



**PATIENT**

Twiggy Pressler

**SPECIES**

Canine

**BREED**

Yorkie Cross

**SEX**

Spayed female

**AGE**

11 years

**WEIGHT**

6.3 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Gunther

**HOSPITAL NAME**

New Frontier AMC

**REFERRING VET**

Dr. Gunther

**INVOICE**

32007

**DATE**

7/27/22

**PRESENTING CLINICAL SIGNS**

History: Hx of chronic, slowly progressive ALT elevation - first noted in 2019 Asymptomatic Abnormal PE/Chem/CBC/UA Results: 2019 - ALT 319, ALP 620, GGT 36, Tbili 0.4 2022 July - ALT 571, ALP 723, AST 118, GGT 47, Tbili 0.1

**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. The bladder revealed small calculus that was non-obstructive and measured 0.4 cm. 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.12 cm with corticomedullary calculi. The left kidney measured 3.1 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 left adrenal gland measured 0.36 cm. The right adrenal gland measured 0.69 cm at the cranial pole and 0.34 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.

**Liver**

The **liver** revealed slightly increased portal markings. The liver revealed a relatively normal hepatic size. The intrahepatic and extrahepatic vascularity appeared normal. The medial liver lobes appear to be poorly developed. The portal vein was mildly enlarged. There is a potential for emerging portal hypertension. The gallbladder was mildly thickened.



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**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.

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**Pancreas**

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.

**ULTRASONOGRAPHIC FINDINGS**

Moderate degenerative renal changes with renal calculi.

Bladder calculus.

Non-specific cholangitis liver pattern.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Leptospirosis titers are indicated. Some level of low-grade pancreatitis is possible. Subxiphoid palpation is recommended to assess if there is any pain or discomfort. Ampicillin, Metronidazole and nutraceuticals are all indicated. Core liver biopsy may be necessary for definitive diagnosis. Portal hypoplasia/microvascular dysplasia may be a concurrent issue.

**INTERPRETED BY**

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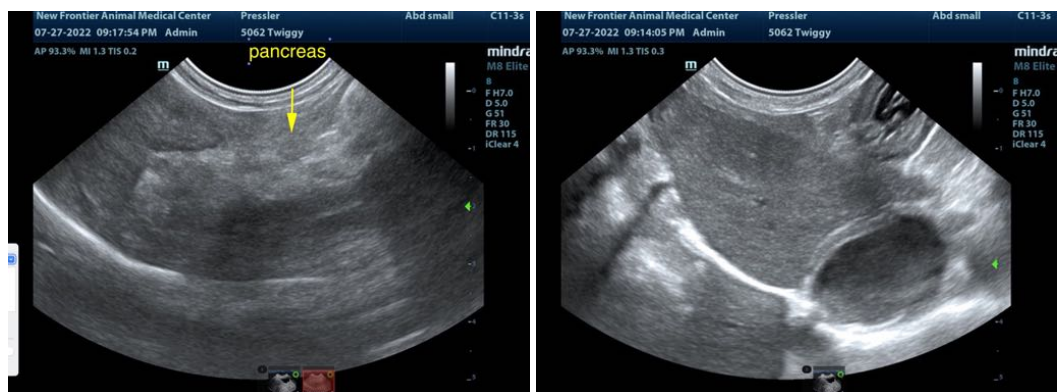
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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