



## PATIENT

Finley Wong

## SPECIES

Canine

## BREED

Chihuahua Mix

## SEX

Neutered Male

## AGE

10 Years

## WEIGHT

10.8 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Gudrun Gunther

## HOSPITAL NAME

New Frontier Animal  
Medical Center

## REFERRING VET

Dr. Gudrun Gunther

## INVOICE

12738

## DATE

12/17/25

## PRESENTING CLINICAL SIGNS

Chronic vomiting and hyporexia. Had a SonoPath scan in July 2023 (Mild gastroenteritis pattern-underlying) and was treated according to the Helicobacter/Gastritis protocol. Patient was then not seen again until 12/12/25 for acute and significant hyporexia and soft stools.

PE: Patient is significantly underweight, pale mucus membranes CBC - no anemia, mild microcytosis, hypochromia CHEM - Mild elevation ALT 208; ALP normal Albumin normal at 3.1 Significant hyponatremia (137), hypokalemia (2.6), hypochloridemia (93) Pancreatic lipase - significantly elevated 701 (0-200)

## 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. The left kidney measured 3.96 cm in length. The right kidney measured 4.52 cm in length.

### 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 1.36 cm x 0.41 cm width at the caudal pole and 0.35 cm width at the cranial pole. The right adrenal gland measured 1.54 cm x 1.16 cm width at the cranial pole and 0.38 cm width 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. The spleen was folded upon itself caudally.

### Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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. Minor gallbladder sand was noted. The common bile duct was unremarkable.

### Gastrointestinal



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The **stomach** was overdistended with chyme consistent with post prandial presentation. Some transit of chyme was noted in the small intestine. The small intestine seemed spastic and empty with slight areas of free fluid. One area of interest revealed dilated bowel with an approximately 2.0 cm shadowing structure consistent with likely foreign body. Soft stool was noted in the colon.

**Pancreas**

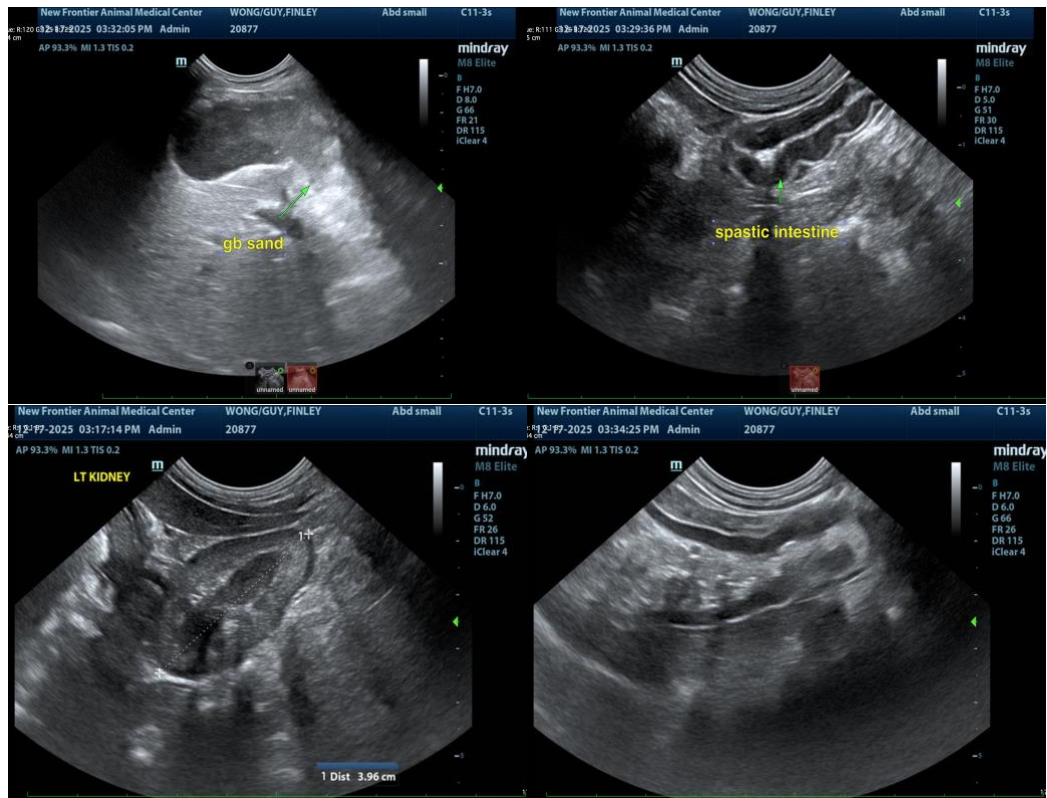
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Folded spleen.
- GI obstructive pattern.
- Gallbladder sand.
- Age-related hepatic changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Exploratory surgery is indicated. Resection of spastic bowel may be in this patient's best interest.





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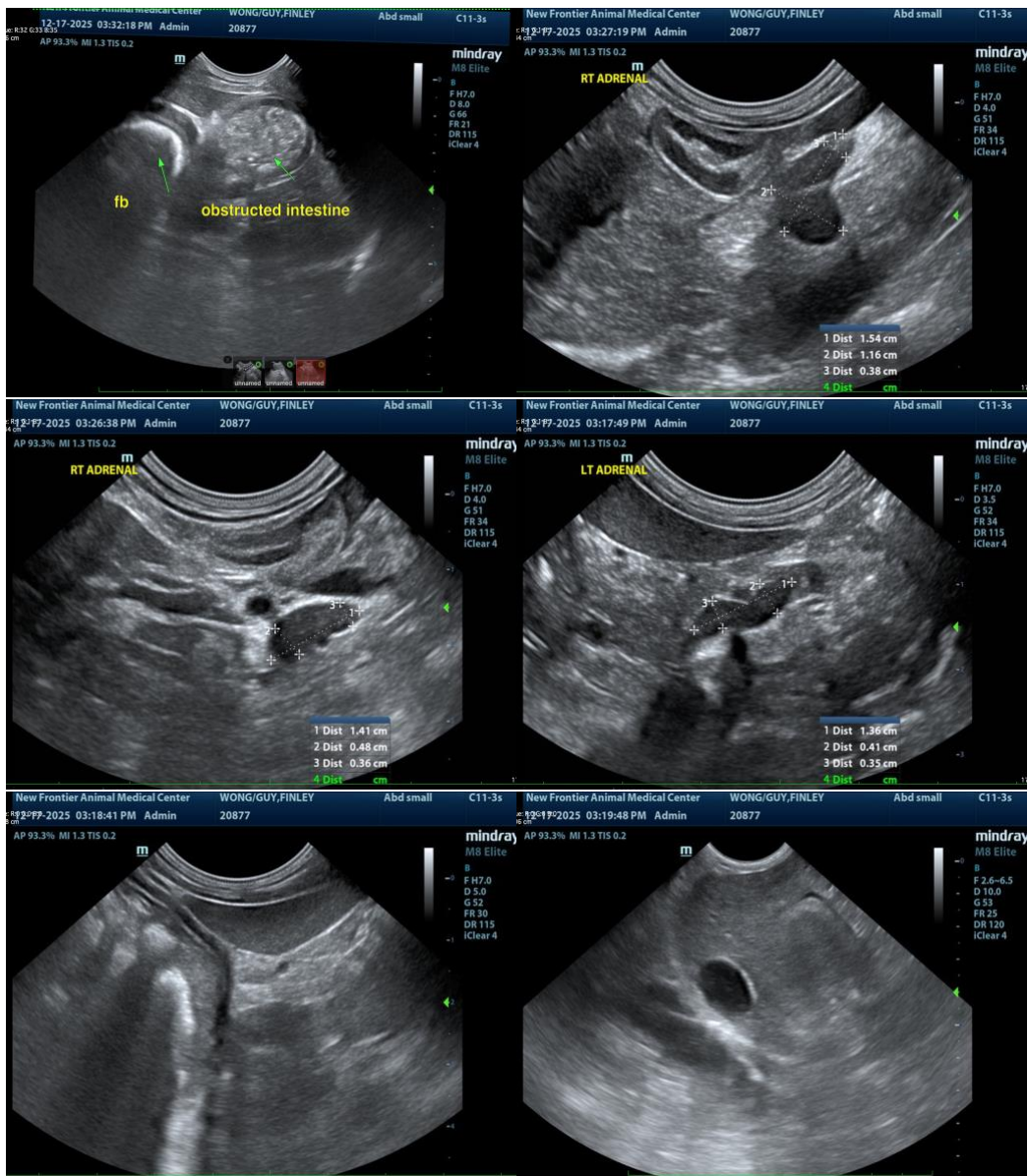
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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[info@SonoPath.com](mailto:info@SonoPath.com)



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