



PATIENT

Archie Hopkins

SPECIES

Canine

BREED

Chihuahua/Pomeranian
Mix

SEX

Neutered Male

AGE

1 Years

WEIGHT

17.8

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (Canine &
Feline), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Nicholas Duffield

HOSPITAL NAME

PetVue VS, LLC

REFERRING VET

Dr. Nicholas Duffield

INVOICE

36786

DATE

12/7/25

PRESENTING CLINICAL SIGNS

History: Presented 12/4 for ~24h h/o acute vomiting, diarrhea/hematochezia, lethargy, and anorexia. No known h/o dietary indiscretion.

Abnormal PE/Chem/CBC/UA Results: 5-7% dehydration, bloody stool HW antigen + (pending confirmatory send-out test) 12/4 - HCT 70.6%, Neu 21.96K, SDMA 66, CRE unable to read, BUN 78, Phos 14.8, ALT unable to read, ALP 505, GGT 15, TBil 2.8, K 6.1 12/5 - HCT 51.7%, Neu 16.25K, PLT 48K, SDMA 44, CRE 3.9, BUN 87, ALT (468 - dilution 1:10), ALP 832, GGT 20, TBil 1.6, K 3.3 12/6 - HCT 46.2%, Neu 7.8K, PLT 64K, SDMA 31, CRE 2.9, BUN 54, ALT unable to read despite dilution 1:10, ALP 904, GGT 14, TBil 0.9, Phos 6.0 12/7 - Manual PLT (110K), SDMA 32, CRE 2.5, BUN 42, ALT (unable to read despite 1:10 dilution), ALP 670, GGT 25, AMY 1652.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was slightly thickened yet uniform with anechoic urine. Urinalysis is warranted if not already performed. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. The residual prostate measured 5.0 cm.

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. The left kidney measured 5.0 cm. The right kidney measured 5.25 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. The left adrenal gland measured 1.5 cm x 0.46 cm at the caudal pole and 0.39 cm at the cranial pole. The right adrenal gland measured 1.7 cm x 0.47 cm at the cranial pole and 0.5 cm at the caudal pole.

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** was largely normal with slight increased portal markings. The gallbladder and common bile duct were 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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

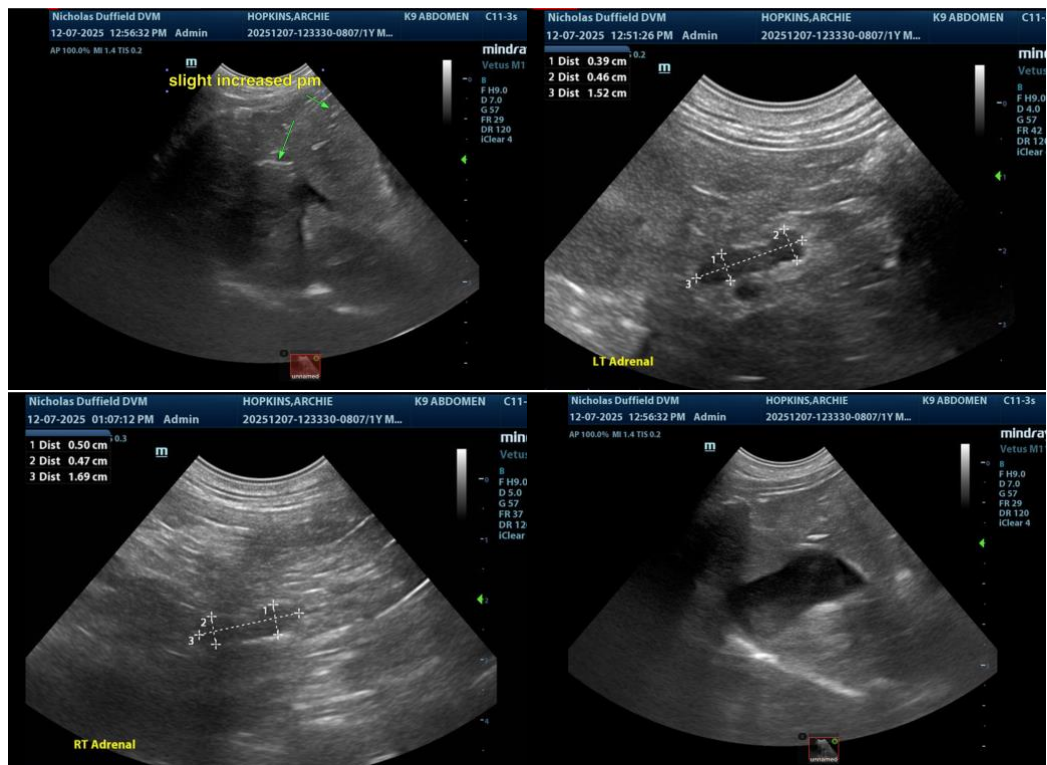
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Slight hepatic remodeling- cholangiohepatitis pattern (changes were subtle). Acute insult, such as leptospirosis is a strong potential in this patient if endemic in your region.
- Slightly thickened urinary bladder wall

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the liver is indicated. Leptospirosis titers is indicated. IV ampicillin and continuation of medical management for potential leptospirosis is indicated. No evidence or suspicion of neoplasia. No evidence of surgical disease. Urinalysis is warranted if not already performed.





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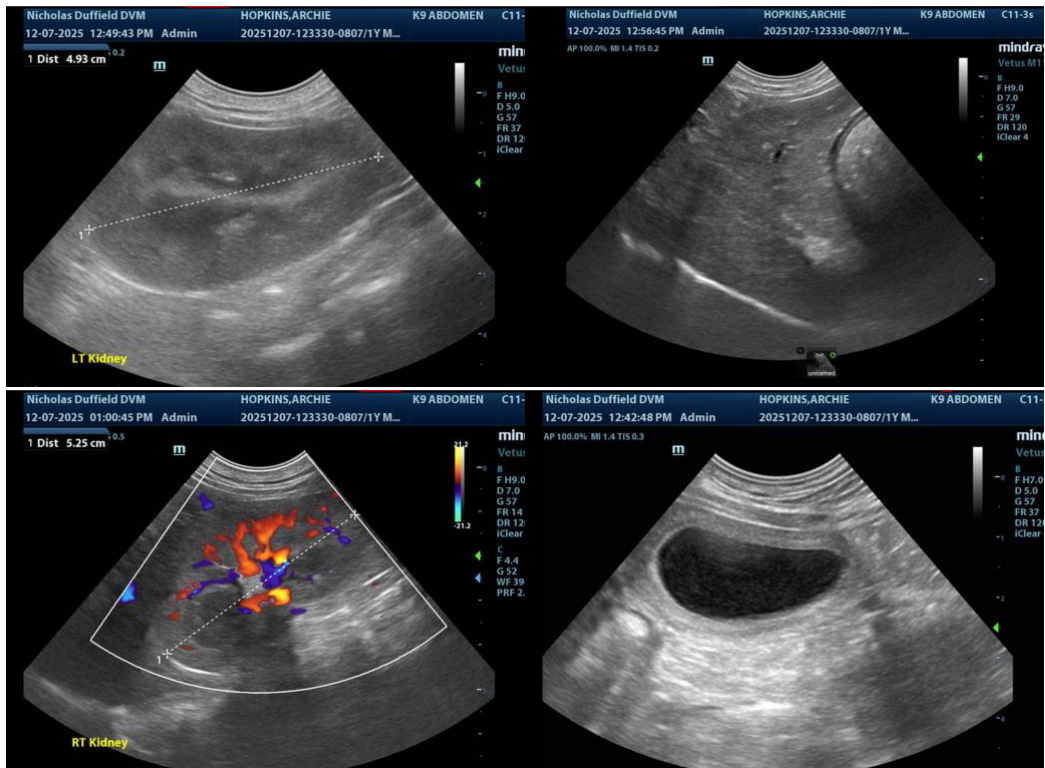
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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