



PATIENT

Abbey Curtis

SPECIES

Canine

BREED

Chihuahua x

SEX

Spayed Female

AGE

4 Years 7 Months

WEIGHT

5.72 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Mariusz Chmielinski,
DVM

HOSPITAL NAME

Apex Veterinary
Services, Ltd.

REFERRING VET

Alpine 24/7 ER

INVOICE

72465

DATE

1/24/26

PRESENTING CLINICAL SIGNS

Progressive lethargy, slow ambulation, and decreased appetite. Intermittent vomiting (~1× daily, foamy, no blood). Possible toxin / foreign material exposure: Chewed an electrical charging cord. Punctured two salbutamol inhalers. Chewed a pen with possible ingestion of fragments. Minor trauma: fell off couch several days prior. Increasing restlessness and abdominal discomfort.

Abnormal PE/Chem/CBC/UA Results: Triage / Vitals Temperature: 38.4°C Heart Rate: 160 bpm Respiratory Rate: 24/min Blood Pressure: 127/71 mmHg Very Anxious Blood Work Results (historical Nov 21, 2025): Leukocytosis: $35.11 \times 10^9/L$ Neutrophilia: $30.48 \times 10^9/L$ Monocytosis: $2.76 \times 10^9/L$ Hypokalemia: 3.2 mmol/L Hypoalbuminemia: 20 g/L ALT: 202 U/L (↑) ALP: 479 U/L (↑) Total T4: 11 nmol/L (↓)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was structurally unremarkable. Bladder and urethral sand noted, non-obstructive at the time of the sonogram.

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. Corticomedullary and pelvic mineralization noted in both kidneys. Right kidney measured 5.06 cm. Left kidney measured 5.15 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. Right measured 0.70 cm at the cranial pole and 0.56 cm at the caudal pole. Left measured 0.38 cm at the caudal pole and 0.36 cm at the cranial 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** was subnormal in size. Heterogeneous parenchymal changes noted. The gallbladder was slightly overdistended. No evidence of post-hepatic obstruction.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a large amount of upper GI gas. Duodenal thickening noted with hyperechoic surrounding fat.



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Pancreas

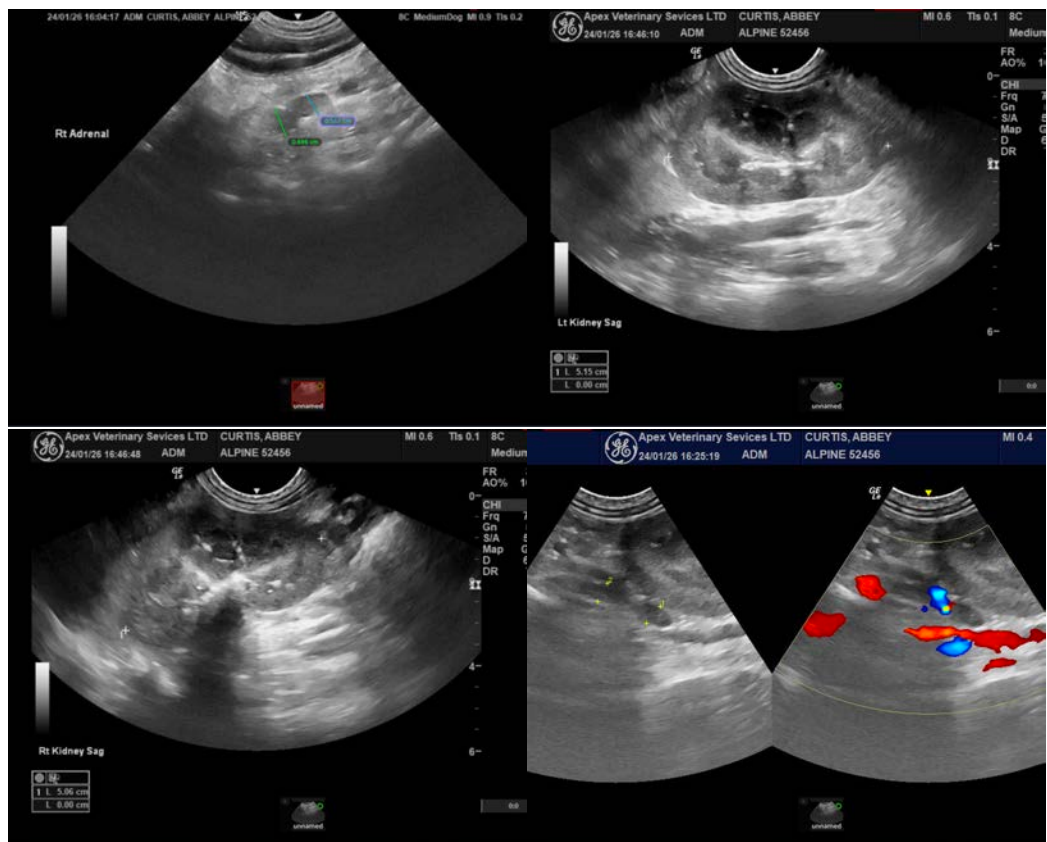
The **pancreas** revealed mild heterogeneous parenchymal changes.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sand/calculi.
- Renal calculi.
- Gastroduodenitis pattern.
- Microhepatica with remodeling.
- Mild heterogeneous pancreatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I'm concerned about the possibility of portosystemic shunting in this patient, yet visibility was poor in the portal hilus. Recommend bile acid profile. If elevated, then sedation and further imaging of the portal vein termination and portal vein to vena cava ratio warranted. Management for pancreatitis and gastroduodenitis warranted in the meantime. Full urinary workup warranted.





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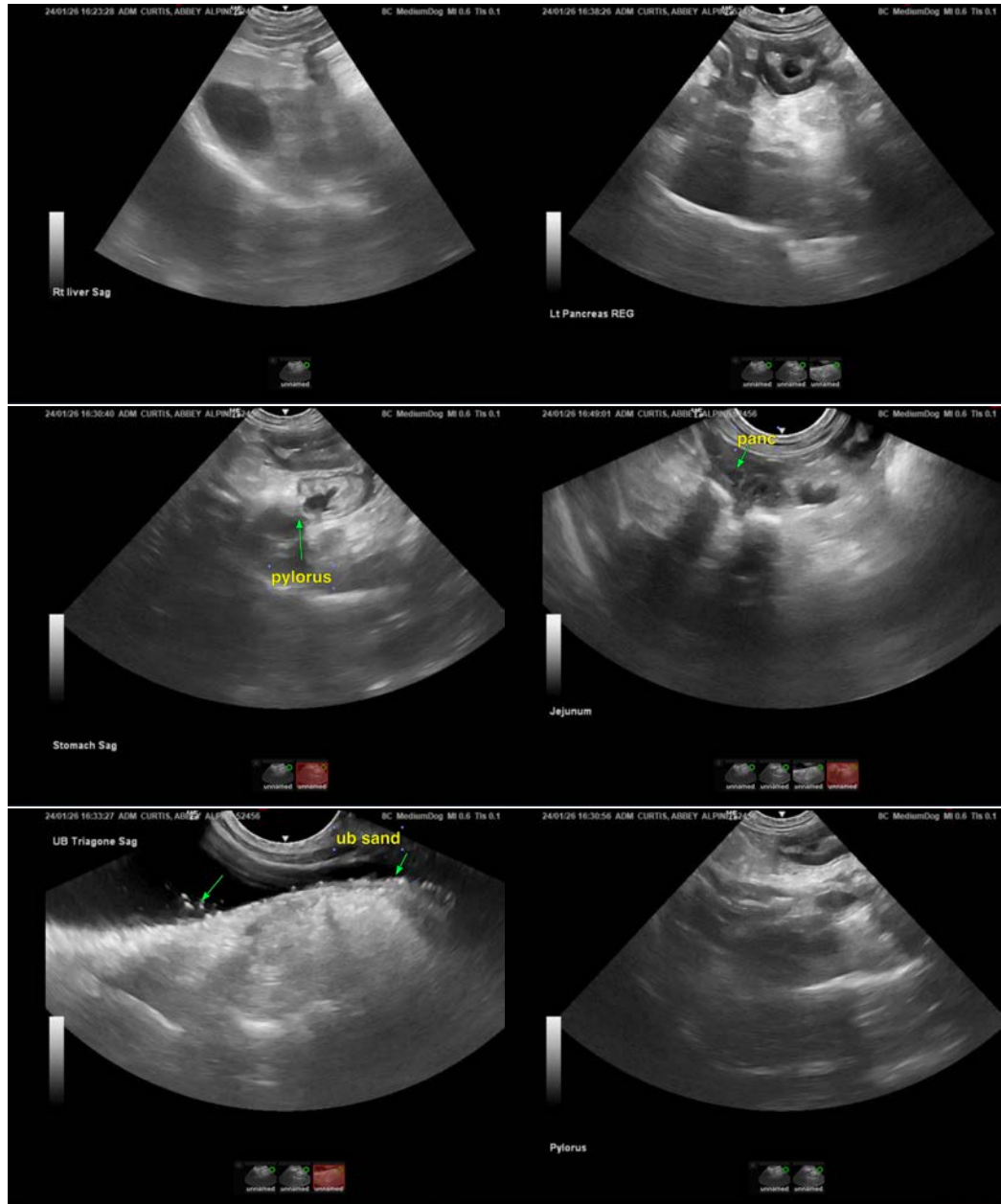
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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