



## PATIENT

Buster Feliu

## SPECIES

Canine

## BREED

Chihuahua Mix

## SEX

Neutered male

## AGE

10 years

## WEIGHT

13 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Christensen

## HOSPITAL NAME

Tranquility VC

## REFERRING VET

Dr. Christensen

## INVOICE

68526

## DATE

11/10/25

## PRESENTING CLINICAL SIGNS

History: Very sick 3 years ago. Scanned 3 years ago and saw • Bladder sand • Variable intestinal thickening with regional lymphadenopathy • Hypoechoic pancreas • Free fluid All lymph nodes swollen and lymph biopsy showed= Lymphadenitis, pyogranulomatous, marked, chronic, with fibrosis. SW/Antech IM service. Likely autoimmune pyogranulomatous lymphadenitis. Treated initially with prednisone and then Atopica. Has done great for the past 3 years but recently getting lethargic and not eating well. Hard to get medication into now.

CBC showed elevated reticulocytes @ 248 with no anemia. Chem= BUN= 3, Globulins= 4.9, ALT= 282, Alk-phos= 323, GGT= 17, T.Bili= 1.9., Amylase= 2180, Lipase= 4236.

## 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. Sand accumulation was noted in the bladder, grouping of which measured 3.0 cm. No evidence of inflammatory or neoplastic changes was 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Corticomedullary mineralization was noted in the kidneys. The left kidney measured 4.54 cm. The right kidney measured 4.6 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 1.4 x 0.52 cm at the cranial pole and 0.73 cm at the caudal pole. The left adrenal gland measured 0.5 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 was noted.



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## Liver

The **liver** revealed coarse architecture and nodular changes with increased portal markings. The liver was subnormal in size with irregular contour. This is consistent with hepatic cirrhosis/cholangiohepatitis. No hepatic vein dilation was noted. The gallbladder was thickened and empty.

## Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

## 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.

## Free Abdomen

Free fluid was noted in the abdomen.

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient presented volume contraction and left ventricular hypertrophy/pseudohypertrophy. This is likely owing to third spacing of fluid in the abdomen. Contractility appeared normal. There was no pericardial or pleural effusion. Left ventricular and right ventricular outflows were unremarkable. There was no evidence of stenotic disease.



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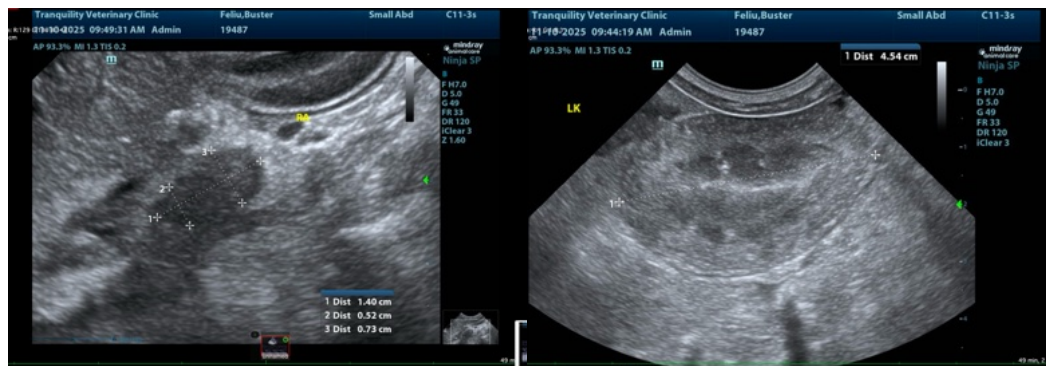
| CANINE CARDIAC PARAMETERS | MR VMAX (m/s) | TR VMAX (m/s) | LA/AO        | LA/AO (Heart Base) | FS (%)                          | EF (%)                                   | EPSS (cm)                                |
|---------------------------|---------------|---------------|--------------|--------------------|---------------------------------|--|--|
| NORMAL PARAMETER          | 4.5-5.5       | <2.7          | 1.3          | <1.6               | 28-40                           | 40-100                                   | <0.6                                     |
| PATIENT                   |               |               | 1.0          | 0.9                | 50                              |  | 0.1                                      |
| CANINE CARDIAC PARAMETERS | HR (BPM)      | AV VMAX (m/s) | PV MAX (m/s) | BODY WEIGHT        | LA 2D short axis Base view (cm) | LVIDd Avg; 2D and m-mode short axis (cm) | LVIDs Avg; 2D and m-mode short axis (cm) |
| NORMAL PARAMETER          | 50-100        | 0.7-1.7       | 0.7-1.6      | BELOW              | BELOW                           | BELOW                                    | BELOW                                    |
| PATIENT                   |               |               |              | 13 lbs             | 1.52 max                        | 1.9                                      |  |

**ULTRASONOGRAPHIC FINDINGS**

- Cirrhotic liver pattern with secondary ascites, likely owing to portal hypertension.
- Bladder sand.
- Moderate degenerative renal changes.
- Enhanced mesentery noted throughout the region of the pancreas.
- Volume contracted heart.
- Third spacing fluid with ascites owing to diffuse liver disease/hepatic cirrhosis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is a mild potential for underlying neoplasia. Prognosis long term is poor.





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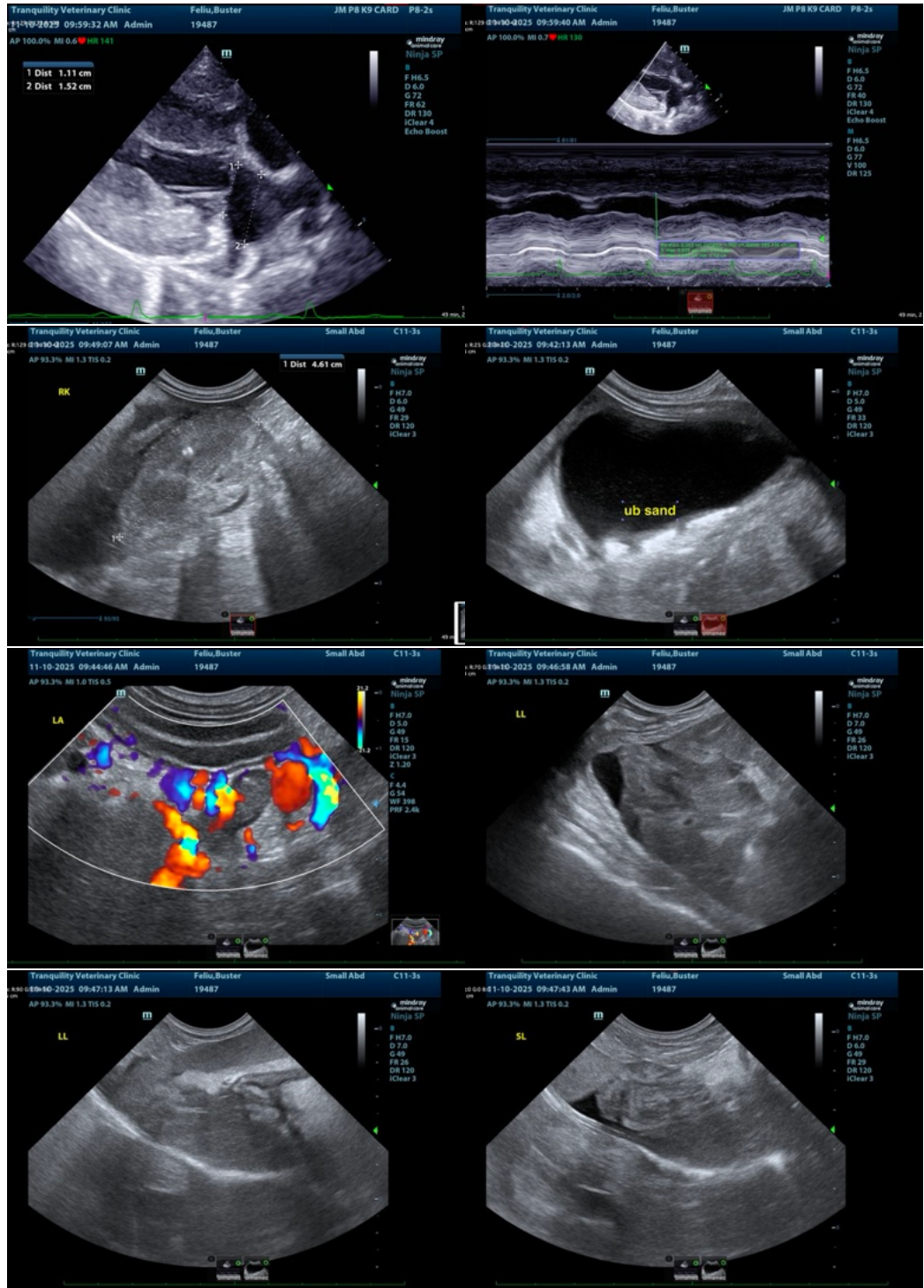
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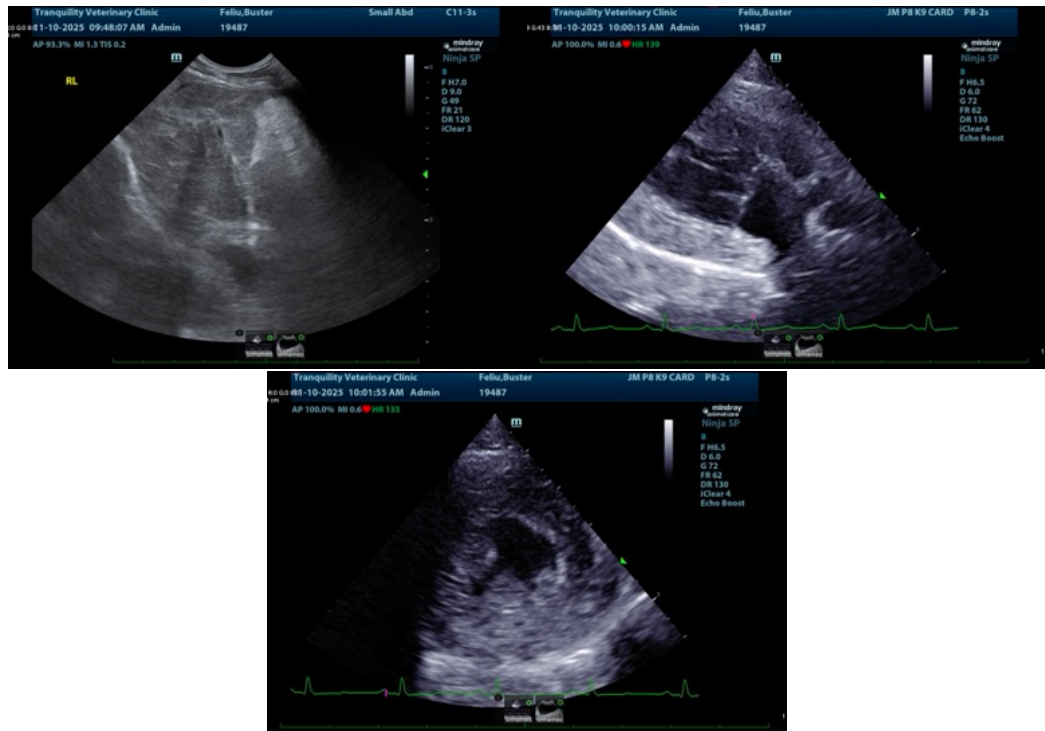
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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