



**PATIENT**

Lola Puglia

**PRESENTING CLINICAL SIGNS**

History: Wt. loss, vomit, diarrhea and loss of appetite.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Yorkie

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

**SEX**

Spayed Female

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 and no evidence of pelvic dilation was present. The left kidney measured 4.0 cm. The right kidney measured 3.9 cm.

**AGE**

11 Years

**Adrenal Glands**

**WEIGHT**

7 Pounds

The **left adrenal gland** was enlarged at the cranial pole, measuring 9.0 mm. Irregular swelling was noted.

The **right adrenal gland** was 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 0.88 cm at the cranial pole and 0.47 cm at the caudal pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

The **spleen** was normal size and relatively normal contour with minor multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies. The spleen revealed a focal nodule at the caudal pole, measuring 1.0 cm x 1.6 cm.

**IMAGING PERFORMED BY**

Byron Cabrera

**Liver**

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with moderate dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. Slight gallbladder polyps were noted, not pathological. 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. This is a minor change.

**HOSPITAL NAME**

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Small Denville

**REFERRING VET**

Silas Ashmore

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There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

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7/20/23



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**Pancreas**

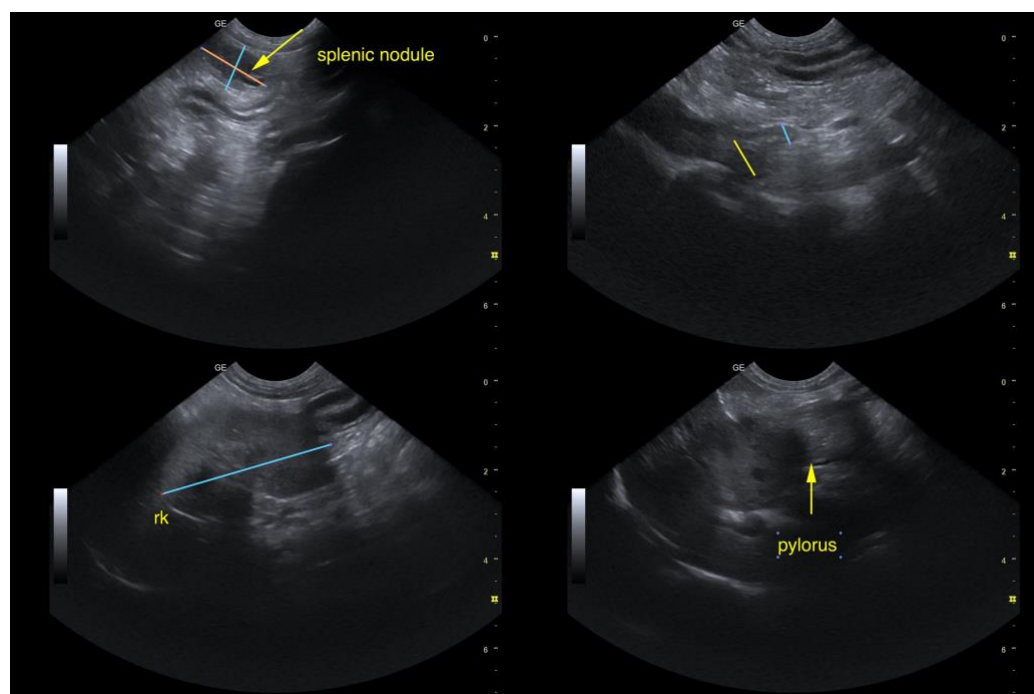
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Caudal splenic nodule- round cell neoplasia, emerging hemangiosarcoma or abscessation (less likely).
- Enlarged left adrenal gland- adenoma, adenocarcinoma, pheochromocytoma all possible
- Benign hepatopathy
- Excessive gallbladder debris
- Structurally unremarkable GI tract
- Age-related renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Serial blood pressures are recommended. Splenectomy, left adrenalectomy and manual expression of the gallbladder +/- GI biopsies could be considered in this patient. However, the direct cause of weight loss is unclear. Chest radiographs and full CNS examination is indicated.





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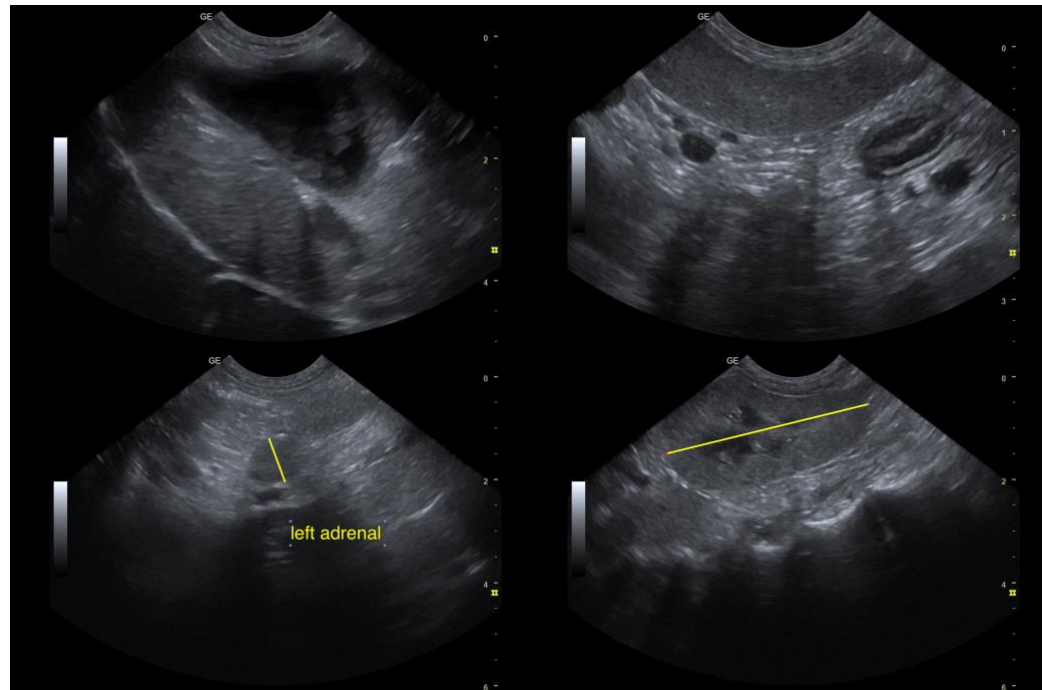
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com  
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