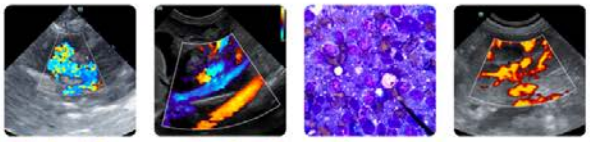

PATIENT

Prince Ayers

SPECIES

Canine

BREED

Chihuahua

SEX

Male

AGE

9 Years

WEIGHT

7.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brittany Gogluizza

HOSPITAL NAME

Evendale-Blue Ash Pet Hospital

REFERRING VET

Dr. Brittany Gogluizza

INVOICE

72913

DATE

1/2/26

PRESENTING CLINICAL SIGNS

Patient presented at RDVM (TLC Pet Care) on 12/16/25 for off and on not eating for 2 weeks and reoccurring seizures. Has had epilepsy most of life. Had only been back on Phenobarbital for 1 week at this time (was on Phenobarbital years ago). DVM discontinued Phenobarbital and prescribed Doxycycline. P was better after Doxy course. 2 small focal seizures had weekend of 12/27-28. Bloodwork done and liver values were elevated - labs attached.

Abnormal PE/Chem/CBC/UA Results: See attached labs

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

Portions of the prostate were imaged and appeared to be mildly heterogeneous, yet it was not clearly visualized.

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. Right measured 3.74 cm. Left measured 3.18 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. Left measured 0.31 cm at the cranial pole and 0.29 cm at the caudal pole. Right measured 0.70 cm at the cranial pole and 0.40 cm at the caudal 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 were noted.

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,

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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.

Gastrointestinal

The **stomach** presented mural hypertrophy up to 0.85 cm. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

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

The testicles were imaged and found to be uniform, no evident pathology.

ULTRASONOGRAPHIC FINDINGS

- Minor gastric hypertrophy.
- Potential BPH prostate.
- Age related renal and hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Structurally unremarkable abdomen. If prostatic disease is suspected, further imaging (SDEP #3 position) indicated. Skull CT may be optimal, given the seizure activity in this patient, for further definition. The cause of anorexia is unclear. GI protectant protocol could be considered. Other causes of the clinical signs such as orthopedic pain, CNS or thoracic disease should all be considered.

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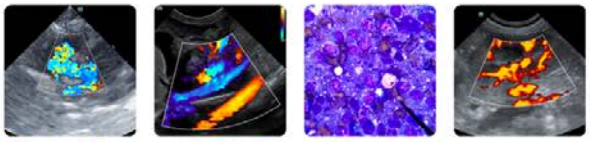

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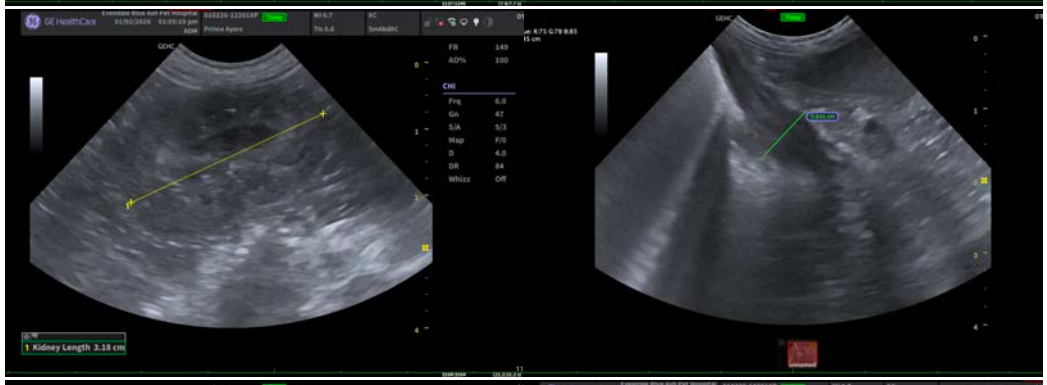

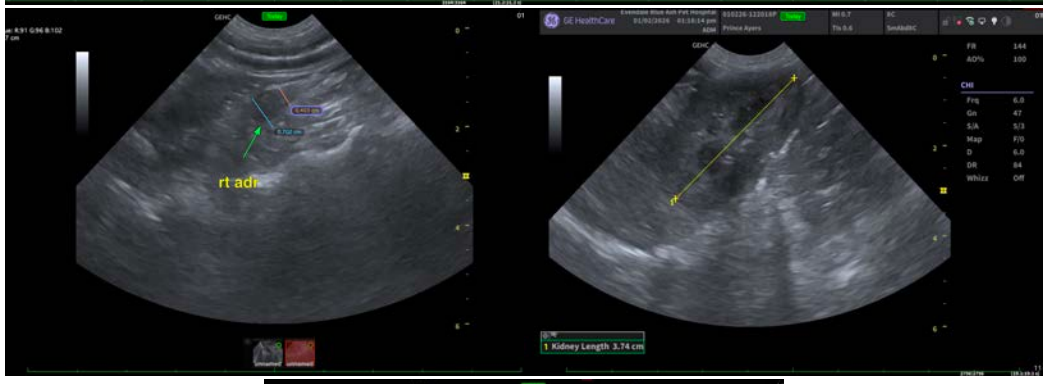

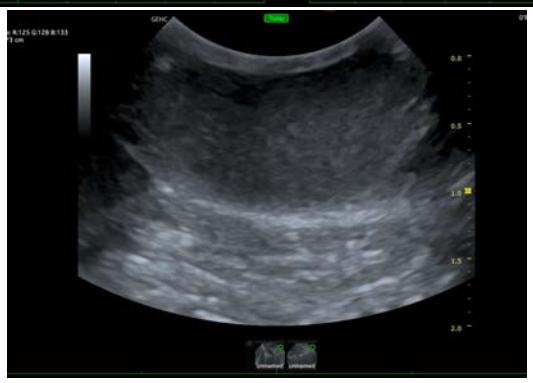

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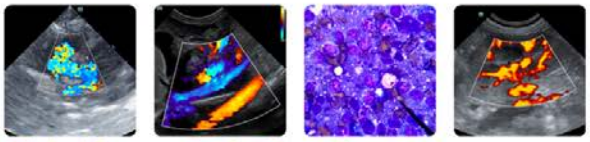

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com
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