



## PATIENT

Viejita Cruz

## SPECIES

Canine

## BREED

Chihuahua

## SEX

Female

## AGE

9

## WEIGHT

7.2

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Sharkawy

## HOSPITAL NAME

Union Vet Animal  
Hospital

## REFERRING VET

Dr. Sharkawy

## INVOICE

12590

## DATE

12/05/25

## PRESENTING CLINICAL SIGNS

Vomiting Anorexia for 4 days Epilepsy

Abnormal PE/Chem/CBC/UA Results: BW- Severe neutrophilia, Hypokalemia 2.1, Hypermagnesemia, elevated BUN Dehydration Lethargy

## 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. Slight areas of mineralization were noted. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.0 cm in length. The right kidney measured 4.0 cm in length.

### Adrenal Glands

Both **adrenal glands** were not visualized.

### 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 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 was mildly overdistended without mucocele formation.

### Gastrointestinal

Portions of the **small intestine** were dilated followed by an empty small intestine creating an obstructive pattern. The stomach was also dilated with fluid. The pylorus was mildly thickened with echogenic mucosal remodeling. Distal small intestine just cranial to the urinary bladder revealed soft shadowing material consistent with foreign matter.

### 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.



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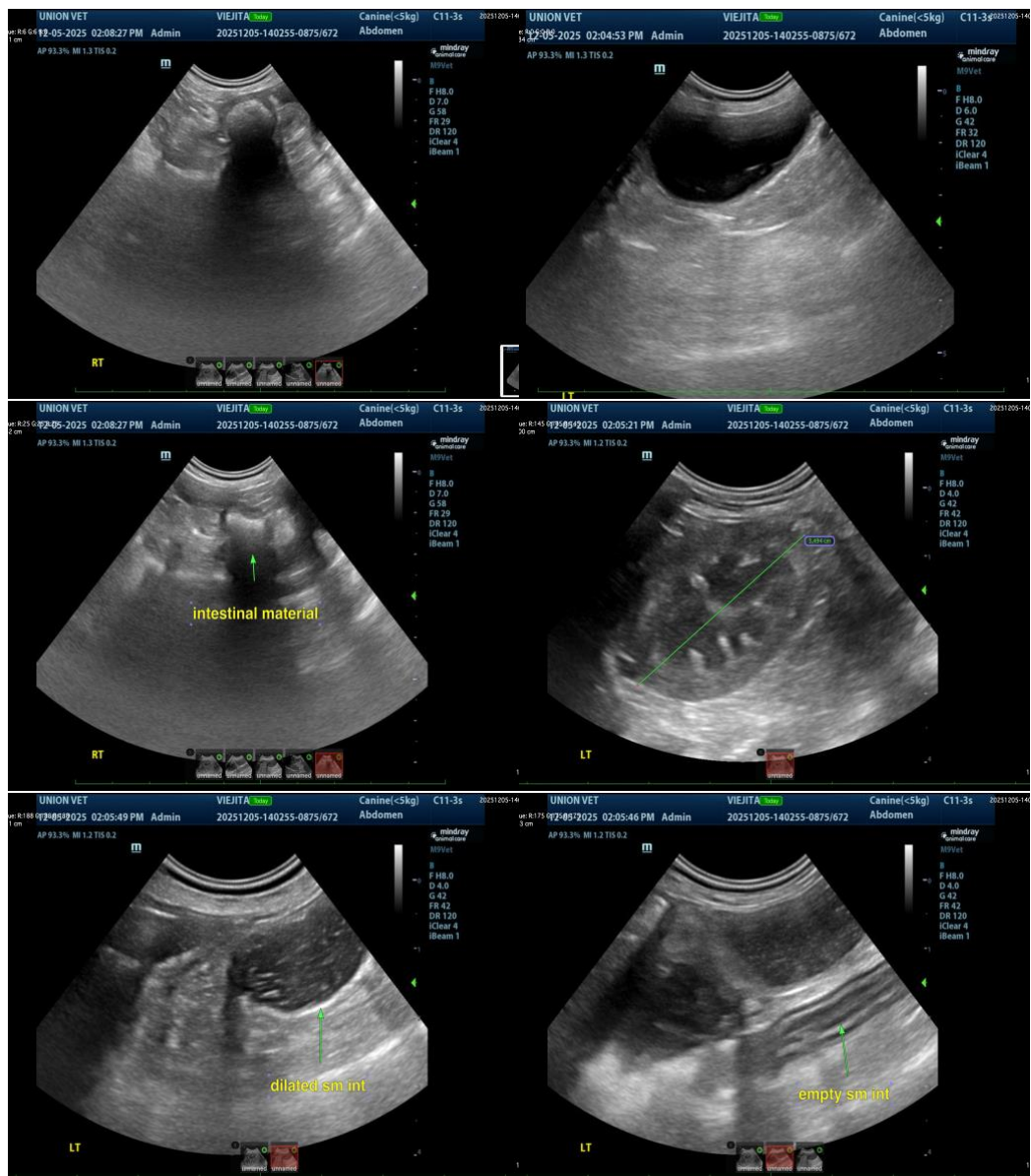
12/05/25

## ULTRASONOGRAPHIC FINDINGS

- Over distended gallbladder.
- GI obstructive pattern.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the distal small intestinal presentation, recommend exploratory surgery in this patient, however, ultrasound should be performed just prior to surgery to ensure the obstructive pattern is persistently present. The azotemia is pre-renal in this patient give the kidneys appear unremarkable. GI biopsies are warranted.





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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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