



**PATIENT**

Piqui Rodriguez

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

3.2 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ferrer

**HOSPITAL NAME**

Paseos Vet Clinic

**REFERRING VET**

Dr. Martes

**INVOICE**

26555

**DATE**

10/21/21

**PRESENTING CLINICAL SIGNS**

Patient was presented for evaluation of lethargy. Has been lethargic for 3 weeks. Does not want to walk the same distance she usually did. Does not have vomiting or diarrhea. She is an indoor dog. Most of the time, she is lying down and is not active. Has not had any episode of trauma. Has urine with strong odor. She is not on HW preventive.

Abnormal PE/Chem/CBC/UA Results: CBC - macrocytic hypochromic non-regenerative anemia with Hct 15.7%, monocytosis 1.47k chemistry - increased ALP at 233, elevated GGT 14 PE - BCS 3/9, lenticular sclerosis OU, mild calculus accumulation

**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. 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. Slight pyelectasia noted. The left kidney measured 3.82 cm. The right kidney measured 3.53 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 right adrenal gland measured 0.47 cm at the caudal pole and 0.8 cm at the cranial pole. The left adrenal gland measured 0.38 cm.

**Spleen**

A 4.75 cm, largely parenchymal yet microcystic mass was noted deriving from the cranial pole of the **spleen**. Regional inflammation noted around the mass and the spleen.

**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. No obvious evidence of metastatic disease.

**Gastrointestinal**

Some retention of ingesta and gas noted in the **stomach**. The small intestine and colon were unremarkable.



**PATIENT**

**Pancreas**

Piqui Rodriguez

Minor heterogeneous **pancreatic** changes noted, expected for this age patient.

**SPECIES**

**Heart**

Canine

No obvious lesions in the right auricular region. Some heart based fat noted.

**BREED**

**ULTRASONOGRAPHIC FINDINGS**

Chihuahua

- Splenic mass – differentials include hemangiosarcoma or possible benign hyperplasia with mass effect. Round cell neoplasia unlikely.

**SEX**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Spayed Female

Recommend 3-view chest radiographs followed by exploratory surgery/splenectomy.

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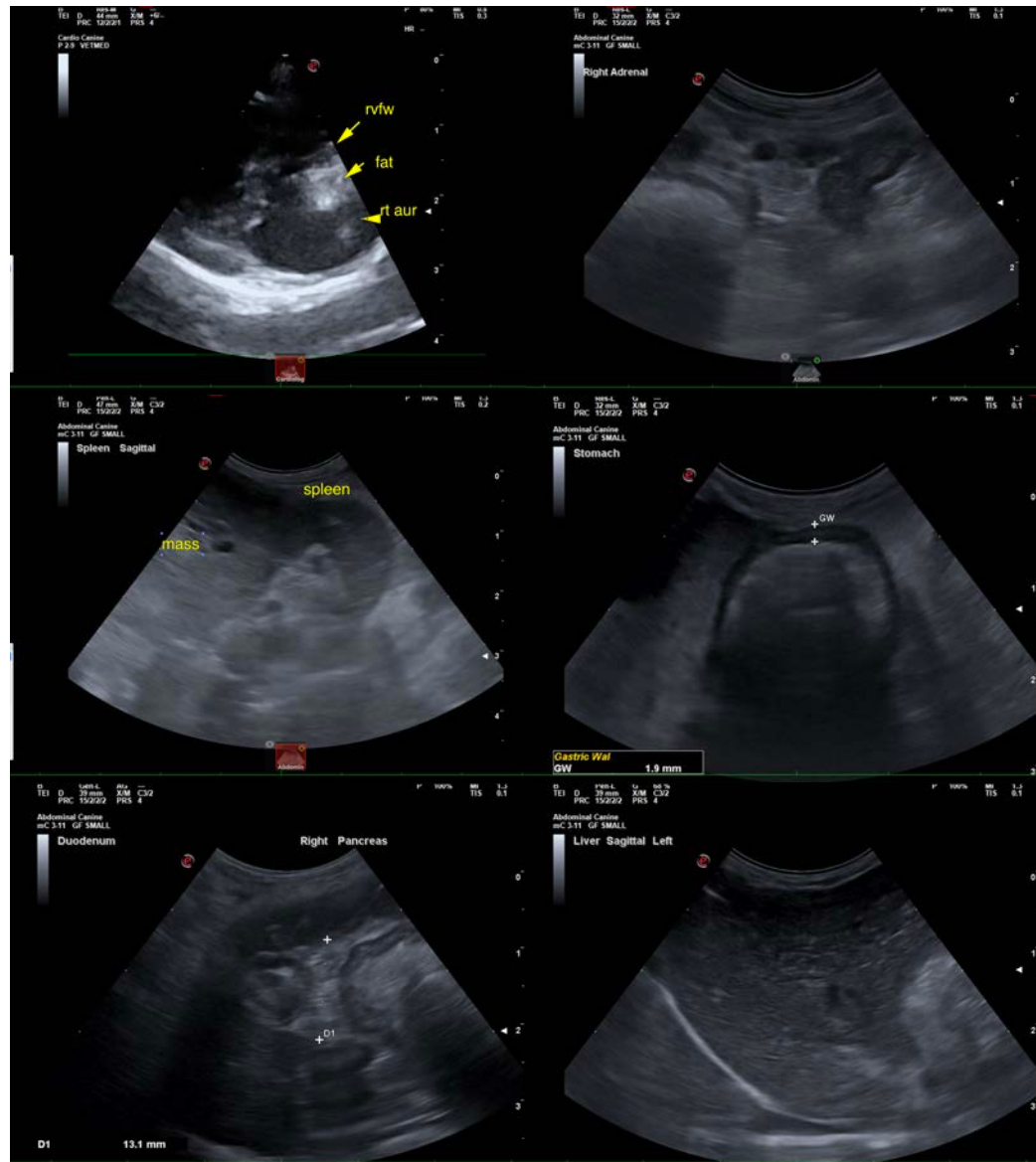
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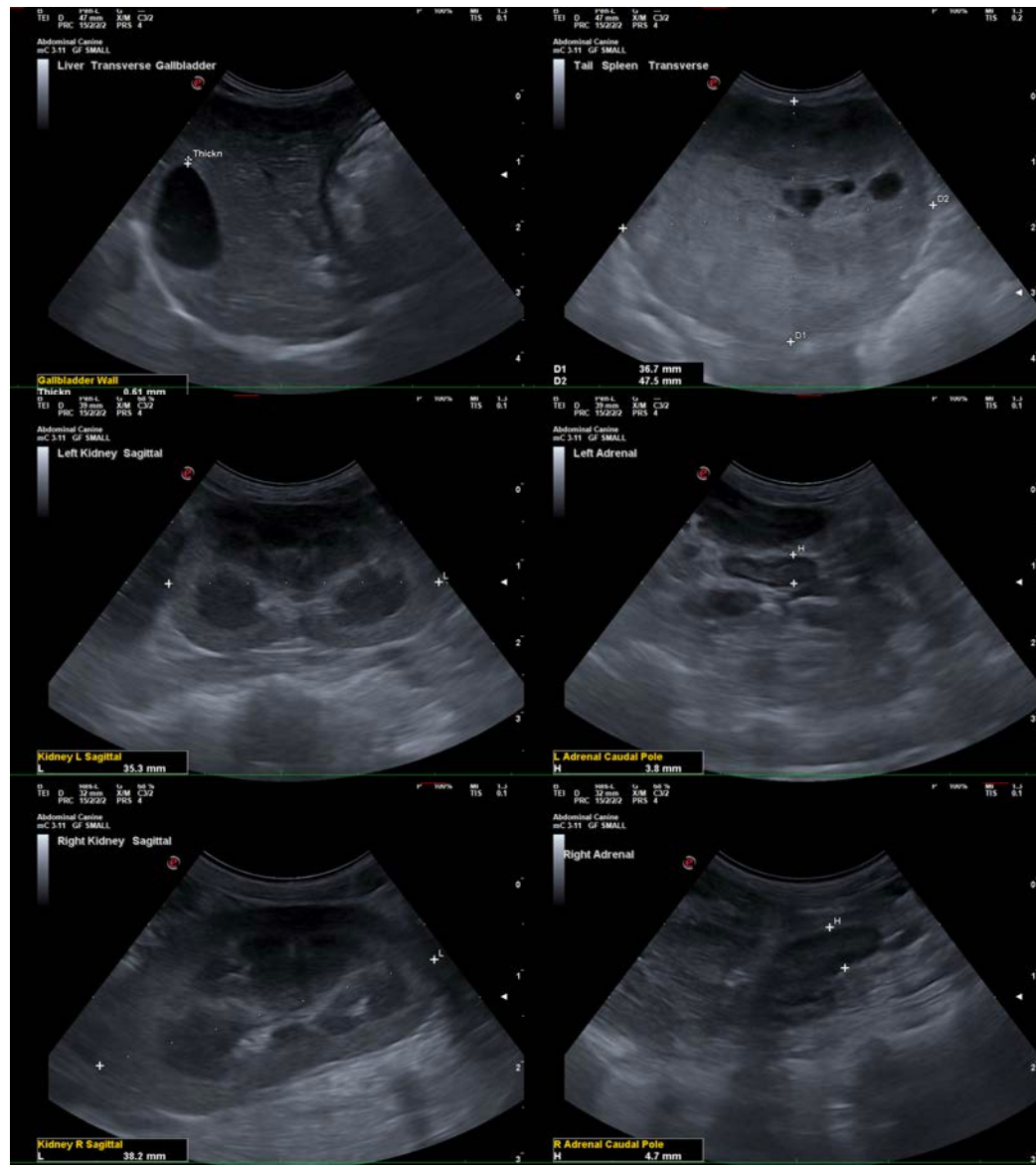
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)