



PATIENT

Penelope Tischler

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed female

AGE

9 years

WEIGHT

11 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Melissa Rosen

HOSPITAL NAME

South Bellmore VG

REFERRING VET

Dr. Rosen

INVOICE

70113

DATE

1/14/26

PRESENTING CLINICAL SIGNS

History: mild >ALP, very dilute urine, pu/pd at home LDDST normal, not consistent with HAC. Labs rule out DM. Rec UA, Urine C&S, and AUS to screen for renal disease and assess for enlarged adrenal glands in case of false negative LDDST. BCS 7.5/9
Abnormal PE/Chem/CBC/UA Results: mild ALP elevation overweight

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** itself was normal, yet in one view there appeared to be a possible small calculus, yet this could not be confirmed. The calculus measured 0.1 cm. The patient may be passing calculi periodically from the kidneys to the bladder.

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. Slight mineralization was noted in the kidneys. The largest calculus measured 0.4 cm. The left kidney measured 3.9 cm. The right kidney measured 4.17 cm.

Adrenal Glands

Both **adrenal glands** were measurably normal for the breed, yet slightly swollen contour. The left adrenal gland measured 0.6 cm. The right adrenal measured 0.95 cm at the cranial pole and 0.72 cm

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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Gastrointestinal

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.

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

Benign hepatopathy.

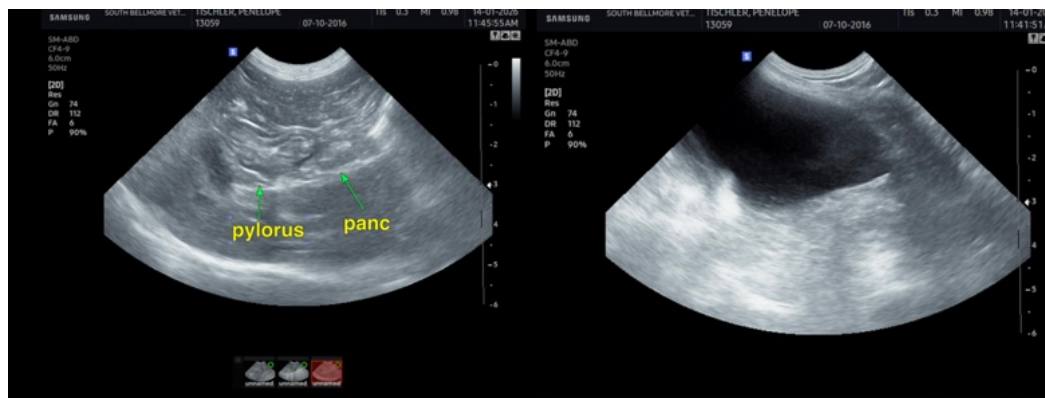
Age related renal changes with slight mineralization.

Potential emerging PDH.

Bladder calculus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend reassessment in 3-6 month if isosthenuria persists ensuring urine cortisol to creatinine ratio is elevated and if it is persistently elevated then a repeat LDDST is recommended in 3-6 months. Urine culture is indicated if any inflammatory sediment is present. Enrofloxacin trial can also be considered in case of UTI with secondary washout.





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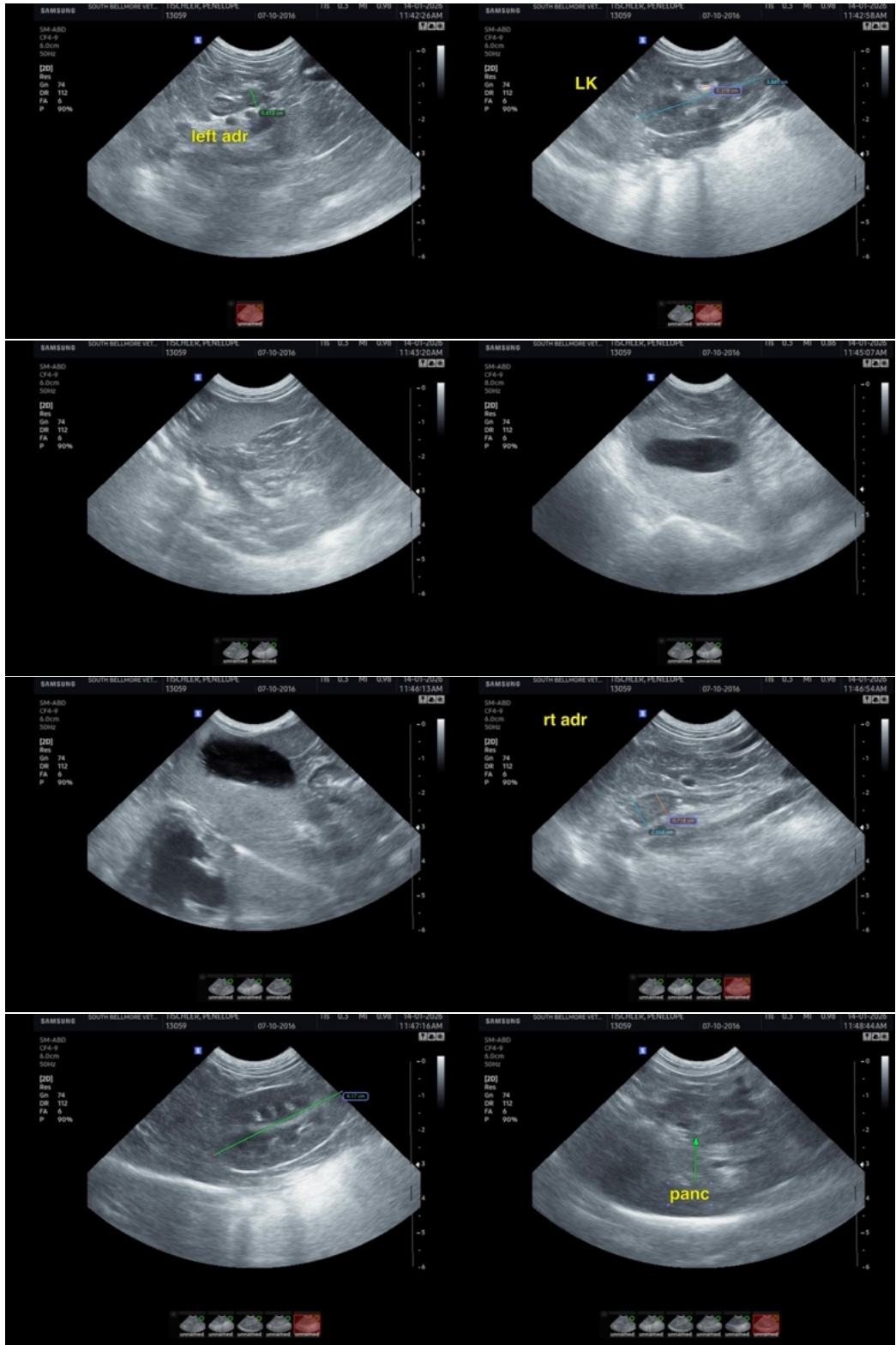
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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