



PATIENT

Cosmo Jones

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered male

AGE

7 years

WEIGHT

22.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ukachi Ugorji

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Jansen

INVOICE

68362

DATE

11/5/25

PRESENTING CLINICAL SIGNS

History: Historical Diabetic- difficulty regulating.
ALKP 423, glucose 247, cholesterol 418, triglycerides 538, PSL 427, urine specific gravity 1.024 with ketones

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 was 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. The right kidney measured 5.7 cm. The left kidney measured 5.2 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 left adrenal gland measured 0.58 cm at the cranial pole and 0.54 cm at the caudal pole. The right adrenal gland measured 0.66 cm at the cranial pole and 0.6 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 was noted.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and



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subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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 **pancreas** was hypoechoic and irregular with mild enhanced surrounding mesentery. This is consistent with chronic active pancreatitis.

ULTRASONOGRAPHIC FINDINGS

- Chronic active pancreatitis pattern with diabetic hepatopathy and diabetic nephropathy.
- No other evidence of pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I am concerned for underlying chronic active inflammation of the pancreas contributing to the dysregulation. Hydrolyzed diet may prove effective in this patient. Broad spectrum antibiotics and reassessment of the diabetic state is all warranted. IV fluid support over a 48-72 hour period would be appropriate. Subxiphoid palpation is recommended.





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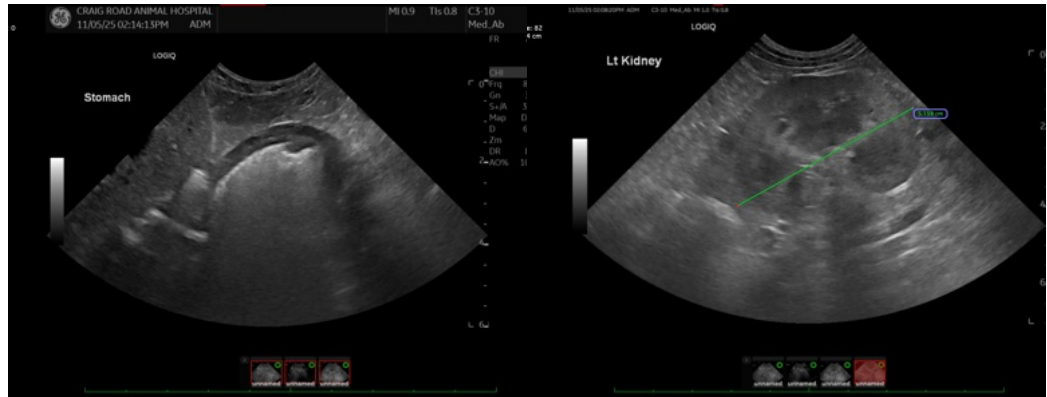
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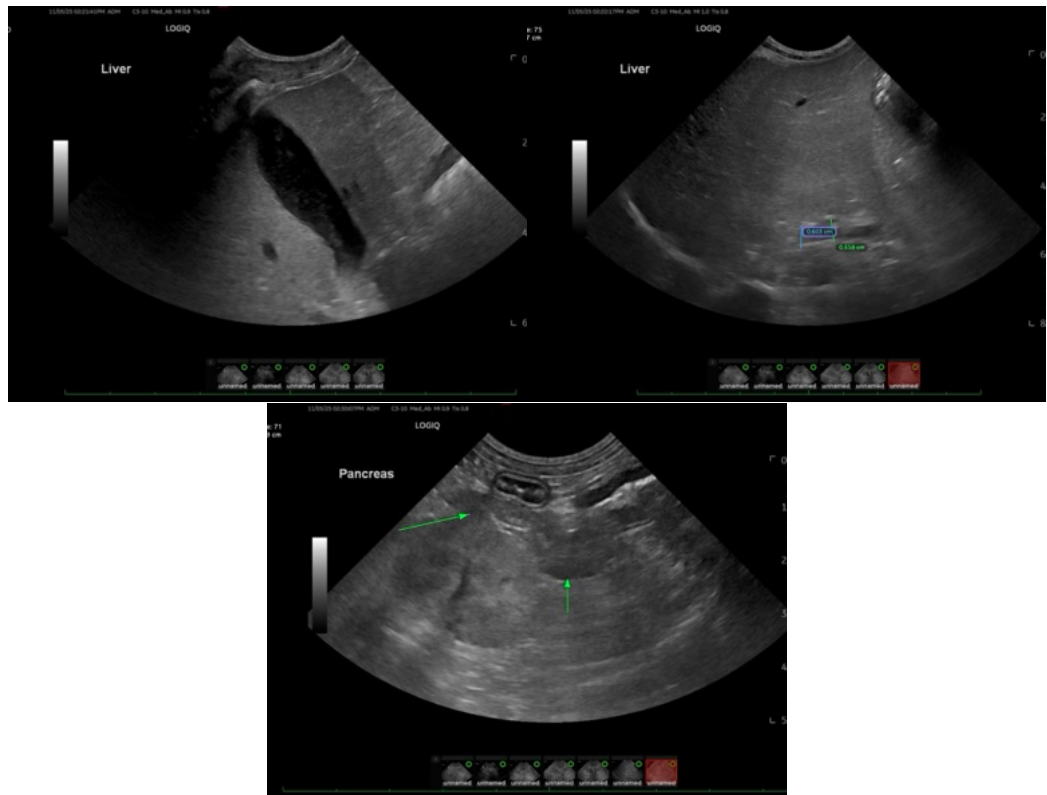
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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