



PATIENT

Leo Heim

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

13 Years 6 Months

WEIGHT

4.45

INTERPRETED BY

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

IMAGING PERFORMED BY

Brittney Beigel, DVM

HOSPITAL NAME

Bayside Animal
Medical Center

REFERRING VET

Brittney Beigel, DVM

INVOICE

72955

DATE

1/2/26

PRESENTING CLINICAL SIGNS

Hyporexia, weight loss, lethargy; intermittent D+ but rapid changes to firm stool observed by O; P currently on Pimobendan, furosemide, enalapril for degenerative valve disease, pulmonary hypertension, syncopal episodes, and presumed tracheal collapse; P was fasted for US scan; o opts for US to screen for abnormal pathology-- abd tumor, GI dz, other

Abnormal PE/Chem/CBC/UA Results: Attached.

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 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. Microcystic cortical changes noted. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. No-obstructive calculi noted in both kidneys. Left measured 3.43 cm. Right measured 3.72 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. Left measured 0.60 cm in width. Right measured 0.50 cm.

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 were 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** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed mucosal speckling throughout the small intestine.



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Pancreas

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.

Other

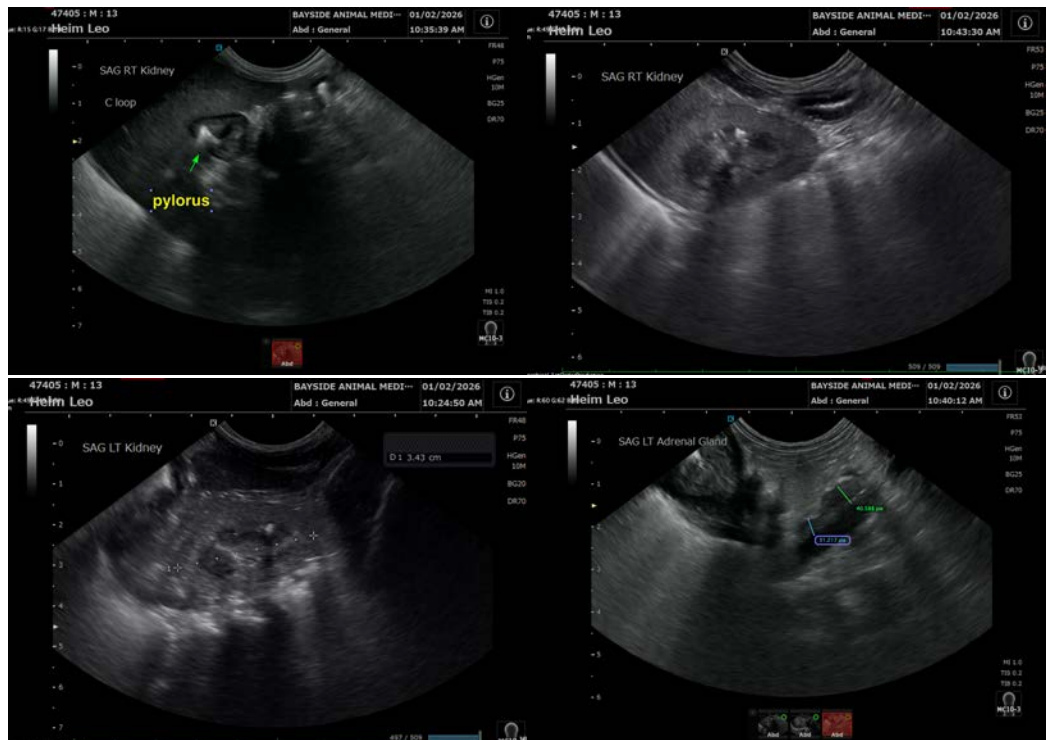
Transdiaphragmatic view revealed comet tail lung pattern indicative of alveolar disease.

ULTRASONOGRAPHIC FINDINGS

- Comet tail lung pattern.
- Age related renal changes with mineralization.
- Minor excessive gallbladder debris, consistent with emerging mucocele.
- Mucosal speckling in the small intestine.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strong concern for thoracic disease. Recommend focusing on thoracic pathology in this patient. Ursodiol therapy warranted proactively. However, there is no evidence of significant abdominal disease influencing the chest.





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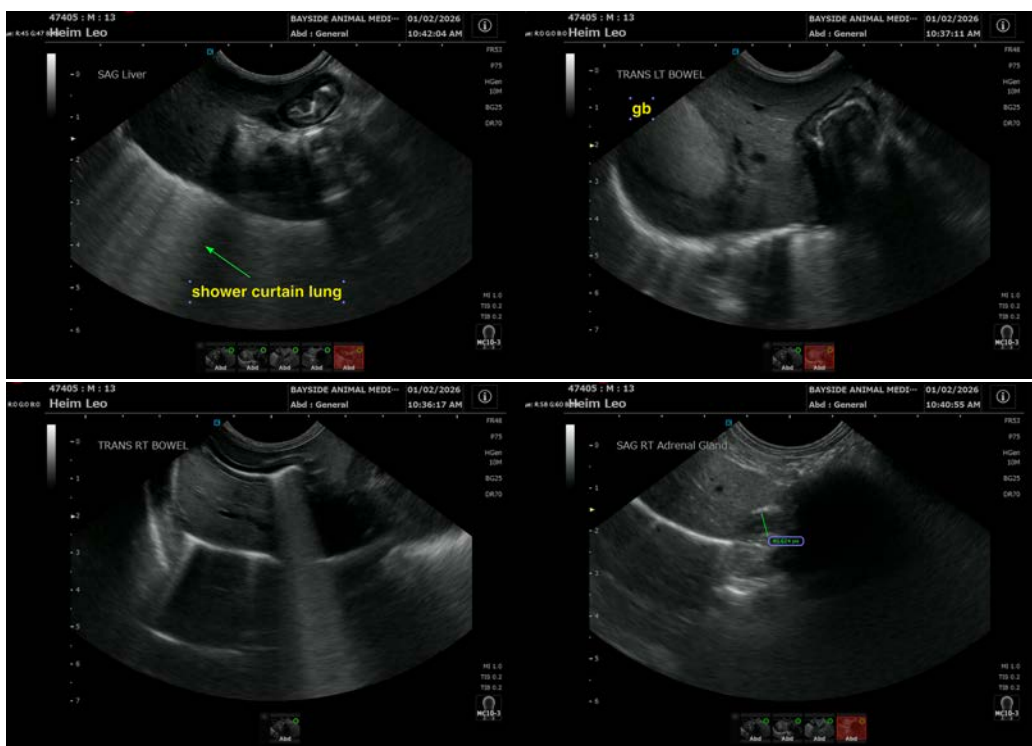
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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