



PATIENT

Chief Getz

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

11 Years

WEIGHT

4.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Harold Mike Beard

HOSPITAL NAME

Animal Care
Veterinary Center

REFERRING VET

Dr. Chris Magie

INVOICE

72216

DATE

12/1/25

PRESENTING CLINICAL SIGNS

Weight loss, eating well. Grade 4 mitral murmur. Treated for possible bacterial infection with ABs for 2 weeks. 42

Abnormal PE/Chem/CBC/UA Results: CBC mild anemia, thrombocytosis. Chemistry Ca, Album and SAP low, everything else normal. Radiographs reveal ileus. Suspect IBD or lymphangectasia.

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 pinpoint mineralizations noted. Left kidney measured 3.1 cm. Right kidney measured 3.1 cm.

Adrenal Glands

The **adrenal glands** were 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.

Gastrointestinal

The **gastric** wall was mildly thickened with echogenic mucosa. Wall thickness measured 1.0 cm. Minor amount of fluid filled lumen. An intestinal mass was noted measuring approximately 2.3 cm x 1.5 cm, stricturing a portion of the jejunum, causing an obstructive pattern. Hemorrhage may be deriving from this lesion or possible bone marrow disease. Dilated small intestine noted followed by empty small intestine with reactive surrounding mesentery.



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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

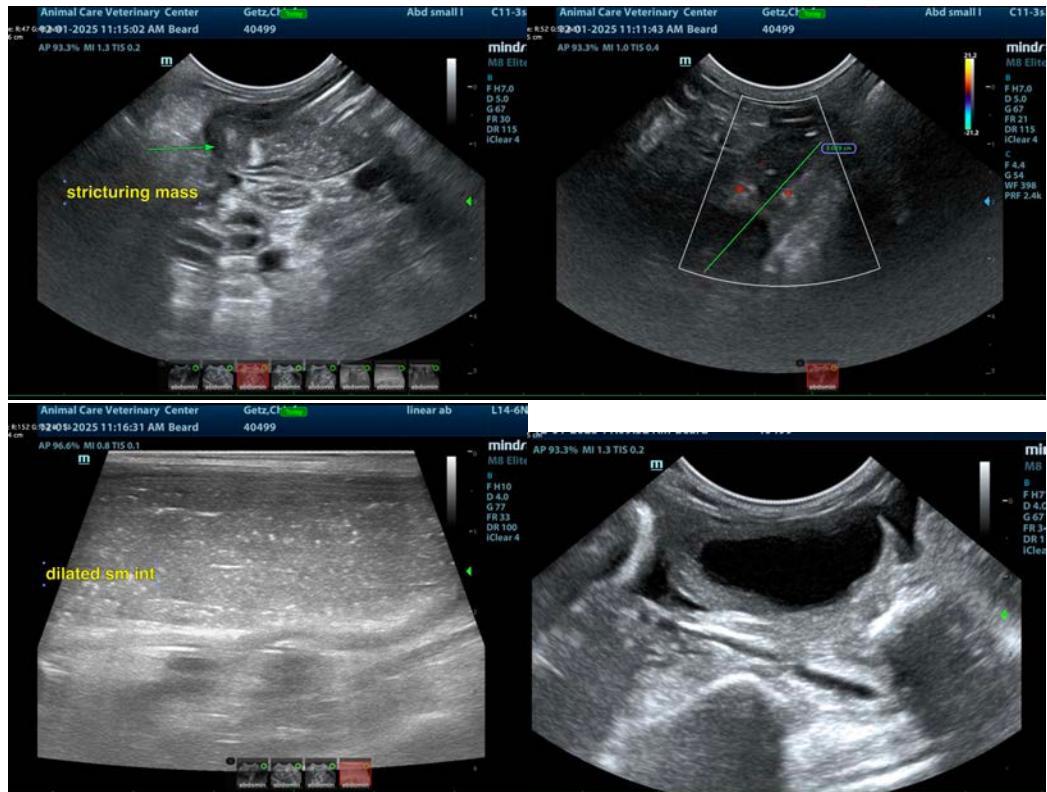
Moderate amount of free fluid noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

- Intestinal mass with obstructive pattern.
- Moderate free fluid.
- Age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominocentesis recommended to assess the effusion, or direct exploratory surgery with expectations towards resection and anastomosis. There is no overt evidence of organ metastasis, yet I cannot rule out this potential. Chest radiographs warranted prior to surgical intervention.





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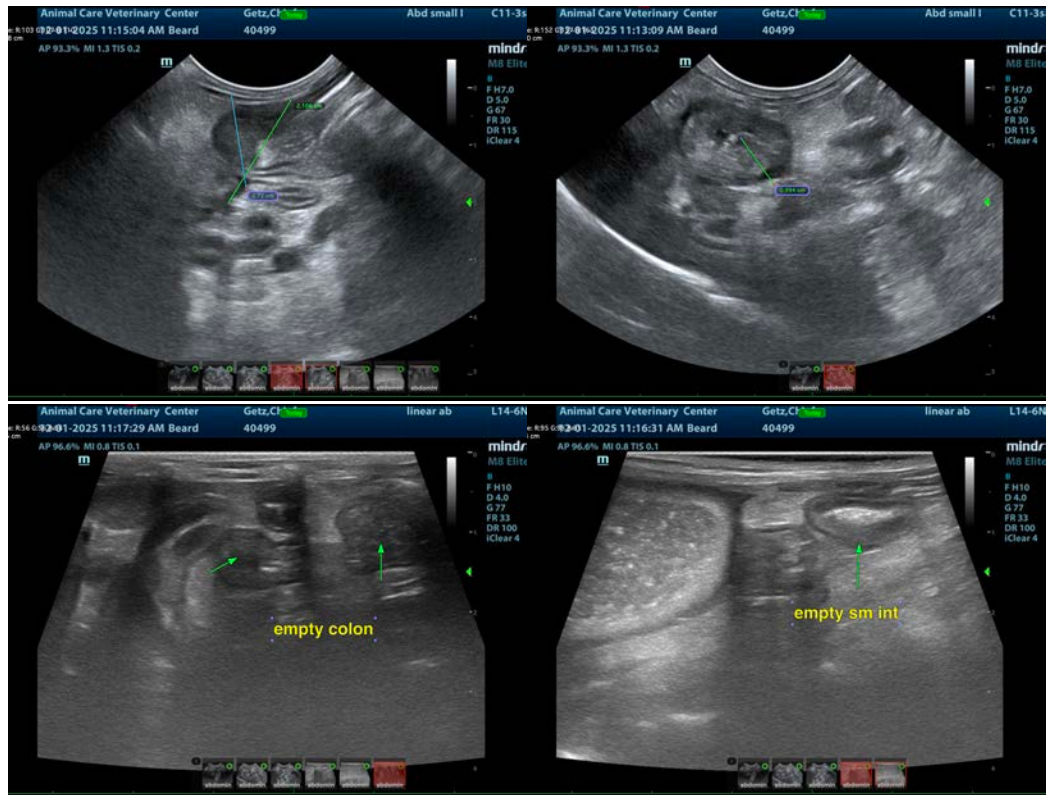
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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