

PATIENT

Princesa Ventura

SPECIES

Canine

BREED

Chihuahua

SEX

Female

AGE

10 Years

WEIGHT

5.25

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

North Haledon
Veterinary Care

REFERRING VET

Dr. Laura Kennedy

INVOICE

72626

DATE

12/16/25

PRESENTING CLINICAL SIGNS

12/5 - back pain & umbilical hernia larger and firmer than ue. AXR result: hepatomegaly mild, poss cholecystolithiasis

Abnormal PE/Chem/CBC/UA Results: Increased plat otherwise NSF UA: Trace protein to 1+ PH 6.5 USG:>1.050

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented minimal amount of urine at the time of the sonogram with mild concentric wall thickening of 0.57 cm. Assessment for underlying cystitis indicated. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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. Right kidney measured 3.1 cm. Left kidney measured 2.8 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. Left measured 1.43 cm x 0.35 cm at the cranial pole and 0.44 cm at the caudal pole. Right measured 1.07 cm x 0.33 cm at the cranial pole and 0.33 cm at the caudal pole.

Spleen

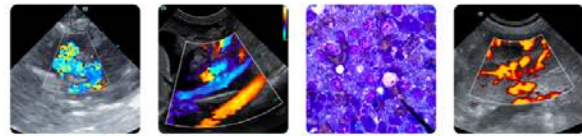
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. Gallbladder calculus noted measuring 0.84 cm.

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.



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Pancreas

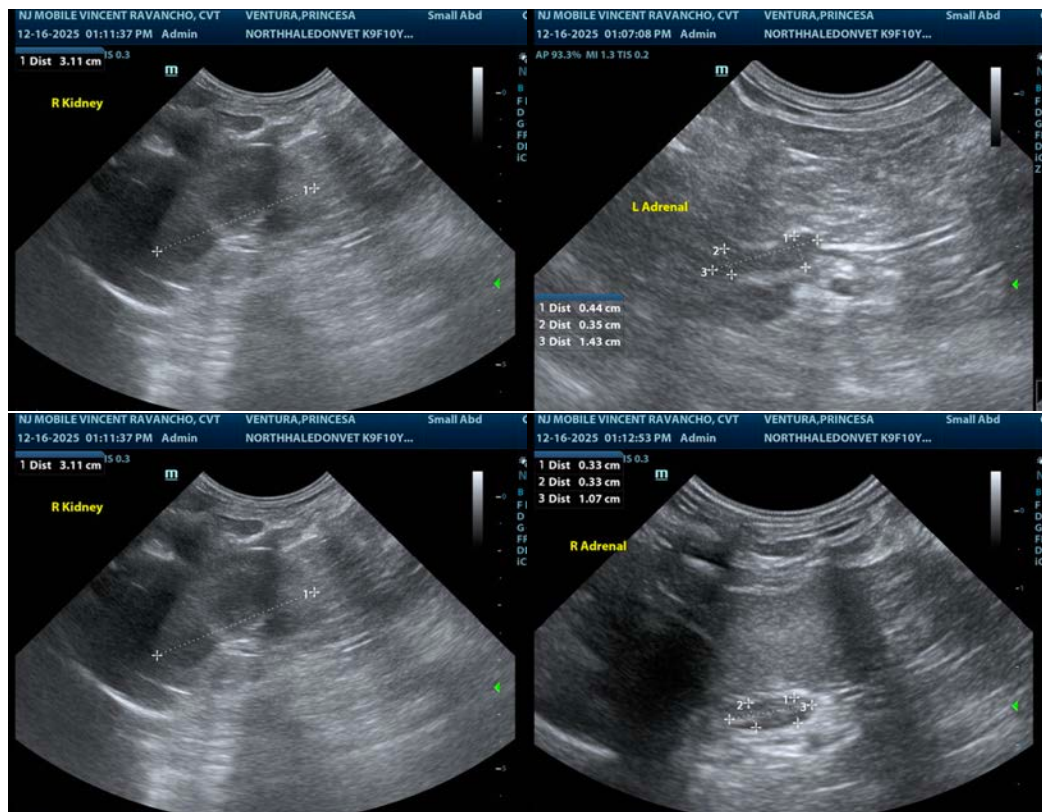
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

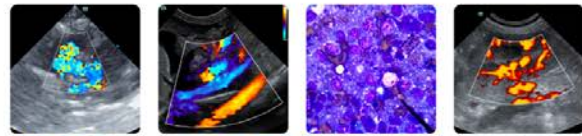
ULTRASONOGRAPHIC FINDINGS

- Stable gallbladder calculus, non-obstructive.
- Mild urinary bladder wall thickening.
- Age related renal and hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant disease. Ursodiol could be considered as a potential dissolution option. However, this is highly variable patient to patient. Recheck sonogram warranted if any clinical signs of anorexia occur or if any rapid rise of liver enzymes occur that would suggest a potential movement or obstruction into the common bile duct by the gallbladder calculus.





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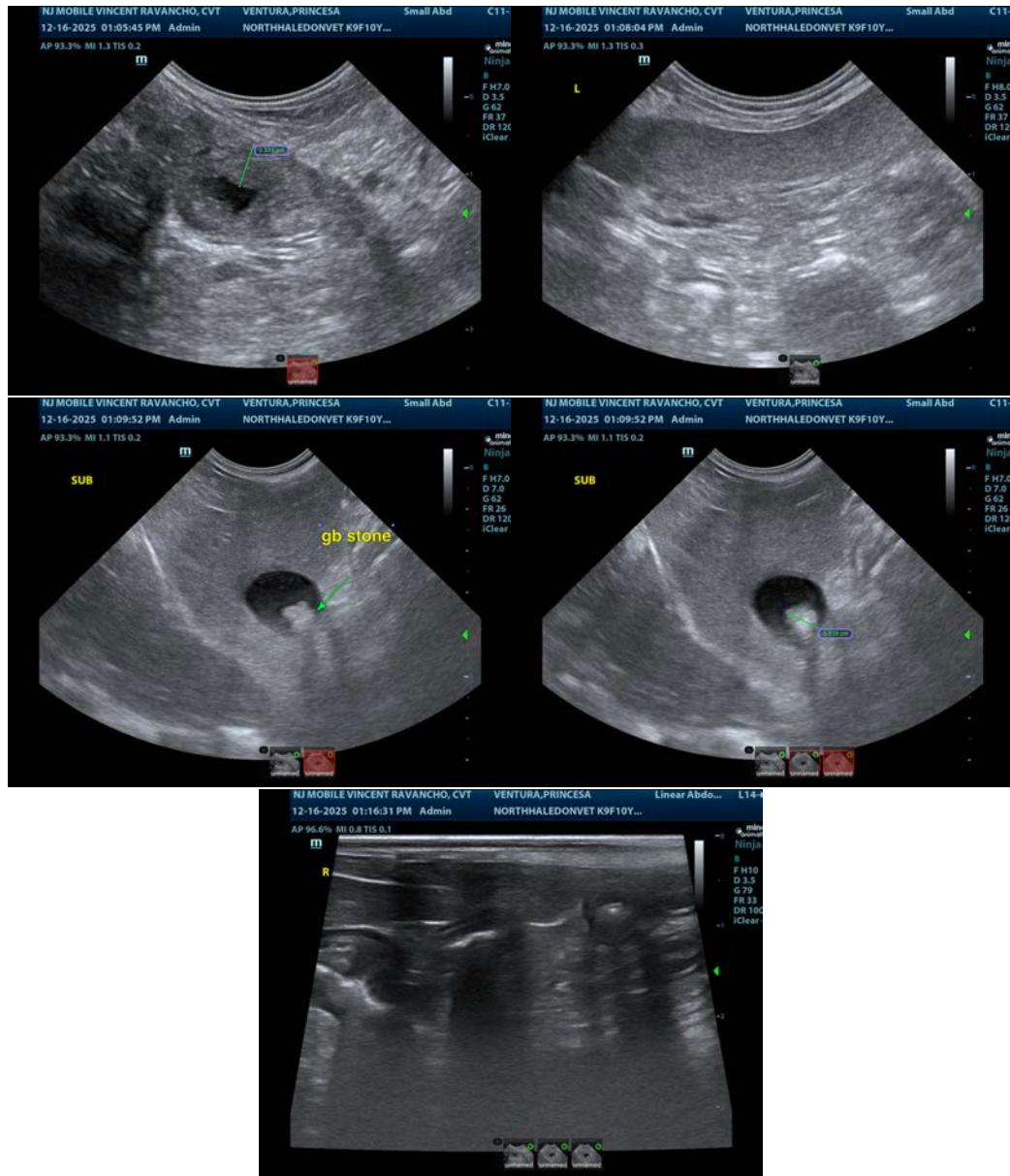
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com
info@SonoPath.com