



PATIENT

Toby Miller

SPECIES

Canine

BREED

Yorkie

SEX

Neutered male

AGE

13 years

WEIGHT

6.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Griffin

INVOICE

32444

DATE

8/22/22

PRESENTING CLINICAL SIGNS

History: Chronic pancreatitis/IBS on tylen powder once daily and royal canin gastrointestinal diet. Patient is currently doing well and not symptomatic. Presented for routine geriatric bloodwork and owner elected ultrasound based on results.
Abnormal PE/Chem/CBC/UA Results: CBC: WNL CHEM: SDMA 22 ALT 176 T.bili 1.0 CHOL 105 Lipase 3501

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 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 left kidney measured 4.0 cm. The right kidney measured 3.5 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 0.6 cm. The right adrenal gland measured 0.57 cm at the cranial pole and 0.47 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** is non-specific with minor hepatic remodeling with increased portal markings. The gallbladder was unremarkable with a minor amount of dependent debris.



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Gastrointestinal

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Minor pyloric hypertrophy, yet the lumen was empty. There was no structural evidence of neoplasia. The small intestine and colon were unremarkable with only slightly increased submucosal echogenicity. The length to width ratio was maintained. Grouping of which measured 2.0 cm.

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Pancreas

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Yorkie

Minor **pancreatic** remodeling was noted likely owing to past history of pancreatitis.

SEX

Minor, chronic IBD gastrointestinal pattern.

Neutered male

Minor pancreatic remodeling.

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Mild hepatic remodeling. Non-specific inflammatory hepatopathy.

Reactive mesenteric lymph nodes.

WEIGHT

6.5 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the bilirubin is persistent with Leptospirosis titers are indicated and ultrasound-guided FNA of the liver is recommended. There was no structural evidence of neoplasia.

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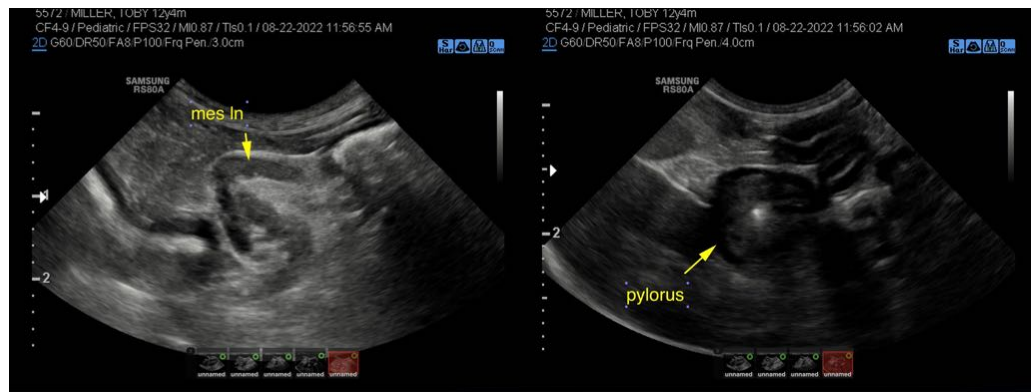
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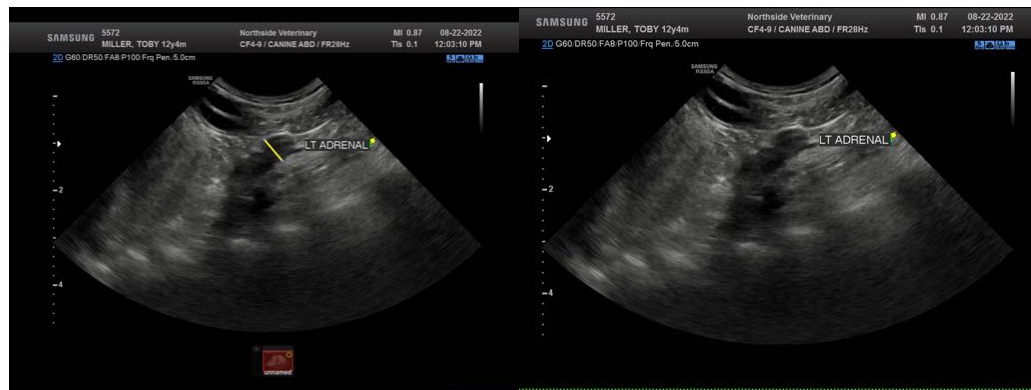
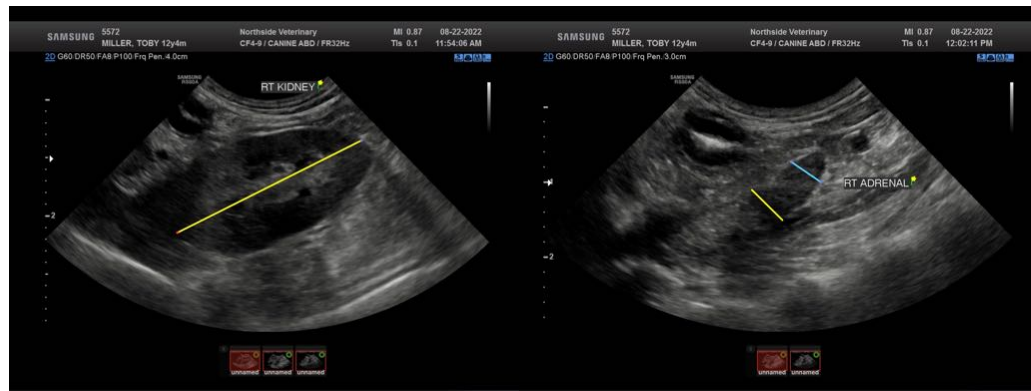
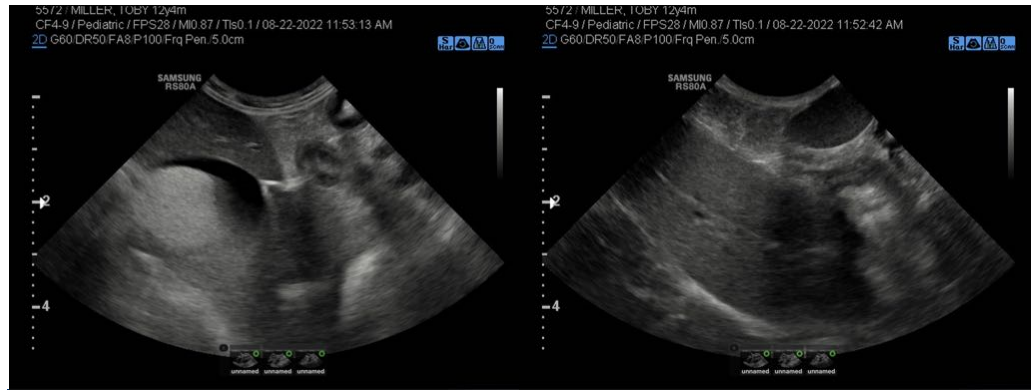
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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