



PATIENT

Twinkle Dworakowska

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed female

AGE

18 years

WEIGHT

7.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IUUSS

IMAGING PERFORMED BY

Seth Edgar, DVM

HOSPITAL NAME

Overpeck Creek AH

REFERRING VET

Dr. Edgar

INVOICE

69411

DATE

12/18/25

PRESENTING CLINICAL SIGNS

History: Twinkle is an 18 year old SF Chihuahua presented for abdominal ultrasound. She recently had annual lab work done, which revealed some liver enzyme elevation (alt 224, ast 65, alp 6000), as well as low grade anemia (hct 34, retic 26), low total t4 (<.4), and stable CKD (SDMA 17, BUN 37, Creat 1.5). Thyroid was followed up on with Free T4 testing, which was <.3. Symptomatically, pet has been pacing constantly, seemingly uncomfortable, with a lot of whining. It was advised to follow through with the liver abnormalities first and then the thyroid in case of euthyroid sick syndrome. Current Meds: - Lasix 12.5mg @ 3/4 tab q12 - Vetmedin 2.5 @ 1/2 tab q12 - Tussigon 5mg/ml @ 1.25ml q6 PRN - Enalapril 2.5 @1 tab q24

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 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 this age patient. Medullary structure differed distinctly from that of the cortex. Mineralization was noted in the right kidney. The right kidney measured 3.2 cm with slight microcystic cortical changes noted. The left kidney measured 3.12 cm with pyelectasia.

Adrenal Glands

The left **adrenal gland** revealed a hyperechoic nodule at the caudal pole measuring 1.4 x 0.5 cm. The caudal pole of the left adrenal gland measured 0.77 cm and the cranial pole measured 0.5 cm. The right adrenal gland was slightly enlarged, mildly heterogenous and slightly irregular. A nodule was noted at the mid caudal body measuring 1.3 x 0.9 cm. The right adrenal gland measured 1.8 x 0.97 cm at the caudal pole and 0.52 cm at the cranial 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.



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Liver

The **liver** revealed an anechoic cyst that measured 1.0 cm with minor echogenic debris. The gallbladder was mildly over distended with minor polypoid changes with dependent and suspended debris, yet not to mucocele formation.

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. Some pyloric mucosal remodeling was noted. This is likely owing to history of gastric inflammatory episodes. 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 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

Moderate chronic degenerative renal changes with pyelectasia.

Minor excessive gallbladder debris, not to the level of mucocele formation.

Hepatic and renal cysts, not pathological.

Slightly irregular adrenal glands. Nodules in both adrenal glands.

Some pyloric mucosal remodeling, likely owing to history of gastric inflammatory episodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture is warranted if any inflammatory sediment is present. Ursodiol therapy is indicated. Serial blood pressure is recommended. Differentials for the adrenal gland nodules include hyperplasia, adenoma, mild potential for emerging carcinoma or pheochromocytoma. The right adrenal gland appears resectable. Recheck sonogram is recommended in 6 weeks regarding the gallbladder and right adrenal gland.

Serial blood pressure measurements are recommended in this patient. If hypertension is an issue metanephrine level is recommended. If the patient appears Cushingoid and urine specific gravity is less than 1.020 then work-up for adrenal dependent Cushing's is indicated. Recheck is recommended in 2-3 weeks to assess for any progression of the adrenal gland.



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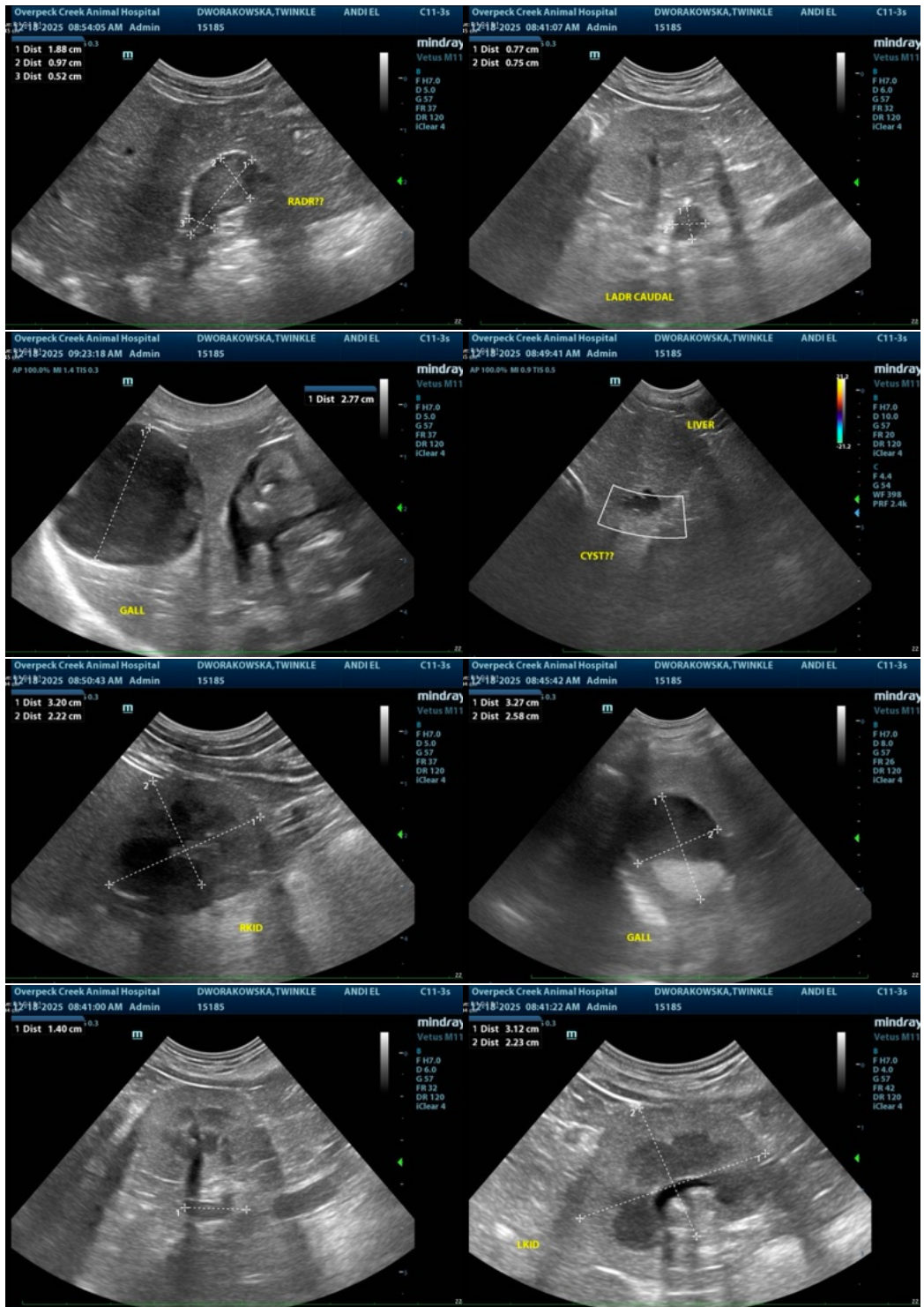
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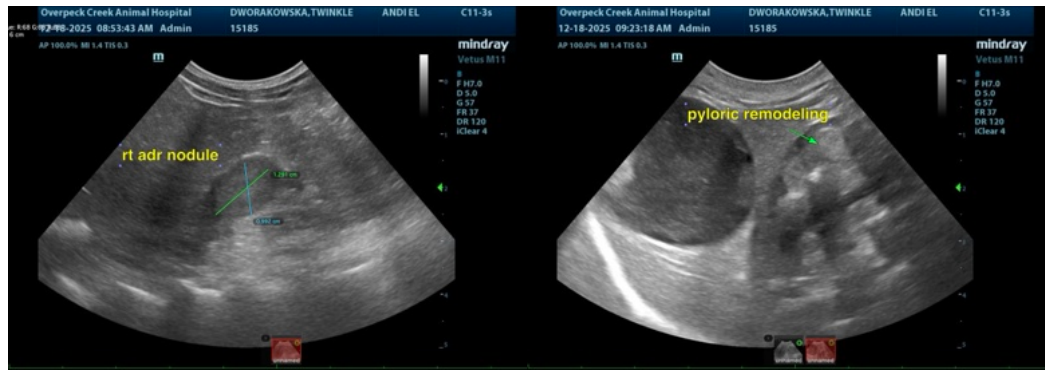
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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