



PATIENT

Thor Bartolomucci

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered male

AGE

11 years

WEIGHT

8.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

69657

DATE

12/30/25

PRESENTING CLINICAL SIGNS

History: vomited ate glass

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. Microcystic cortical changes are noted in the kidneys with mineralization. The left kidney measured 3.1 cm. The right kidney measured 3.4 cm.

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 1.08 x 0.4 cm at the caudal pole and 0.39 cm at the cranial pole. The region of the right adrenal gland was imaged with no overt 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 was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Microcystic parenchymal changes were noted. Some 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. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should



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be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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Gastrointestinal

The **stomach** revealed hyperechoic inclusions that may represent glass accumulation given the patient's history. There was no evidence of gastric perforation noted. No obstruction was noted. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

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Pancreas

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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.

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WEIGHT

ULTRASONOGRAPHIC FINDINGS

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Moderate degenerative renal changes with non-obstructive calculi.

INTERPRETED BY

Potential small glass or foreign body granules, non-obstructive.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Geriatric abdomen, moderate degenerative renal changes.

IMAGING PERFORMED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Jenn

Supportive care should prove effective. If vomiting continues then endoscopy is indicated. Recheck sonogram is recommended in 5-7 days depending upon clinical progression.

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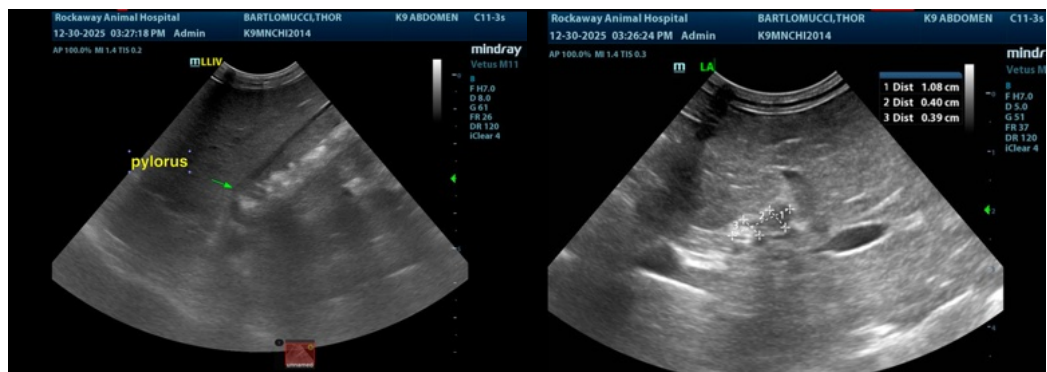
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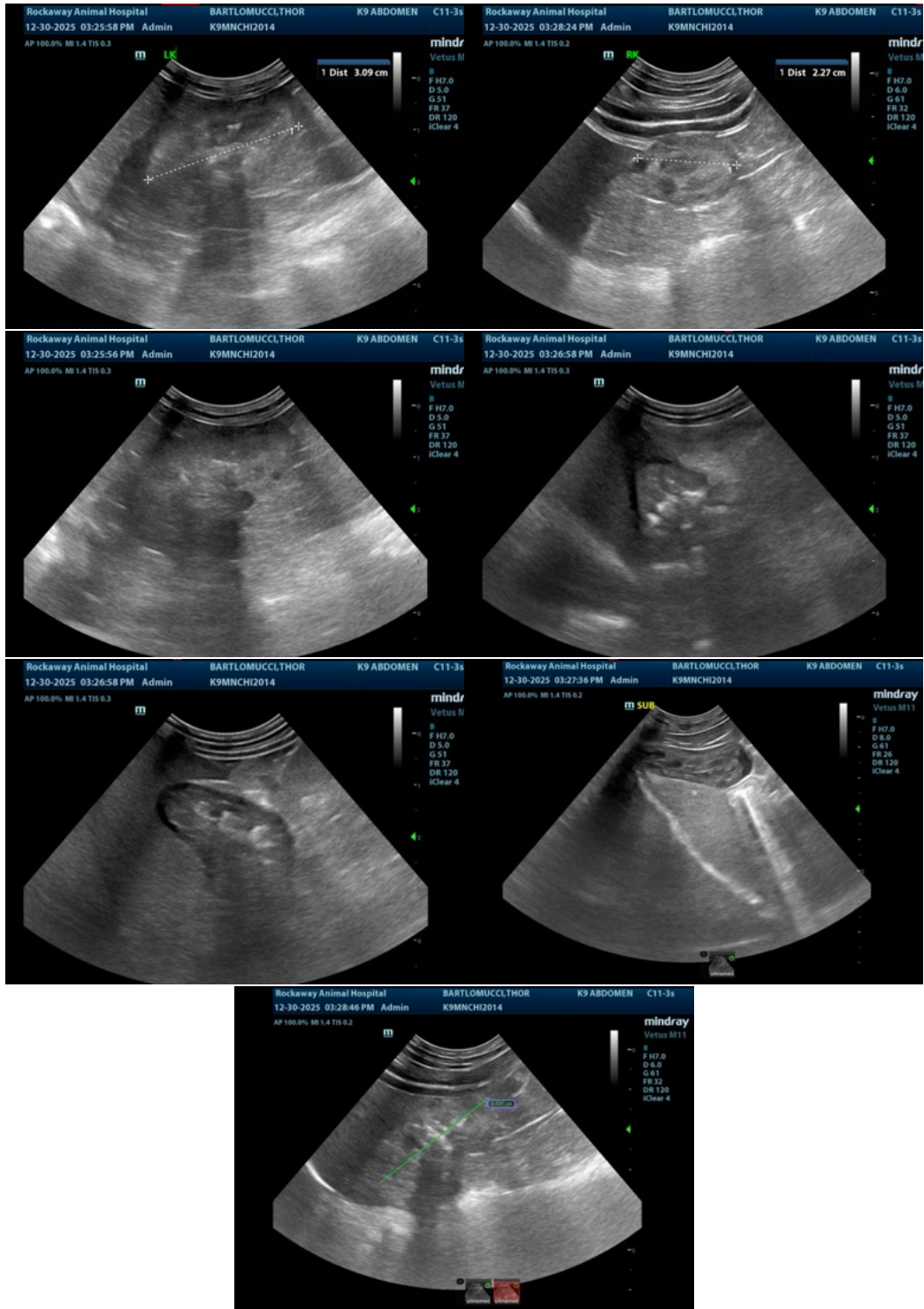
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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