



PATIENT

Lola Benson

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed female

AGE

11 ½ years

WEIGHT

13.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Scott

HOSPITAL NAME

Wyckoff VH

REFERRING VET

Dr. Scott

INVOICE

70055

DATE

1/13/26

PRESENTING CLINICAL SIGNS

History: History of gallbladder mucocele, bladder sand, -- been on ursodiol history of heart murmur- last echo April 2025- on Pimobendan history of sensitive stomach yesterday came in for v/d, not eating - gave SQ fluids, famotidine, cerenia- last night couldn't get settled, breathing heavy this morning not eating and more weak
MM tacky, murmur unchanged grade 3-4 (chest rad report pending but looks like bronchial pattern), temp normal

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. A grouping of calculi were noted and measured up to 1.2 cm as a grouping. Urethral calculus was noted 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.5 cm. The right kidney measured 3.6 cm.

Adrenal Glands

The left **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 left adrenal gland measured 0.4 cm. The right adrenal gland was not visualized.

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 **hepatic** parenchymal was unremarkable. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder revealed multiple calculi and mucocele formation. The gallbladder was rounded. Inflammation was noted around the gallbladder. The common bile duct was



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not overtly visible. However, it should be flushed at the time of the sonogram. Early bile peritonitis is present. Trace fluid was noted between the gallbladder and pylorus.

Gastrointestinal

The **stomach** was over distended with chyme and fluid. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

Pancreas

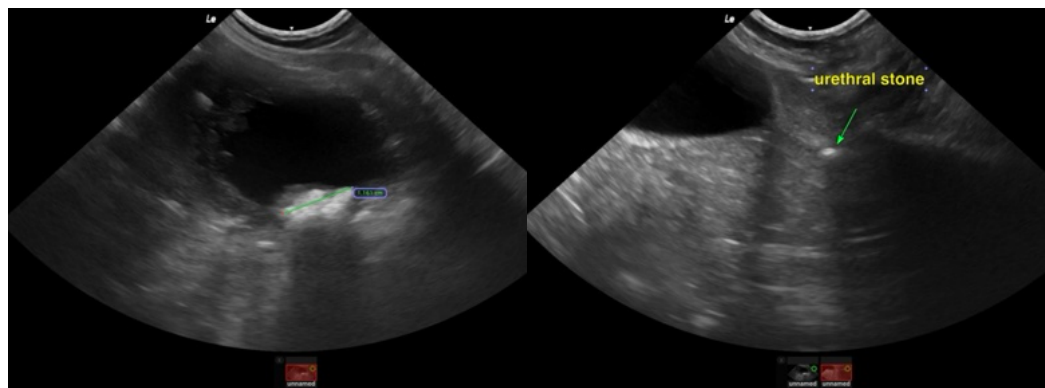
The **pancreas** revealed slight, heterogenous parenchymal changes, yet this is not a primary issue.

ULTRASONOGRAPHIC FINDINGS

Inflamed gallbladder mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is a surgical emergency, immediate cholecystectomy is recommended. Cystostomy with normal and retrograde flush is recommended as urethral and bladder calculi were present. Immediate surgical intervention is recommended.





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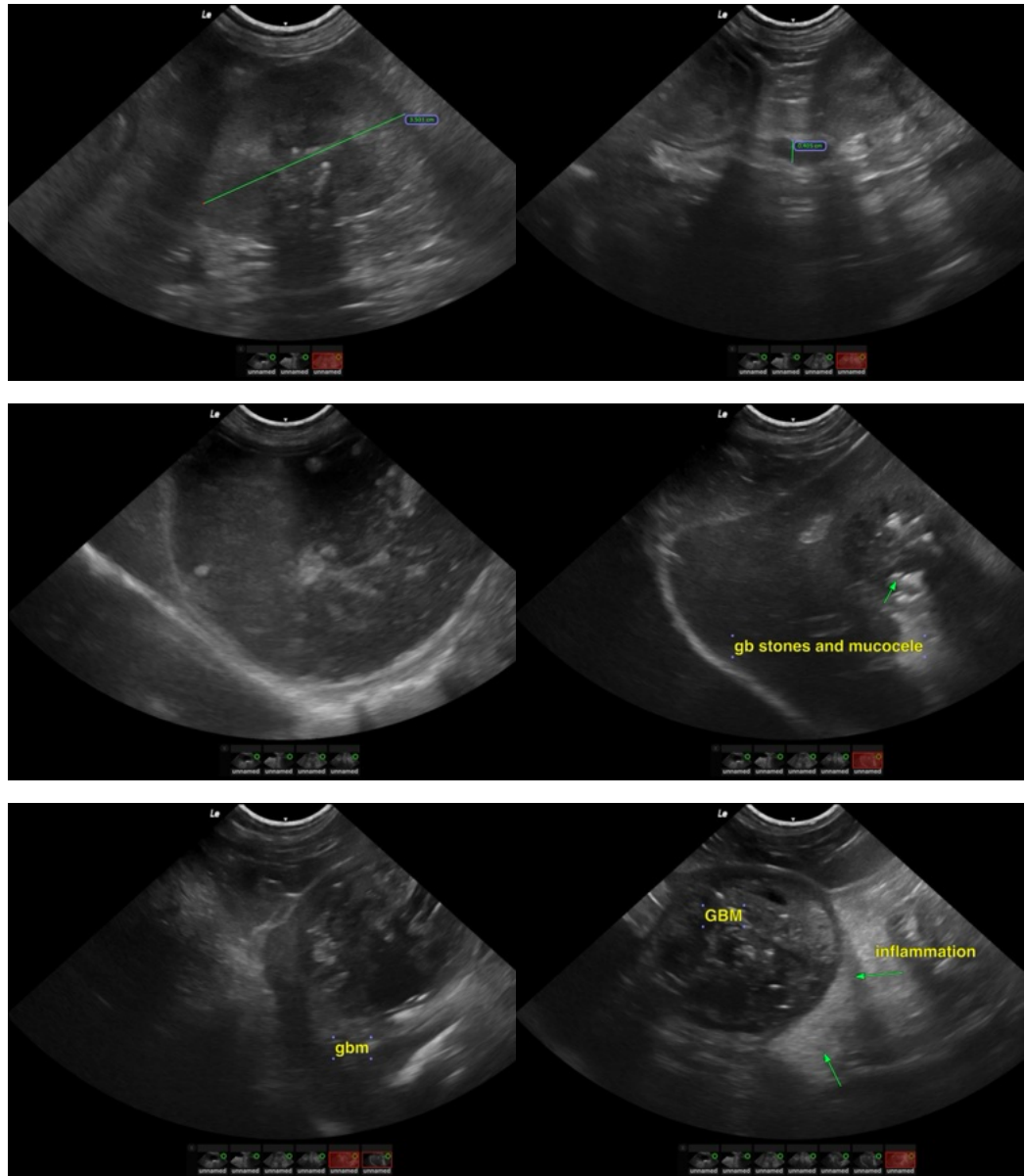
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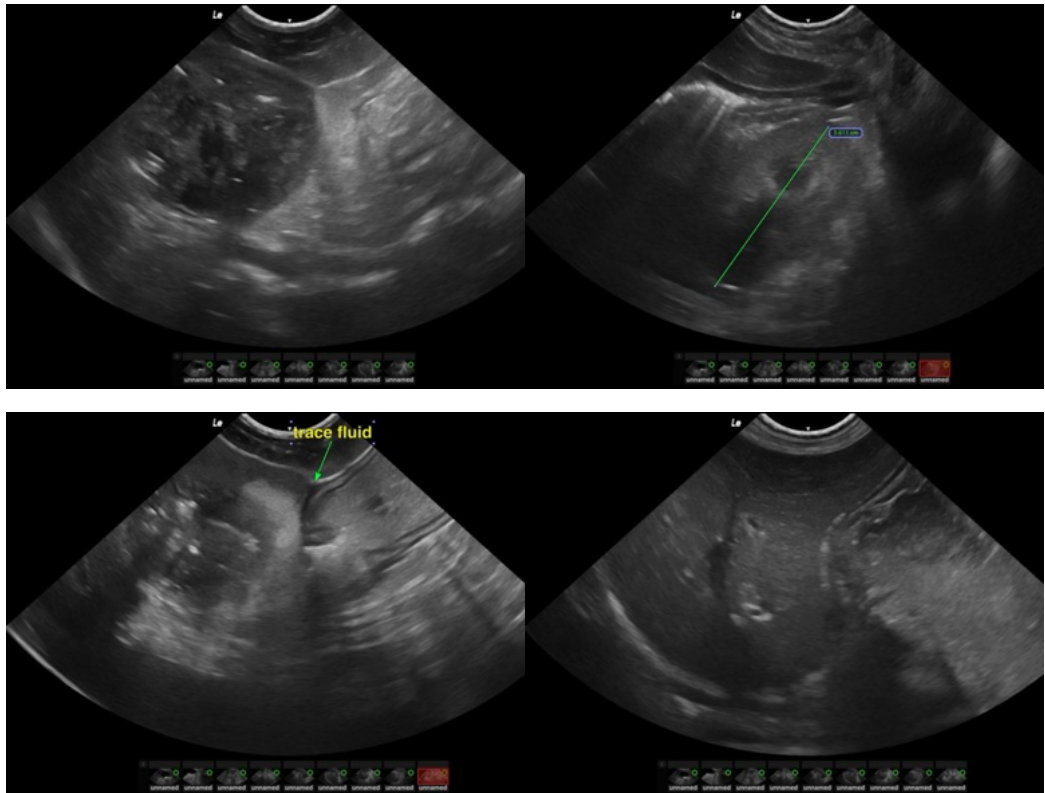
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com