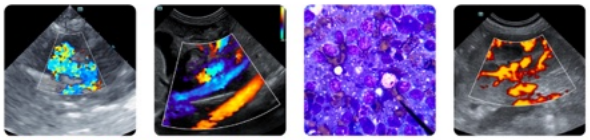


PATIENT

Princess Arroyo

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed female

AGE

10 years

WEIGHT

22.68 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ugorji

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Ugorji

INVOICE

69723

DATE

12/30/25

PRESENTING CLINICAL SIGNS

History: Princess is a 10-year-old FS mixed breed presenting for chronic vomiting. Owner reports intermittent vomiting about SID over the past 1-2 months, often containing dirt and undigested food. Appetite is variable, with preference for table food over kibble. Polydipsia noted for the past 1-2 weeks. Owner reports polyuria. Previous skin issues improved with antibiotics and shampoo. Maropitant previously reduced vomiting while on it. No current medications per owner at start of visit.
Abnormal PE/Chem/CBC/UA Results: ALT 611 U/L (0-120), ALP 429 U/L (0-140)

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 and no evidence of pelvic dilation was present. The left kidney measured 4.8 cm. The right kidney measured 4.6 cm.

Adrenal Glands

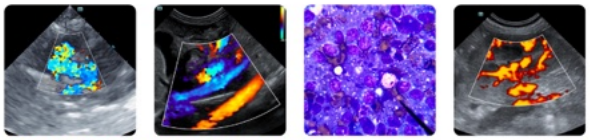
Both **adrenal glands** were slightly enlarged with normal shape, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.53 cm at the cranial pole and 0.46 cm at the caudal pole. The right adrenal gland measured 0.9 cm at the cranial pole and 0.75 cm at the caudal pole.

Spleen

The **spleen** revealed a hypoechoic, non-disruptive nodule at the mid body measuring 0.7 cm.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. The mesenteric lymph node was enlarged, microcystic and nodular measuring 2.9 x 1.2 cm.

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

Mesenteric lymphadenopathy.

Splenic nodule.

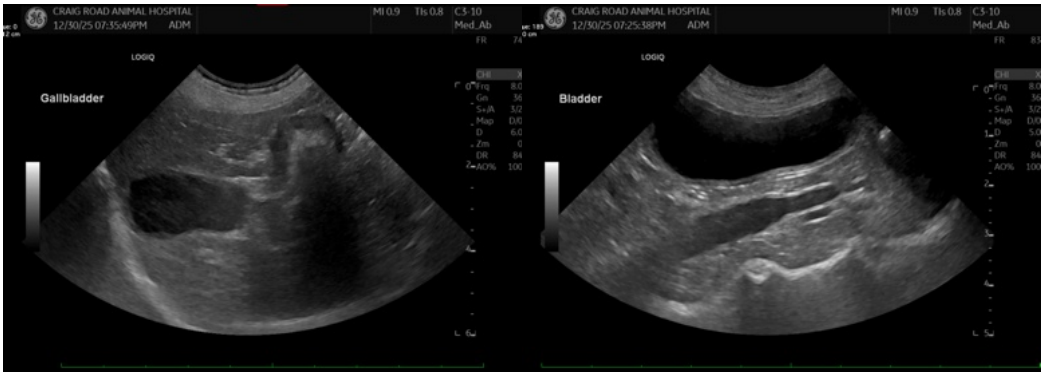
Chronic GI changes.

Chronic hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA, cytology and culture are indicated upon the mesenteric lymph nodes. The lymph node is unlikely to be neoplastic; however, I am concerned about embedded infection/bacterial infection. GI protectant protocol is warranted if some level of gastrointestinal upset is likely.

FNA of the liver would also be ideal to assess inflammatory cell type.



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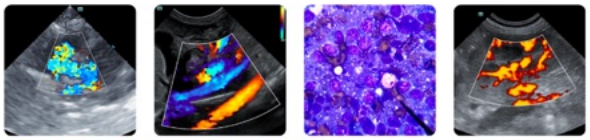

Clinical Sonography & Telecytology
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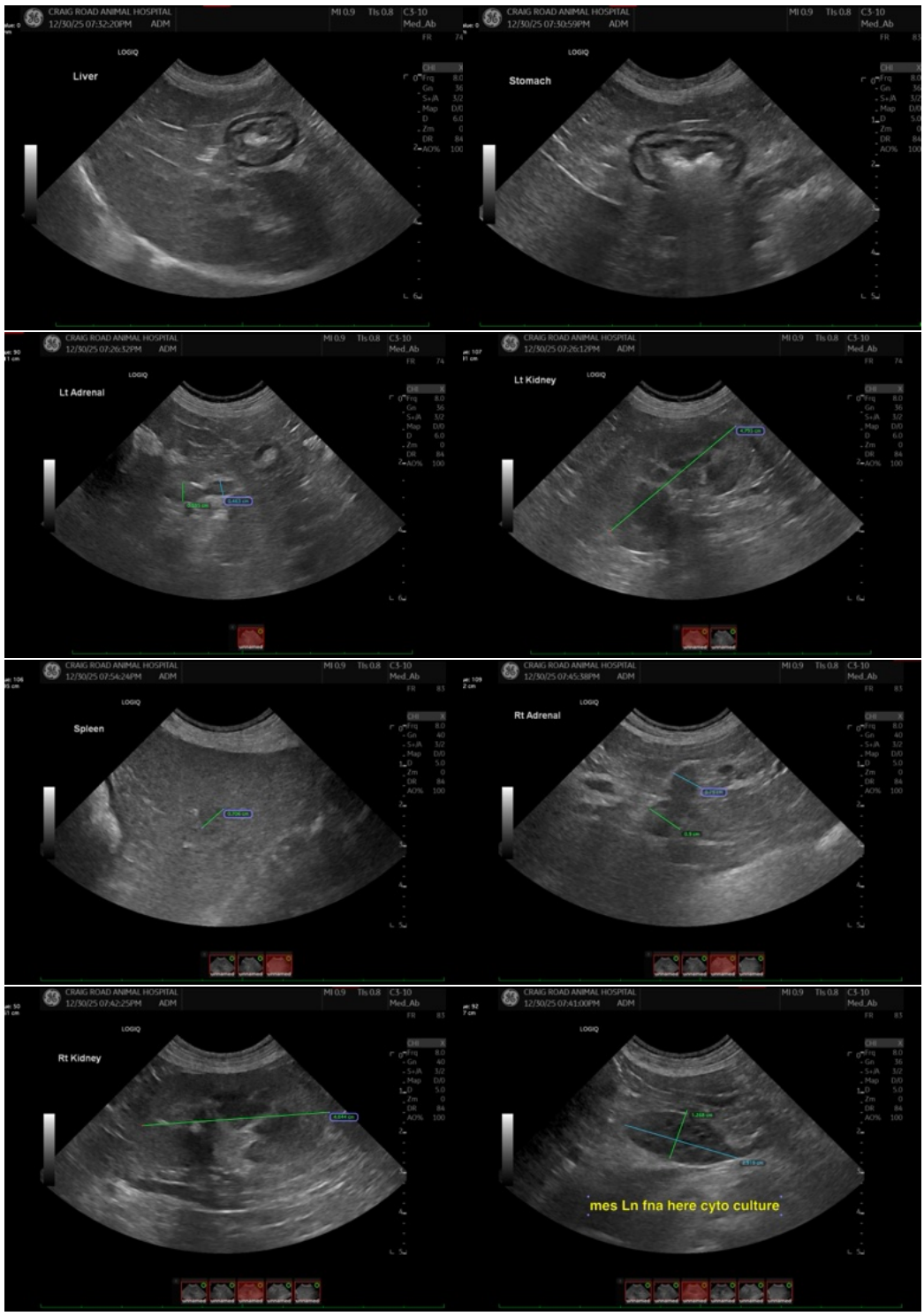
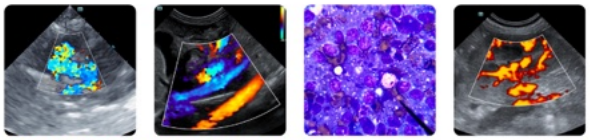


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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

info@SonoPath.com