



PATIENT

Bandit Blaskovits

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

12 Years 3 Months

WEIGHT

3.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Woodlands Veterinary
Hospital and Animal
Dental Centre

REFERRING VET

Dr. Nagy

INVOICE

13779

DATE

02/13/26

PRESENTING CLINICAL SIGNS

- Also see attached recent SOAP notes (Sent to Danielle, due to technical difficulties)
- Bandit is a patient with cardiac disease, controlled seizures, and hypothyroidism, who presented for investigation of recent abnormal bloodwork and a pot-bellied appearance.
- A cardiac evaluation in January 2026 revealed a ventricular septal defect with a left-to-right shunt, as well as stable Stage B1 degenerative mitral and tricuspid valve disease. A grade 5/6 heart murmur was noted on physical examination, and the cardiac conditions are considered currently stable.
- The patient has other managed chronic conditions, including a history of seizures that are controlled with Keppra, diagnosed hypothyroidism treated with Thyro-tabs, and bilateral keratoconjunctivitis sicca (KCS). Additionally, periodontal disease has been noted.
- Recent clinical concerns prompted the current evaluation. Physical examination revealed a rounded, tense, and full abdomen, along with dorsal truncal alopecia from the neck to shoulders and greasy skin with brown spots. Recent bloodwork showed a massive thrombocytosis (platelets 1,042), elevated ALT (157), elevated AST (57), and elevated lipase (1,604), though the sample was noted to have 3+ hemolysis and 3+ lipemia. A urinalysis showed a USG of 1.028 with a pH of 8.5 and the presence of triple phosphate crystals.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.9 cm in length. The right kidney measured 4.1 cm in length.

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 0.49 cm width, visualized obliquely. The right adrenal gland measured 0.56 cm width at the cranial pole and 0.50 cm width 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. Occasional lipid plaque was noted yet not pathological.

Liver



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The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. A minor amount of gallbladder sand was also present yet not pathological. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. Occasional nondisruptive subtle hypoechoic nodular changes were visualized in the liver on high resolution.

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 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.

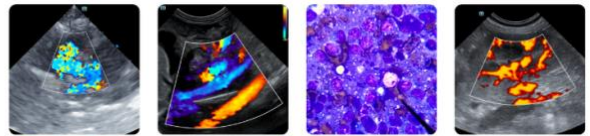
ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy.
- Minor excessive gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ursodiol therapy could be considered for further definition.





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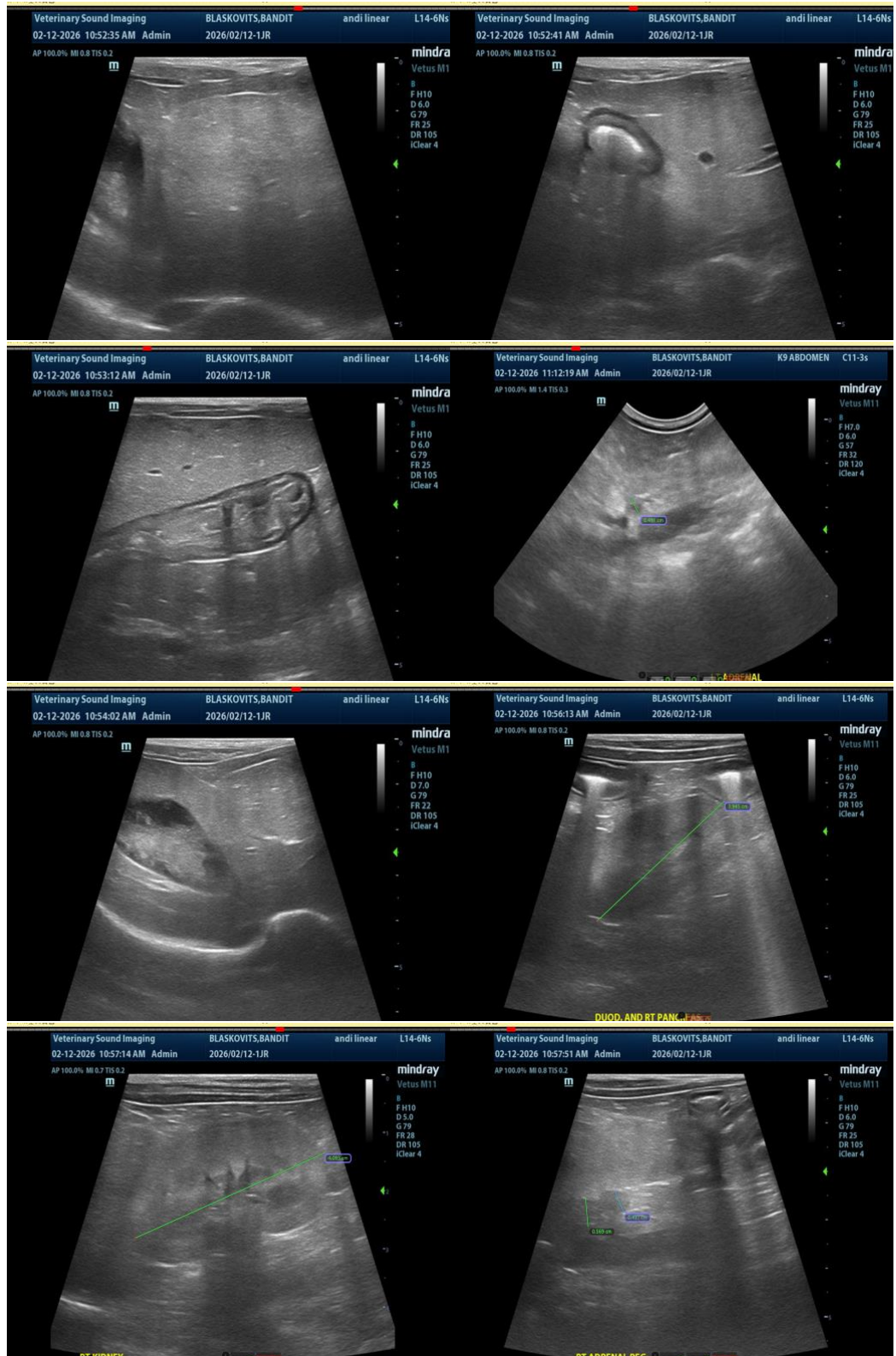
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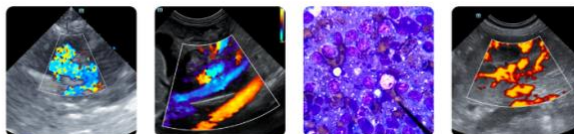
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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