



PATIENT

Ginger Alfaro

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Intact Female

AGE

3 years

WEIGHT

7.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

DPC VH

REFERRING VET

Dr. Rivera

INVOICE

71775

DATE

2/19/26

PRESENTING CLINICAL SIGNS

- P HAS BEEN V+ SINCE SATURDAY, SUNDAY ATE RICE AND CHICKEN, THEN V+ 2 HOURS LATER, YESTERDAY HAD "READYCAL" AND THEN V+
- Abnormal PE/Chem/CBC/UA Results: Abd/GI: Soft, non-painful. No masses or fluid wave palpated. 1) CBC: RBC 9.18 (5.65-8.87), NEU 12.10 (2.95-11.64) 2) CHEM: Na 139 (144-160), K 3.3 (3.5-5.8), CI 104 (109-122) 3) UA (unable to obtain) - O will bring later 4) pancreatic lipase: 780 (0-200)

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 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 3.3 cm. The right kidney measured 3.7 cm.

Adrenal Glands

The right **adrenal gland** was 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 right adrenal gland measured 0.46 cm at the cranial pole and 0.37 cm. The region of the left adrenal gland was imaged with no evidence of pathology.

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 was noted.

Liver

The **liver** was subnormal in size. The gallbladder and common bile duct were unremarkable.



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Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid and excessive gas noted in the stomach. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.

Pancreas

The **pancreas** was heterogenous with mixed, hyperechoic and hypoechoic changes. This is consistent with pancreatitis.

ULTRASONOGRAPHIC FINDINGS

Gastroenteritis

Pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no obvious portosystemic shunting, yet cannot be completely ruled out. Bile acid profile is indicated. If elevated then sedation and further imaging of the portal hilus is indicated. 24-hour n.p.o. and GI protectants as well as baseline cortisol are warranted to rule out underlying Addison's. Endoscopy is indicated for further definition if necessary. A clinical trial of the following may prove effective.

Hydrolyzed **Helicobacter/Gastritis** protocol

A clinical trial of **Zithromax** (**Dogs:** 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment), **Metronidazole** (10-20 mg/kg p.o. b.i.d.), **Pepcid** (0.5-1 mg/kg s.i.d.) and **Sucralfate** (0.5-2 g/dog PO) or **Omeprazole** (1 mg/kg p.o. s.i.d.) over the next 3 weeks along with a **novel-protein or hydrolyzed diet** with slurry feeding b.i.d./t.i.d. over the next 2-4 days and then increase to canned diet bid. Dry food should be avoided over the next 4 weeks. A recheck sonogram to assess GI improvement or progression would be ideal in 4 weeks. diet may be in this patient's best interest long term.



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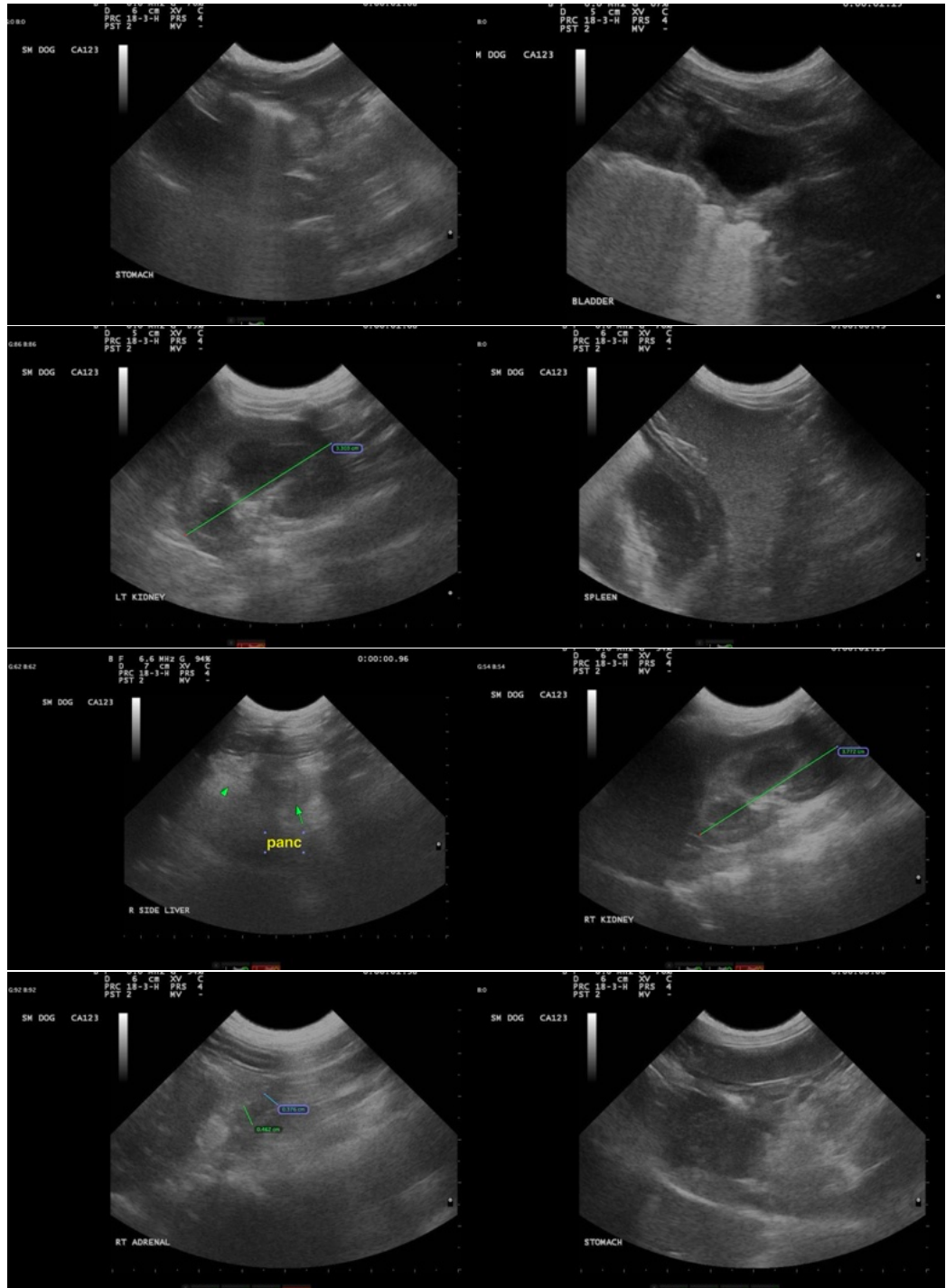
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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

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