



PATIENT

Chip Morris

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

5 Years

WEIGHT

4.16 kg

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (Canine &
Feline), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Kari Wilson DVM

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Kari Wilson DVM

INVOICE

12518

DATE

12/01/25

PRESENTING CLINICAL SIGNS

Chip is a 5 YO MN Chihuahua who was transferred for hospitalization. P presented to rDVM for diarrhea and not eating for the last 3 days. Today p has not had diarrhea but is very lethargic. Bloodwork showed elevated WBCs, kidney values, and liver values. Bloodwork also showed low blood glucose. rDVM gave IV fluids prior to transfer.

Physical Exam Findings: Mild dehydration 1-3%, Weak ambulation. CPL: Abnormal.

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. The capsules were acceptably uniform without significant irregularities. Slight pinpoint mineralizations were noted. The left kidney measured 4.7 cm in length. The right kidney measured 4.9 cm in length.

Adrenal Glands

The **right 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. The right adrenal gland measured 0.80 cm width at the cranial pole and 0.40 cm width at the caudal pole.

The **left 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** was subnormal in size with a uniform parenchyma. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of



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hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.

Pancreas

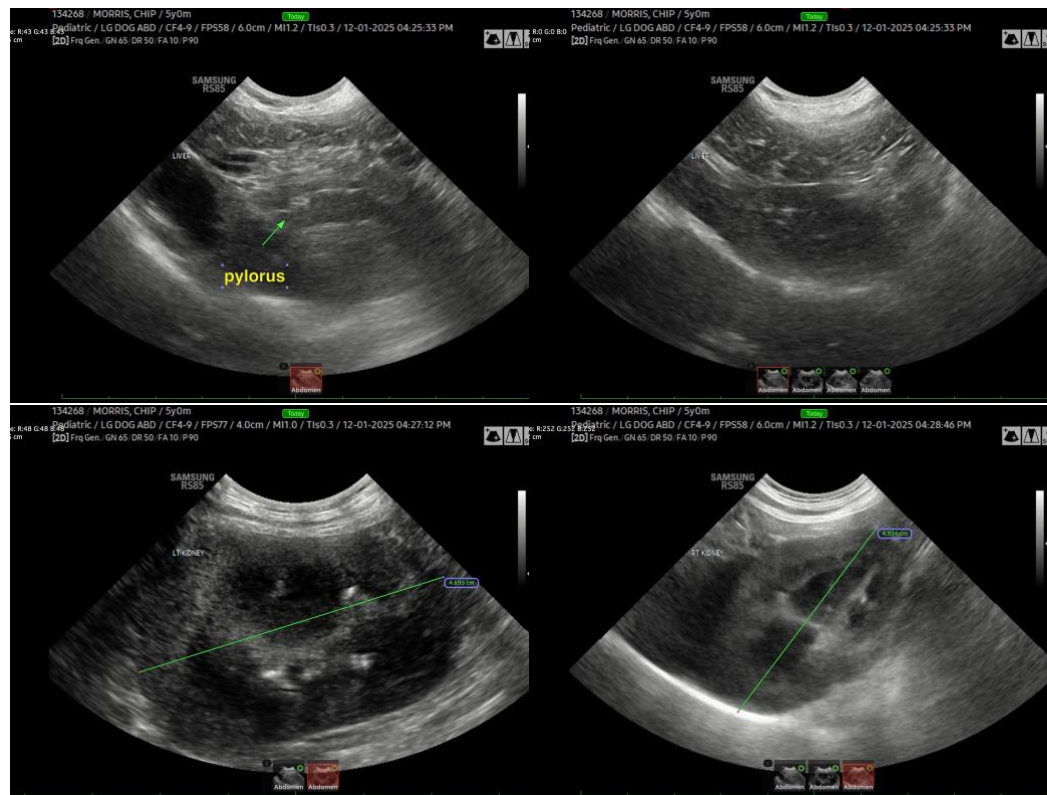
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific gastrointestinal upset.
- Subnormal liver size- no overt portosystemic shunting noted.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile is warranted. If bile acids are significantly elevated, then further imaging of the portal vein vena cava ratio and the portal vein branching SDEP 14 approach would be appropriate.





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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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