



## PATIENT

Pedro Kerbow

## SPECIES

Canine

## BREED

Chihuahua

## SEX

Neutered male

## AGE

11 years

## WEIGHT

13.7 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

JennyRussell

## HOSPITAL NAME

Southwest Texas  
Veterinary Medical  
Center

## REFERRING VET

Dr. Stokes

## INVOICE

69741

## DATE

12/31/25

## PRESENTING CLINICAL SIGNS

**History:** P originally presented on 12/24 for possible constipation, abdominal pain, and bloating. P had moderate poop in the colon on x-rays so it was chosen to do laxatives, SQ fluids, and pain medication. P presented today and O still has not seen him poop. He is still mildly bloated but does not whence when being picked up anymore. O offered to see how he does over the weekend but O wanted to go ahead and do US P has had US before and has had DX of mild hepatopathy with no definitive cause identified. P is still eating, drinking, and mostly acting as normal.

**Abnormal PE/Chem/CBC/UA Results:** Moderate poop in colon on rads so an enema was performed before US. O elected to just go ahead with the US due to not being able to do US again until Monday. P has had mildly increased liver values (in the 100s) in July of 25 but no other abnormalities noted. Radiographs revealed possible middle enlarged liver with rounded edges. P mildly bloated but could just be his fat and has improved since first visit.

## 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. Mineralization was noted in the kidneys. The right kidney measured 4.13 cm. The left kidney measured 3.77 cm.

### Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 2.05 x 0.49 cm at the cranial pole and 0.46 cm at the caudal pole. The right adrenal gland measured 1.76 x 0.55 cm at the caudal pole and 0.41 cm at the cranial pole.

### Spleen

The **spleen** was mildly enlarged with slight, swollen contour and minor coarse architecture. Subtle micronodular changes were noted.



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### Liver

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The **liver** revealed hypoechoic nodular changes. Slight increased portal markings were noted. The gallbladder and common bile duct were unremarkable.

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### Gastrointestinal

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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. The colon was empty in this patient.

## SEX

Neutered male

### Pancreas

## AGE

11 years

The **pancreas** was mildly heterogenous with mixed echogenic changes primarily in the right limb. This is consistent with remodeling, potential low grade inflammation.

## WEIGHT

13.7 lbs

### ULTRASONOGRAPHIC FINDINGS

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Nodular liver. Nodular hyperplasia and inflammatory hepatopathy versus round cell neoplasia. Splenoemgaly.

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### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Emerging round cell neoplasia versus reactive spleen or splenitis. I strongly recommend ultrasound-guided FNA of the spleen and liver in this patient for further definition. The prognosis is guarded depending upon cytology results.

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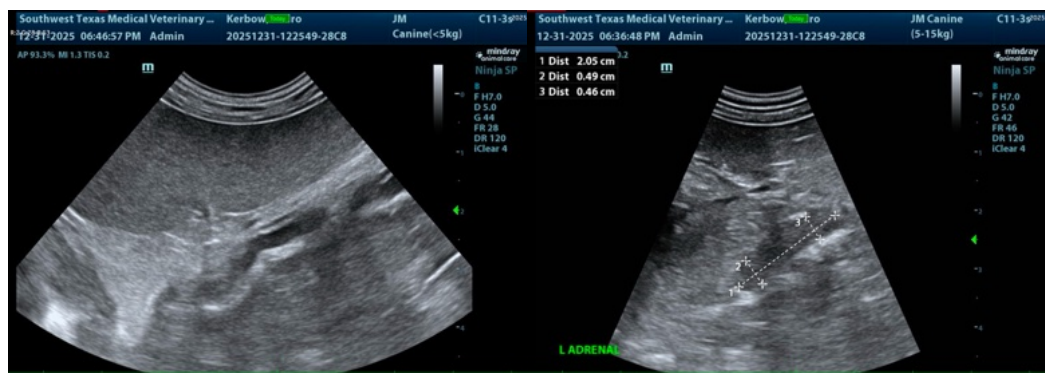
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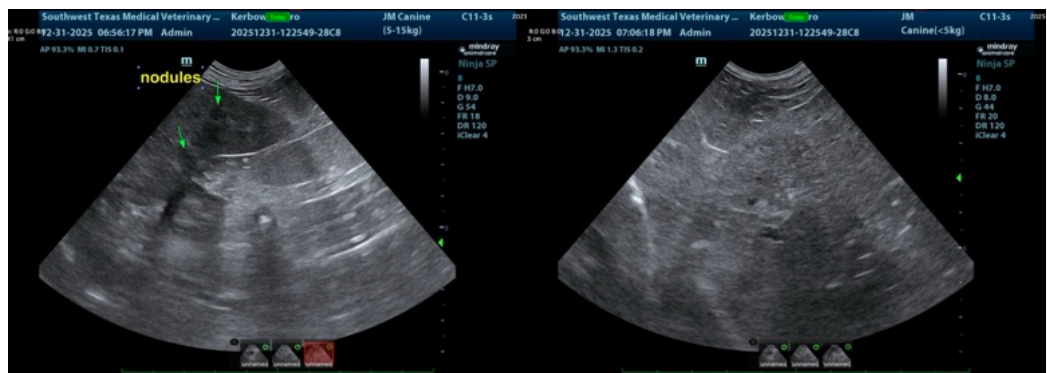
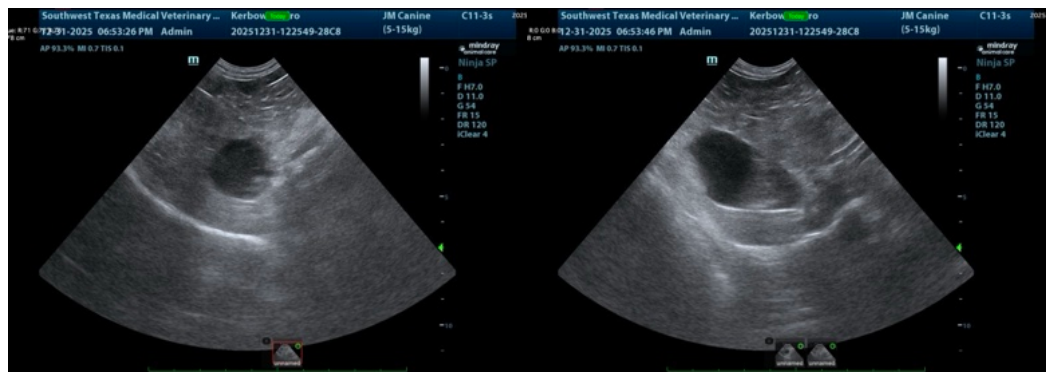
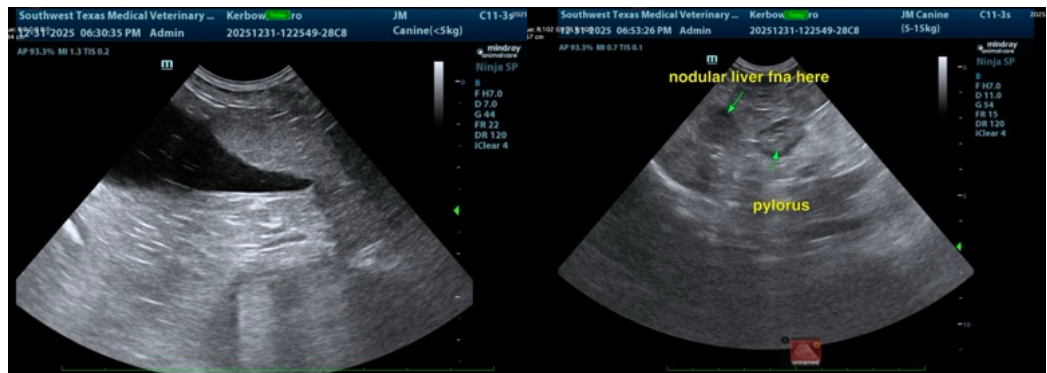
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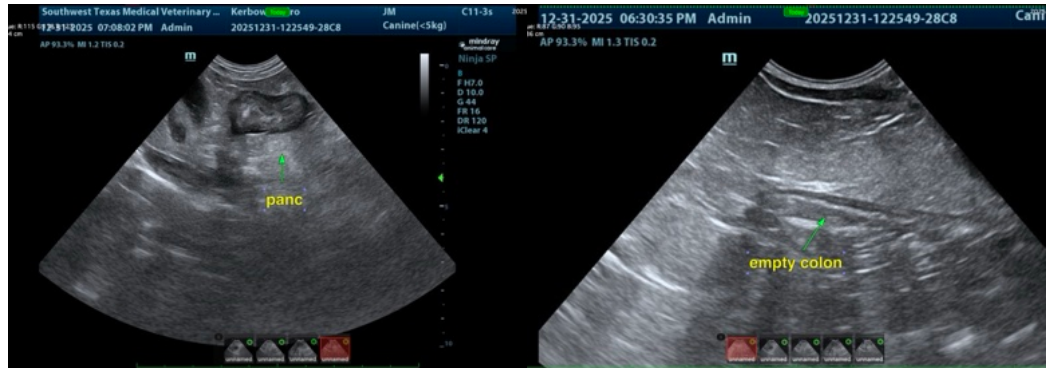
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

[info@SonoPath.com](mailto:info@SonoPath.com)