



PATIENT

Bianca Blanca
Masselink

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

14 Years

WEIGHT

2.90 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Schwanebeck

HOSPITAL NAME

AEH Deland

REFERRING VET

Dr. Schwanebeck

INVOICE

35056

DATE

12/23/25

PRESENTING CLINICAL SIGNS

History: Bianca Blanca is a 14 YO FS Chihuahua who was presented for vomiting, diarrhea and abdominal discomfort. Symptoms started about 30 minutes ago. She began vomiting and having diarrhea. She has also been crying out in pain. She does get table scraps at home. She has a history of collapsing trachea and heart murmur. On exam her abdomen is severely distended and firm. She is vocalizing and painful.

Abnormal PE/Chem/CBC/UA Results: CBC: retic 139.8, PLT 826K Chem: phos 8.4, alb 4.2, BG 502, chol 398, ALP 194 EPOC: pCO2 53.8, pH 7.290, lactate 5.44, BG 461 CPLi: normal Third Radiograph Report Conclusion: Decreased gastric distention with interim gastric emptying. No persistent gastric soft tissue or mineral contents are identified. 2. No evidence of small intestinal mechanical obstruction or intestinal foreign body. 3. Bilateral medial patellar luxation.

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 mild 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, and no evidence of pelvic dilation was present. The kidneys measured 4.0 cm each. Slight mineralizations were noted.

Adrenal Glands

The **left 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 left adrenal gland measured 0.6 cm.

The region of the **right adrenal gland** was imaged- no evident pathology.

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 moderate age-related parenchymal remodeling was noted but



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likely not clinically significant at this time. Vascular and biliary tracts were of normal volume, and no evidence of congestion was noted. Minor gallbladder polyps were noted.

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 hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable. Soft stool was noted in the colon.

Pancreas

The **pancreas** revealed minor heterogenous parenchymal changes, likely history of pancreatitis, yet the changes were fairly minor.

ULTRASONOGRAPHIC FINDINGS

- Geriatric abdomen
- Nonspecific gastrointestinal upset
- Minor heterogenous parenchymal changes in the pancreas
- Minor gallbladder polyps
- Age-related renal changes with mineralizations

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. Management of the primary diabetic state, GI protectant protocol, and parasite management are all indicated.

Potential Causes of Diabetic Dysregulation

This is a suggestive checkoff list when faced with an unregulated diabetic patient:

UTI

Dietary indiscretion/intolerance

Pancreatitis

Hyperthyroidism/hypothyroidism

Exogenous steroids (including topical eye meds)

Cushing's

Acromegaly

Owner compliance

Insulin quality issues

Antibodies to insulin

Underlying Neoplasia



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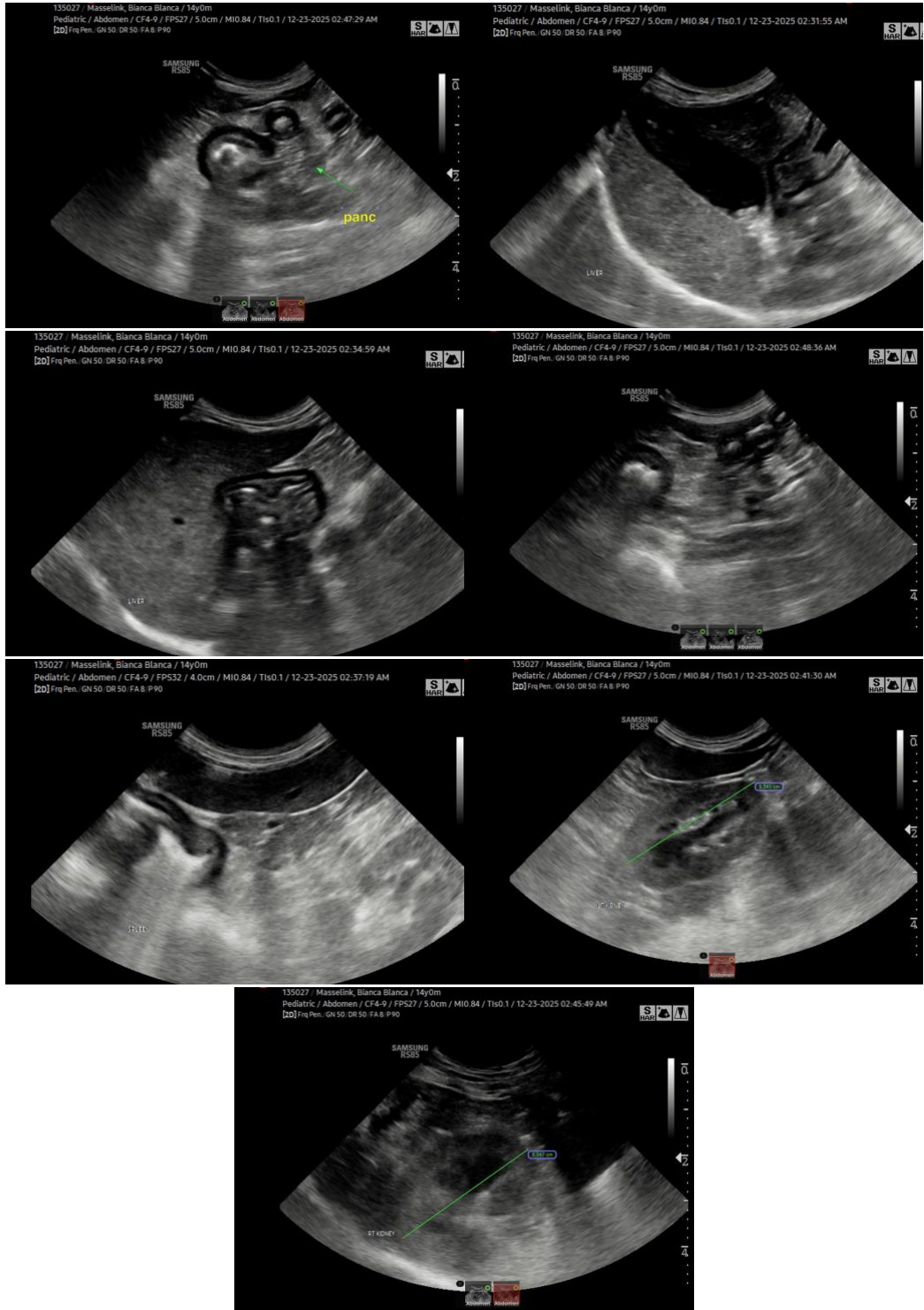
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The information and recommendations provided are based on the images presented by the referring



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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.

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