



## PATIENT

Lilly Wood

## SPECIES

Canine

## BREED

Chihuahua

## SEX

Spayed Female

## AGE

5 Years

## WEIGHT

5.7 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Alexandra Pasaturo

## HOSPITAL NAME

Greater Staten Island  
Veterinary Service

## REFERRING VET

Dr. Alexandra Pasaturo

## INVOICE

72187

## DATE

11/27/25

## PRESENTING CLINICAL SIGNS

Vomiting, anorexia, lethargy since Sunday (11/23). Reported xrays and blood work at rDVM this week WNL (records not available due to Holiday) Diagnostics at GSiVS 11/27/25 Blood pressure: 125mmHg PCV/TS: 54/5.6 Istat: glu 162 (60-115), k 3.0 (3.4-4.9), cl 102 (106-127), iCa 1.11 (1.12-1.40), hct 51 (35-50), hb 17.3 (12-17) PSL: 236 (0-200)

Abnormal PE/Chem/CBC/UA Results: QAR, dehydrated Vitals WNL

## 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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. Left kidney measured 3.3 cm. Right kidney measured 3.2 cm.

### Adrenal Glands

The **left adrenal gland** was 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 adrenal gland measured 0.47 cm.

The **right adrenal gland** was not visualized.

### 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 presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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## Gastrointestinal

The **stomach** presented mild gastric thickening with a minor amount of ingesta and fluid filled lumen, consistent with chronic gastritis. The submucosal layer was thickened, consistent with chronic fibrosing gastritis. Mucosa was unremarkable. The small intestine and colon were unremarkable.

## Pancreas

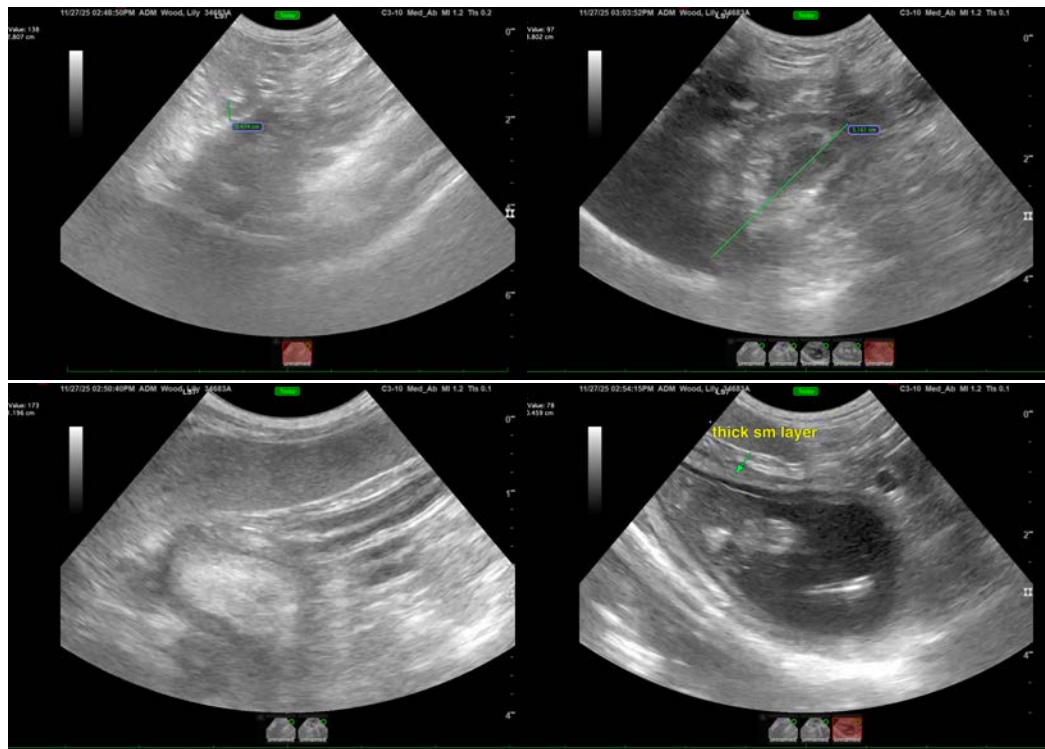
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Mild pyloric hypertrophy, chronic gastritis pattern, with minor stasis. No other evidence of pathology.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening for Addison's warranted. Even though the left adrenal appeared normal, the right adrenal was not evident. GI protectant protocol and supportive care should prove effective. Attention should be given toward onset of a diabetic state, given glucose elevation.





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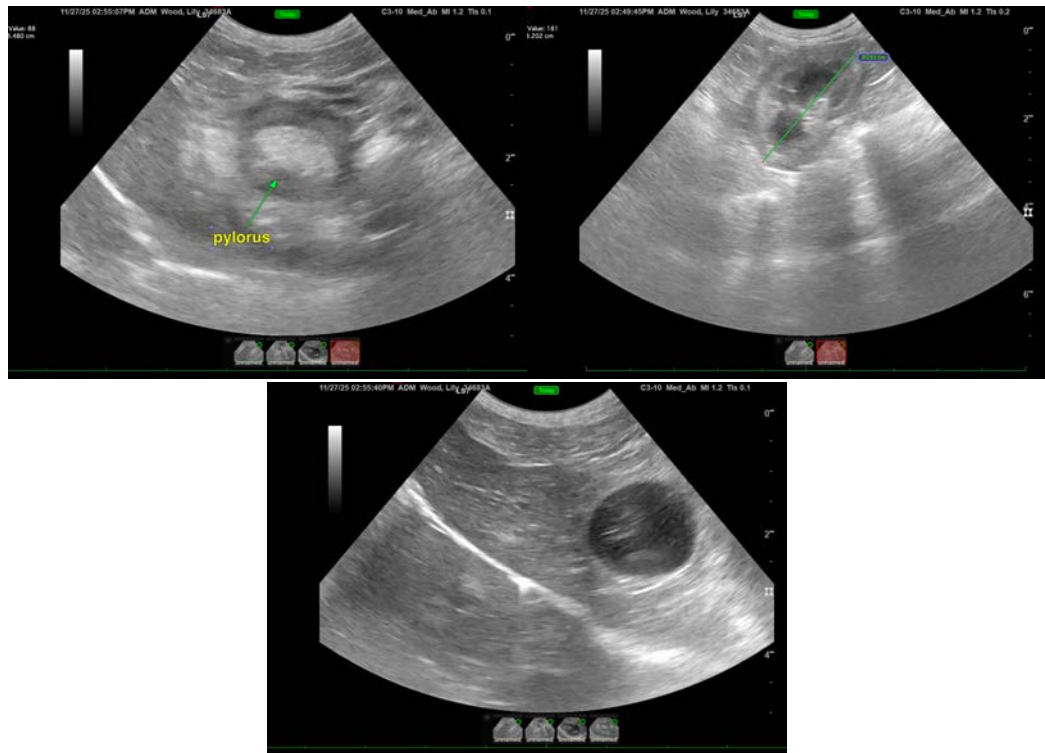
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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