



PATIENT

Sylvester Miranda

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

13 Years

WEIGHT

14 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Julia Bakker DVM

HOSPITAL NAME

Organce Blossom
Veterinary Imaging

REFERRING VET

Dr. Michael Humphrey
DVM

INVOICE

13783

DATE

02/13/26

PRESENTING CLINICAL SIGNS

- Grade IV murmur. Pre-anesthetic thoracic radiograph showed some left sided cardiomegaly. Recommend echo
- During echo, liver lesions were noted and an AUS was added on and FNA of the largest liver lesion taken for cytology
- Mild ALT elevation 144

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 his age patient. Medullary structure differed distinctly from that of the cortex. Nonobstructive mineralizations were noted. The left kidney measured 3.88 cm in length. The right kidney measured 3.91 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 1.72 cm x 0.50 cm width at the cranial pole and 0.57 cm width at the caudal pole. The right adrenal gland measured 1.34 cm x 0.40 cm width at the cranial pole and 0.44 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. Lipid plaques were noted yet not pathological.

Liver

The left cranial **liver** revealed a 1.07 cm hypoechoic nodule with multiple other smaller nodules. The gallbladder presented with a minor amount of debris yet not pathological. A moderate amount of hepatic remodeling was present.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal.



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Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

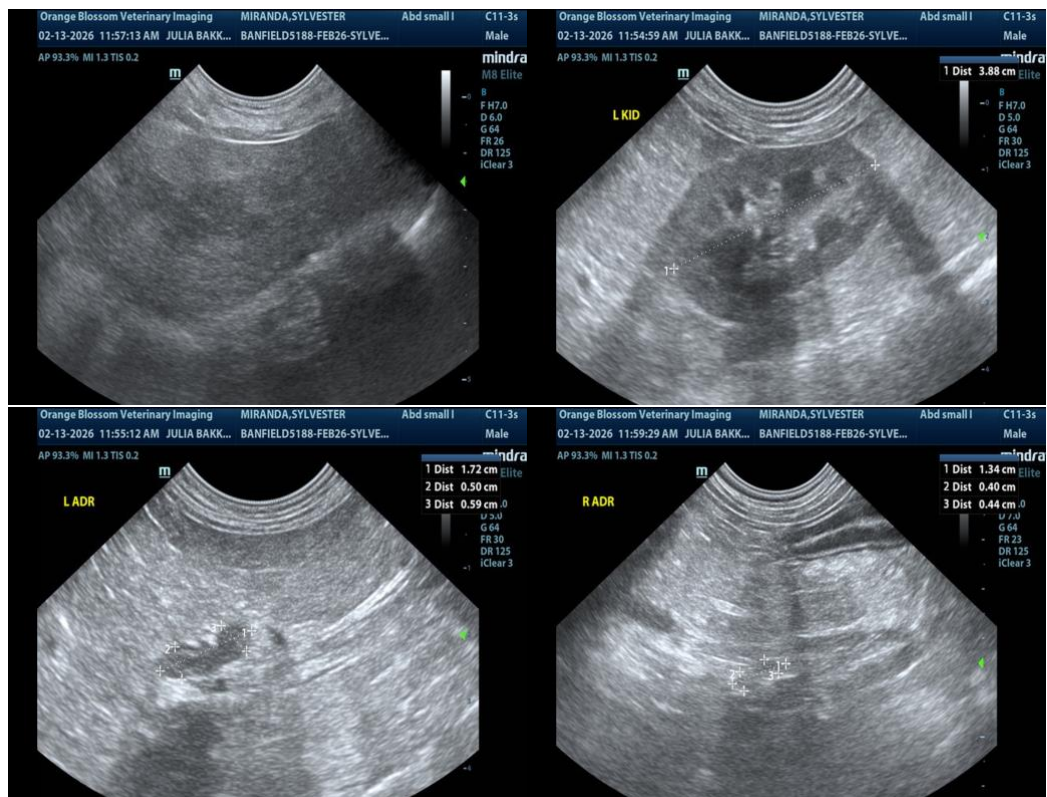
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Hepatic remodeling- nodular hyperplasia pattern with likely chronic inflammatory history, minimal potential for neoplasia.
- Age-related abdominal changes.
- Partially full stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile is warranted as well as management based on cytology results.





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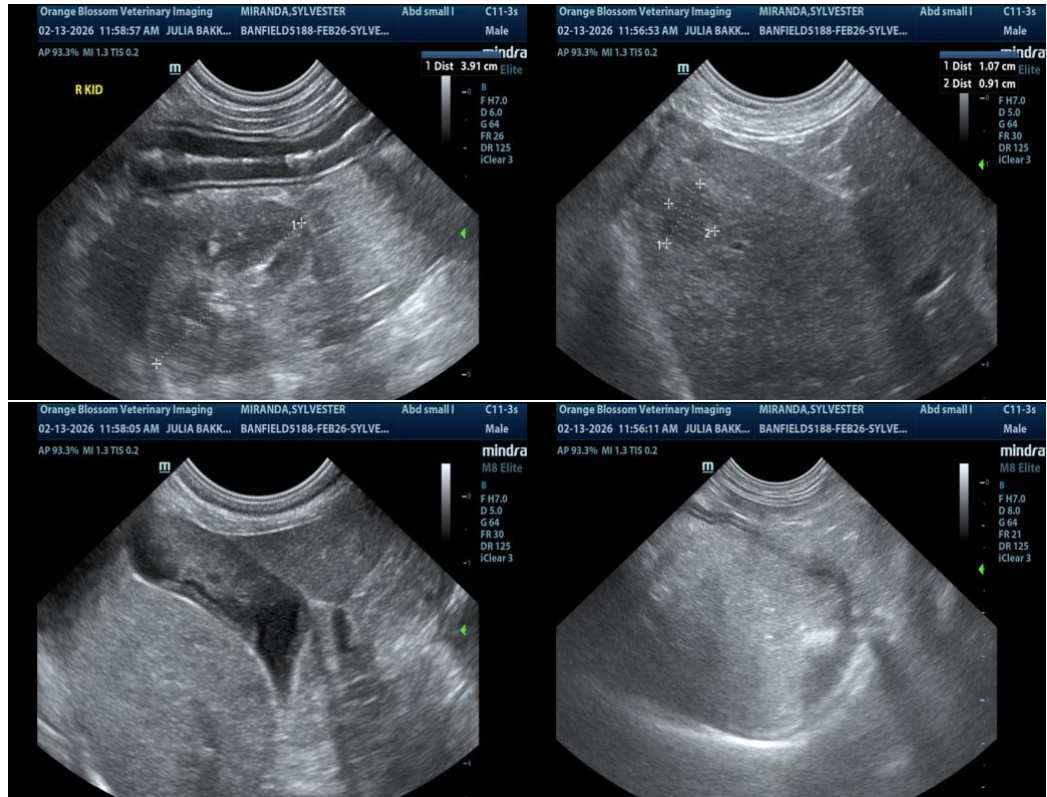
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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