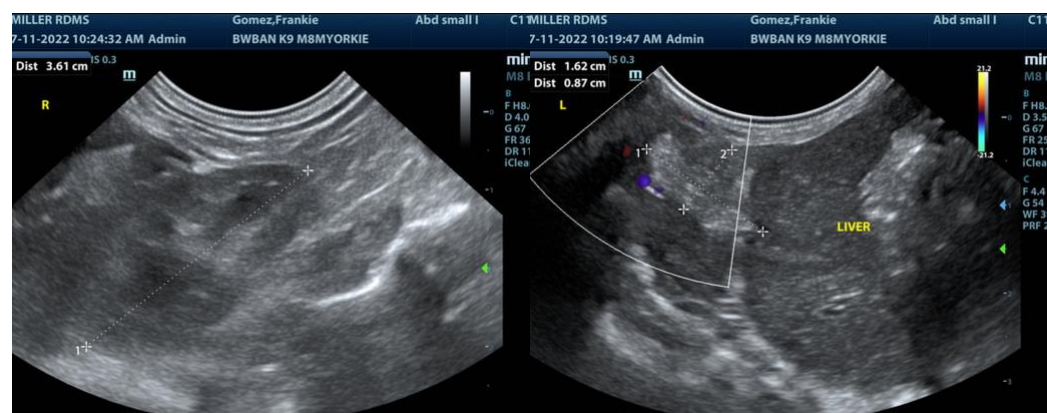
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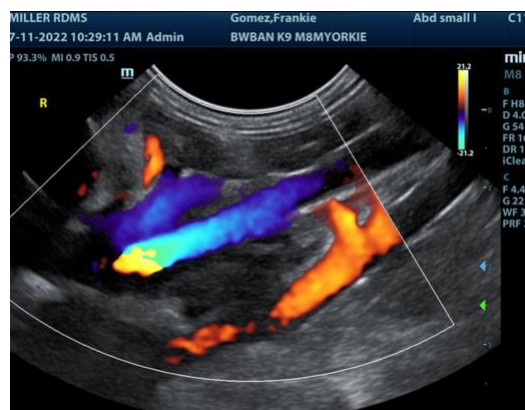
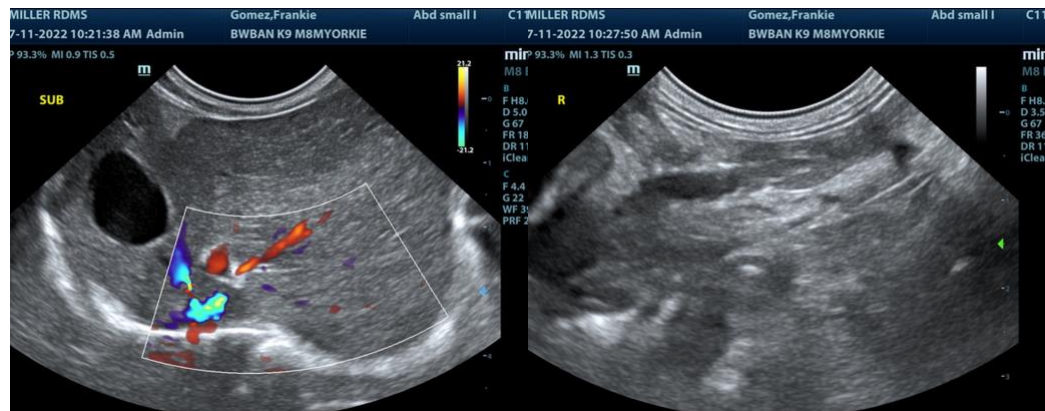
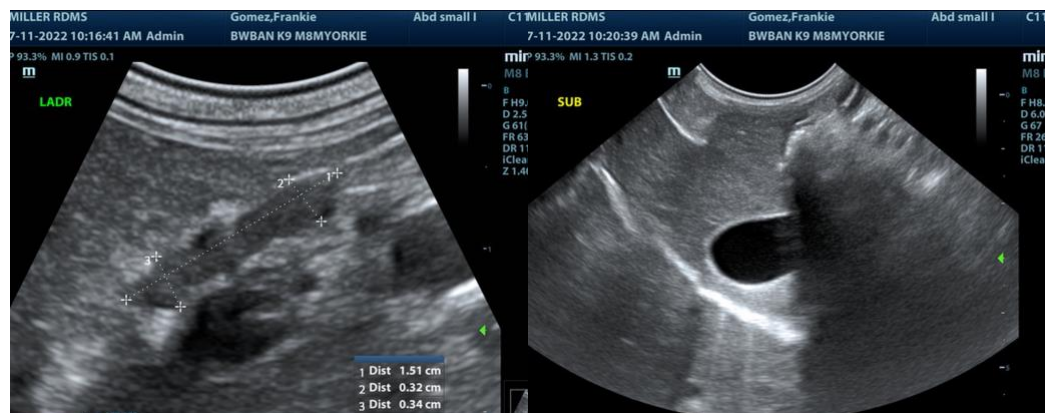
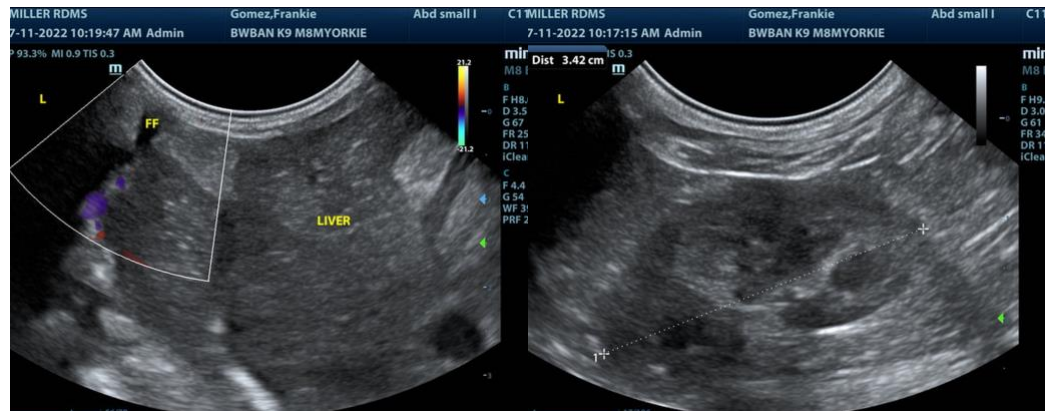
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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.

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Yorkie

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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