



**PATIENT**

Charlie Trakellis

**SPECIES**

Canine

**BREED**

Yorkie

**SEX**

Neutered male

**AGE**

22 months

**WEIGHT**

11 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Salas

**HOSPITAL NAME**

Tenaflly VC

**REFERRING VET**

Dr. Salas

**INVOICE**

91822

**DATE**

9/14/21

**PRESENTING CLINICAL SIGNS**

History: abd u/s request- 22 month old Yorkie with 2 known episodes of confirmed pancreatitis (on PLI). Pet is overweight and likes table food. He has recently been on Cerenia and metronidazole and home cooked simple diet and is doing very well. This u/s is part of his panel to work up the pancreatitis. Today we also ran repeat bloodwork.

**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 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 kidneys measured 4.0 cm each.

**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.

**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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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**Gastrointestinal**

Charlie Trakellis

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Minor mucosal speckling was noted in the small intestine. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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**Pancreas**

The right limb of the **pancreas** revealed minor, heterogenous parenchymal changes with potential low-grade smoldering inflammation.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

Minor mucosal speckling was noted in the small intestine.

**AGE**

22 months

Heterogenous parenchymal changes in the right limb of the pancreas.

**WEIGHT**

11 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Dietary indiscretion, food intolerance/indiscretion, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. A clinical trial of hydrolyzed diet, Enrofloxacin and Metronidazole over a 7-10 day period with reassessment of the clinical signs is recommended.

**INTERPRETED BY**

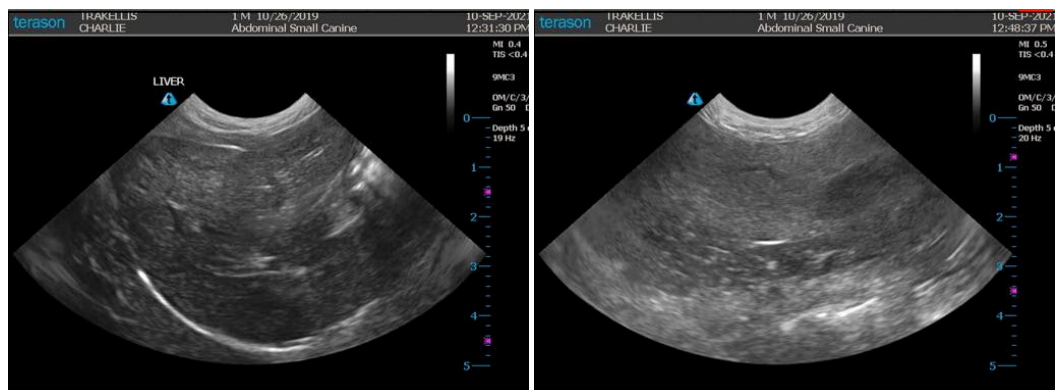
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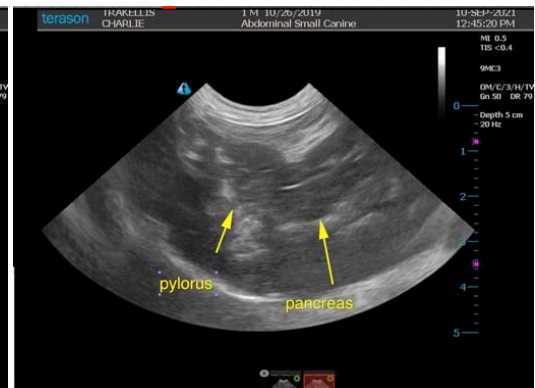
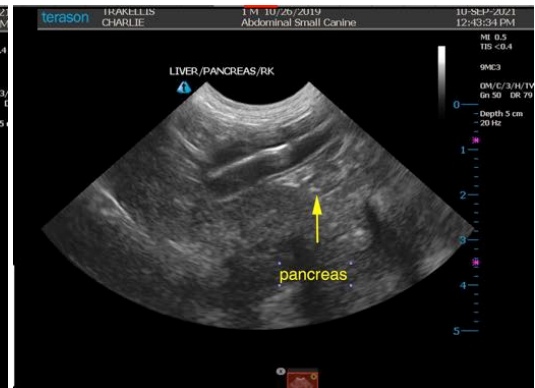
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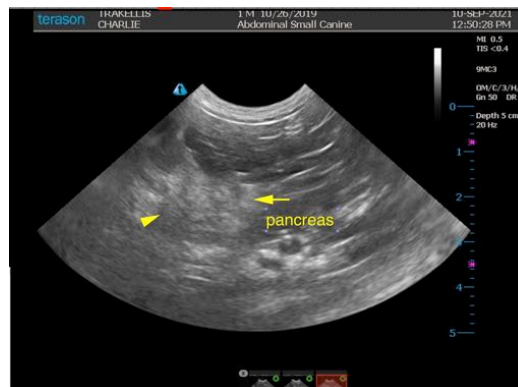
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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