

PATIENT

Lucy Sword

SPECIES

Canine

BREED

Chihuahua

SEX

Intact Female

AGE

4-6

WEIGHT

6 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Cassidy Stone

HOSPITAL NAME

Petroglyph AH

REFERRING VET

Dr. Viviana Sanchez

INVOICE

35495

DATE

1/19/26

PRESENTING CLINICAL SIGNS

History: Lucy presented to our clinic for evaluation after suspected seizure activity due to post-ictal behavior noticed. The owner reported head pressing against her cage, non-responsiveness, shivering, and apparent hind limb weakness. An incident of urination inappropriately and vomiting was also noted. Lucy's appetite has been decreasing, and she has been losing weight rapidly over the last month. No diarrhea was reported. Lucy's age and background are uncertain as she was rescued, but estimate 4-6 yrs. On exam, patient is dehydrated, underweight, muscle wasted, ataxic, light pk mm, pressure sores present.

Abnormal PE/Chem/CBC/UA Results: Decreased red blood cell mass (rbc, hct (32.2%), hgb and mcv) decreased reticulocytes, decreased creat. hypocalcemia, decreased TP, hypoalbuminemia, elevated ALT, hypocholesterolemia. hyponatremia and hypochloremia.

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 were 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 left kidney measured 4.0 cm. The right kidney measured 4.4 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 1.4 cm x 0.53 cm at the caudal pole and 0.52 cm at the cranial pole. The right adrenal gland measured 0.5 cm.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

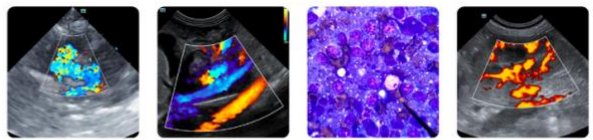
Liver

The **liver** was subnormal in size yet no evidence of macroscopic shunting. The portal vein to vena cava ratio was 0.9 to 1. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** was overdistended with fluid. The small intestine was unremarkable with normal. Soft stool was noted in the colon.

Pancreas



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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Free Abdomen

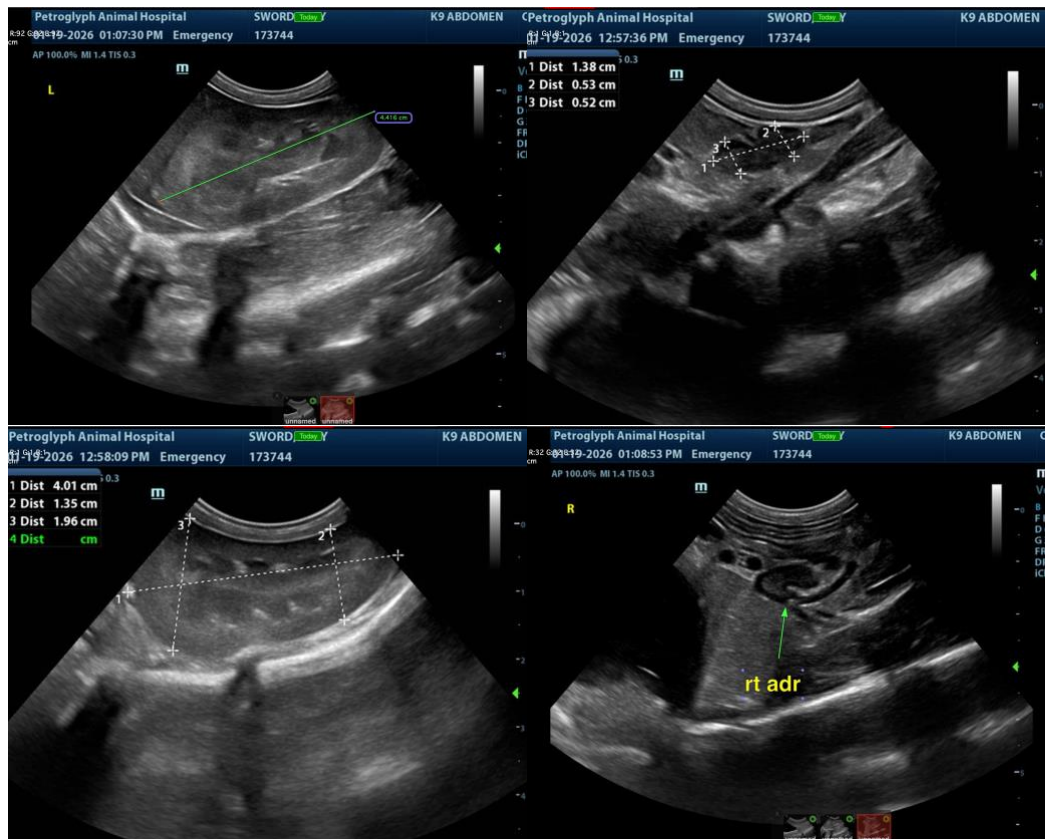
A minimal amount of **abdominal fat** was noted in this patient.

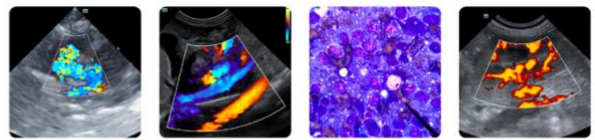
ULTRASONOGRAPHIC FINDINGS

- Subnormal liver size- no evidence of macroscopic shunting
- Gastric stasis/overdistention
- Poor body score
- Volume contraction

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile is indicated if not already performed. Given the low albumin, protein-losing enteropathy is suspected, if no significant proteinuria is present. Cannot rule out portal hypoplasia/microvascular dysplasia. Skull with contrast is indicated.





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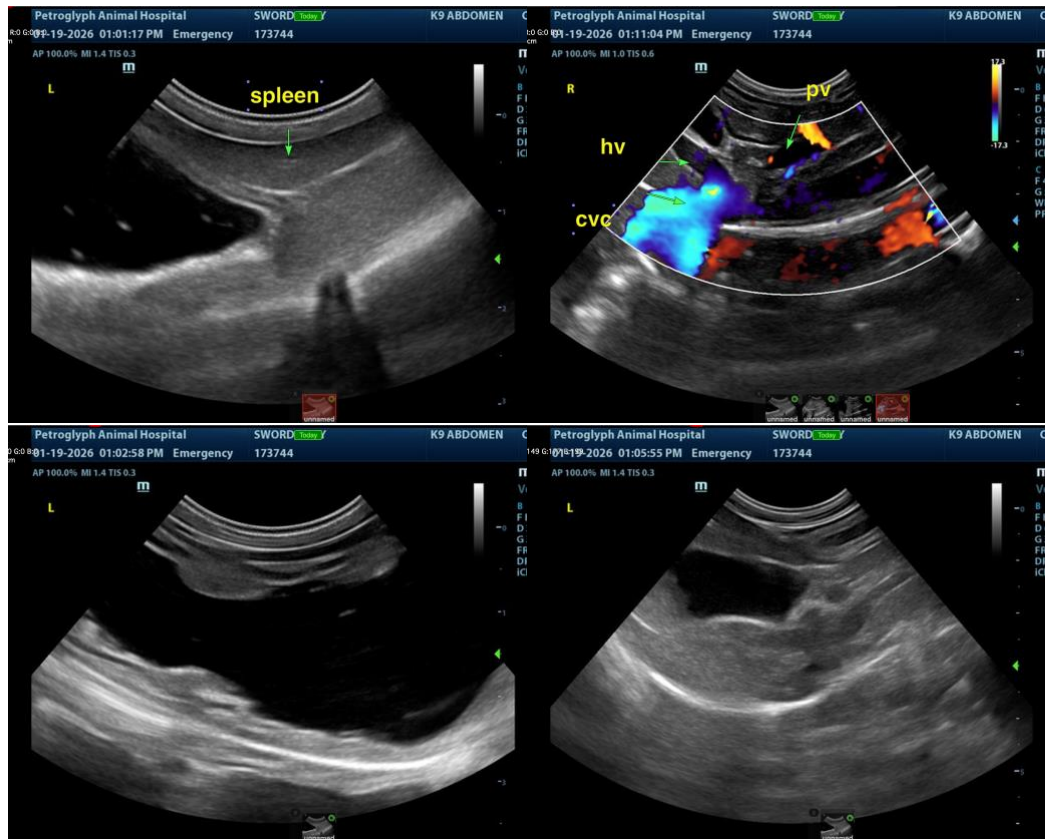
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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