



PATIENT

Doug Welsh

SPECIES

Canine

BREED

Chihuahua x

SEX

Neutered Male

AGE

11 Years 11 Months

WEIGHT

6.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kathleen Laux

HOSPITAL NAME

Rondout Valley
Veterinary Associates

REFERRING VET

Dr. Kathleen Laux

INVOICE

72784

DATE

12/26/25

PRESENTING CLINICAL SIGNS

Has a history of on and off elevated ALT. He is currently on Denamarin, and ALT has been normal, but is increased to 170 again. Looking for a reason for elevation to make sure we are not missing anything more significant.

Abnormal PE/Chem/CBC/UA Results: ALT 170 UA sp Gr 1.012

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. Right kidney measured 3.2 cm. Left kidney measured 3.07 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 1.42 cm x 0.46 cm at the cranial pole and 0.45 cm at the caudal pole. Right measured 1.12 cm x 0.41 cm at the cranial pole and 0.43 cm at the caudal pole.

Spleen

The region of the **spleen** was unremarkable, yet no overt spleen visualized. Either the spleen is volume contracted and displaced dorsally out of the visible view, or prior splenectomy may have been performed. Assessment for laparotomy scar indicated.

Liver

The **liver** presented mild subnormal size with slight increased portal markings and coarse architecture. No evidence of portosystemic shunting. However, mild microhepatica and minor remodeling noted. The gallbladder was unremarkable.

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

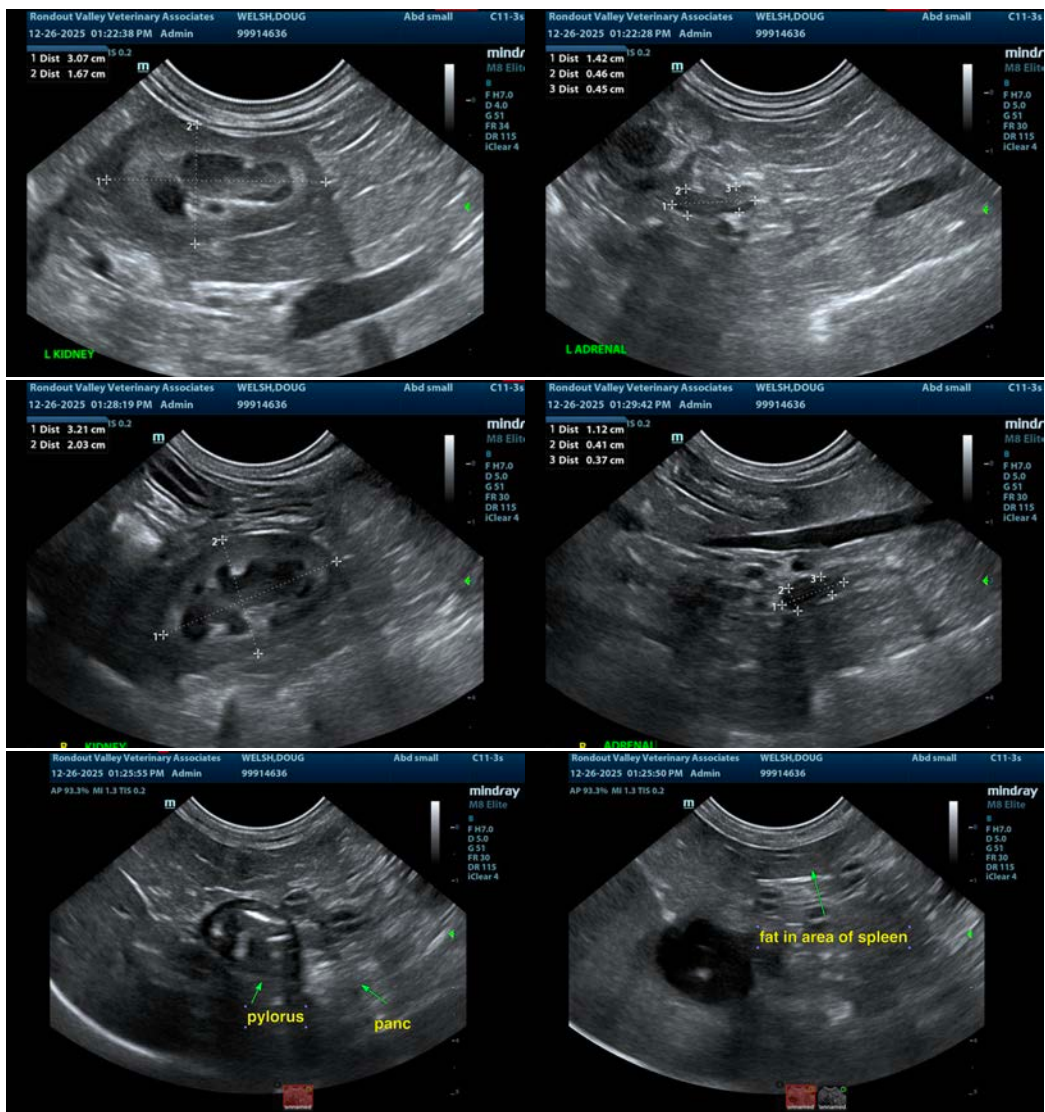
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Non-specific inflammatory hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver could be considered for further definition. There is no structural evidence of disease responsible for the isosthenuria in this patient. If any inflammatory sediment is present in the urine, antibiotic trial may prove effective to assess for occult UTI and secondary washout.





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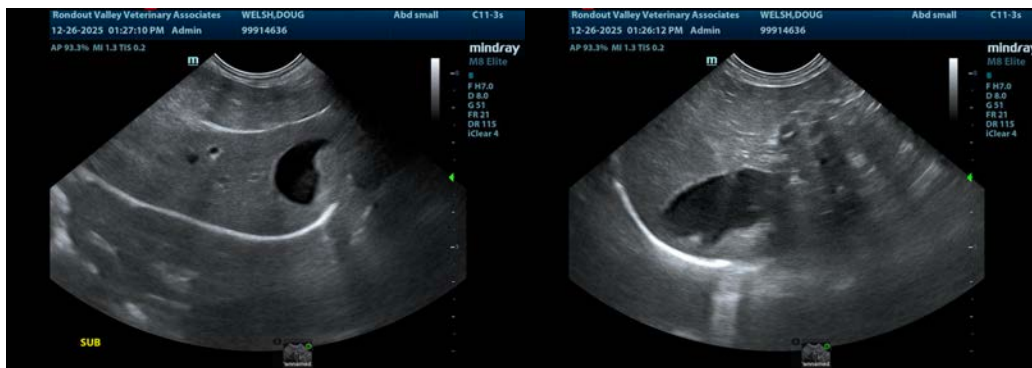
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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