



PATIENT

Romeo Goritski

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered male

AGE

6 years

WEIGHT

10.04 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Lake Hopatcong AC

REFERRING VET

Dr. Navarro

INVOICE

45068

DATE

7/3/23

PRESENTING CLINICAL SIGNS

History: X-ray shows enlarged liver, distended abdomen, soft stool. Current meds: Flagyl 50mg BID
Abnormal PE/Chem/CBC/UA Results: RBC 4.95, HCT 36.4, MCV 73.6, MCH 37.9, MCHC >51.5, Mono 1.67, PLT 493, PCT 0.59, Glob 5.0, ALKP 10, Chol 1.2

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. Mineralization was noted in the kidneys. The left kidney measured 3.84 cm. The right kidney measured 4.14 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 1.6 x 1.01 cm at the cranial pole and 0.56 cm at the caudal pole. The left adrenal gland measured 1.94 x 0.64 cm at the caudal pole and 0.61 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 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

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The stomach presented mucosal hypertrophy and echogenic remodeling. The small intestines and colon were unremarkable.

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Pancreas

The **pancreas** revealed a minor amount of remodeling.

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Yorkshire Terrier

ULTRASONOGRAPHIC FINDINGS

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Neutered male

Minor renal mineralization, not clinical.

Gastric hypertrophy/gastropathy.

Mild pancreatic remodeling.

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6 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of neoplasia. Chronic gastropathy is likely. GI protectant protocol and diet change is indicated. The liver was normal size sonographically.

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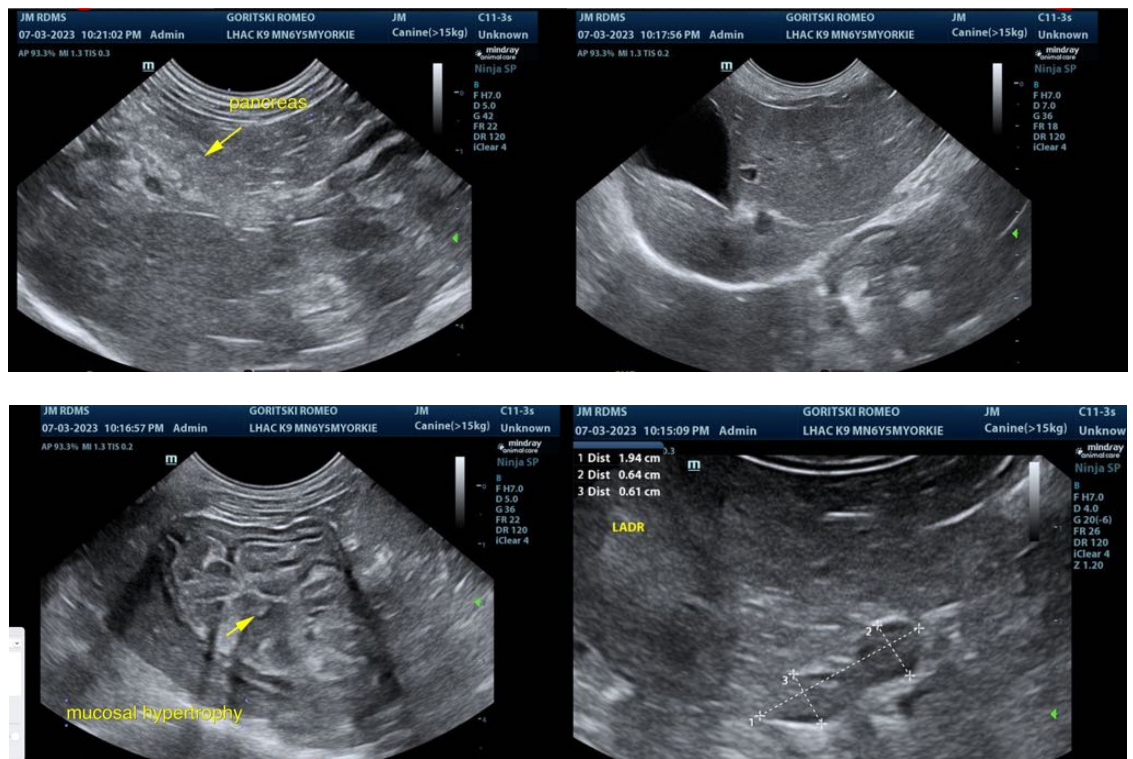
Dr. Navarro

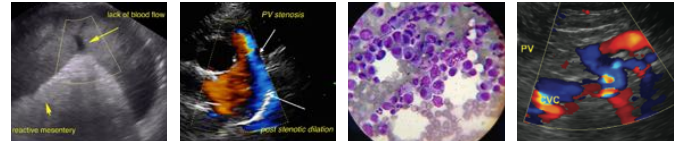
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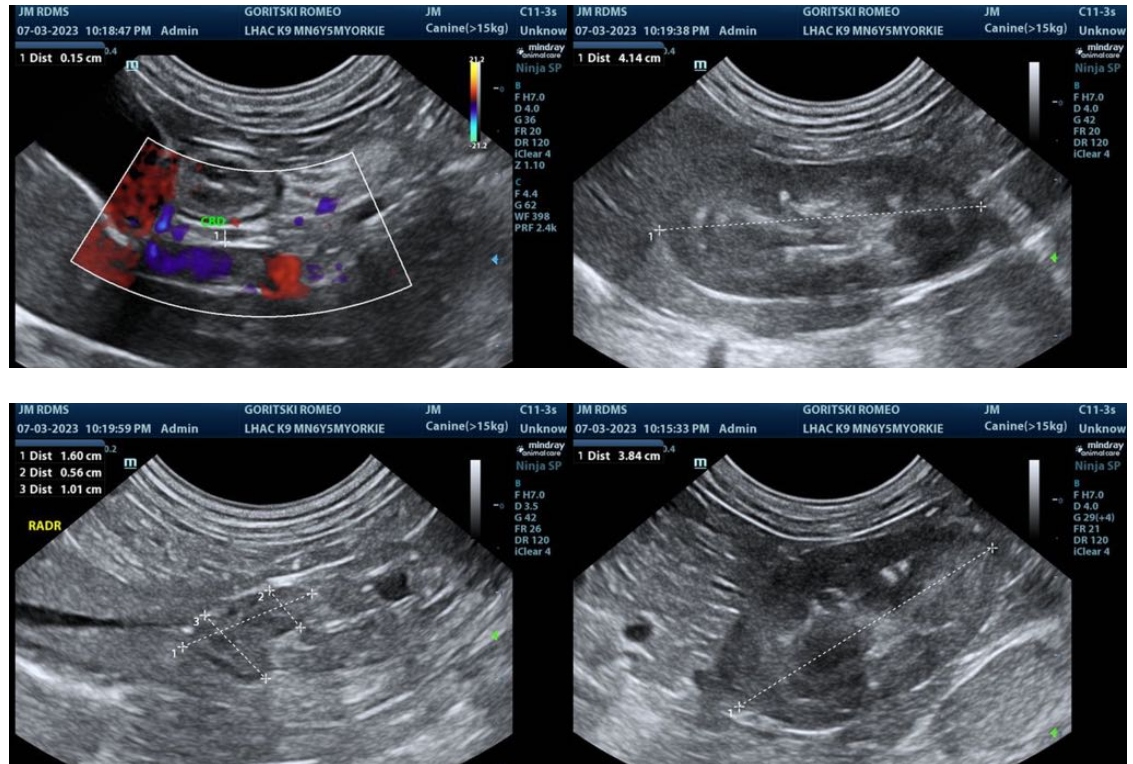
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Info@SonoPath.com