



PATIENT

Muki Hernandez

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed female

AGE

12 years

WEIGHT

5.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gabriel Ferrer

HOSPITAL NAME

Pulse Pet Ultraound
Service

REFERRING VET

Dr. Abarca

INVOICE

71879

DATE

2/24/26

PRESENTING CLINICAL SIGNS

- Px presented as a referral for an abdominal ultrasound due to Hx of anorexia and vomiting
- Owner reports that Px was given Abx and Prednisone while hospitalized and is now on Sucralfate, Famotidine, and Cerenia
- Owner reports Px is anorexic, but is still drinking a moderate amount of water
- Px currently has some bladder stones, currently on Urinary S/O diet
- Bloodwork and Radiographs attached below for your reference

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall thickening was noted and measured 0.26 cm. The ureters were not visible which is normal. Bladder sand was noted and measured 0.74 cm. 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. Subtle heterogenous cortical changes were noted. The right kidney revealed an anechoic nodule that measured 0.86 cm. The right kidney measured 3.8 cm. Left renal nodule was noted and measured 1.0 cm. Pinpoint mineralization was noted. The left kidney measured 3.7 cm.

Adrenal Glands

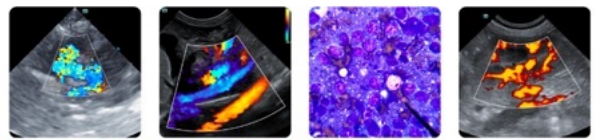
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.4 x 0.45 cm at the cranial pole and 0.4 cm at the caudal pole. The right adrenal gland measured 1.4 x 0.63 cm.

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** revealed subtle, hypoechoic heterogenous parenchymal changes. The gallbladder revealed minor over distension and minor suspended debris.



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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Variable areas of intestinal thickening was noted particularly in the jejunum with wall thickness up to 0.77 cm and focal mucosal and muscularis nodules measuring up to 0.86 cm. Variable intestinal thickening was noted elsewhere. The mesenteric lymph nodes were enlarged and rounded measuring up to 1.1 cm.

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.

Free Abdomen

Sublumbar lymph node was enlarged, rounded and measured 0.95 cm.

ULTRASONOGRAPHIC FINDINGS

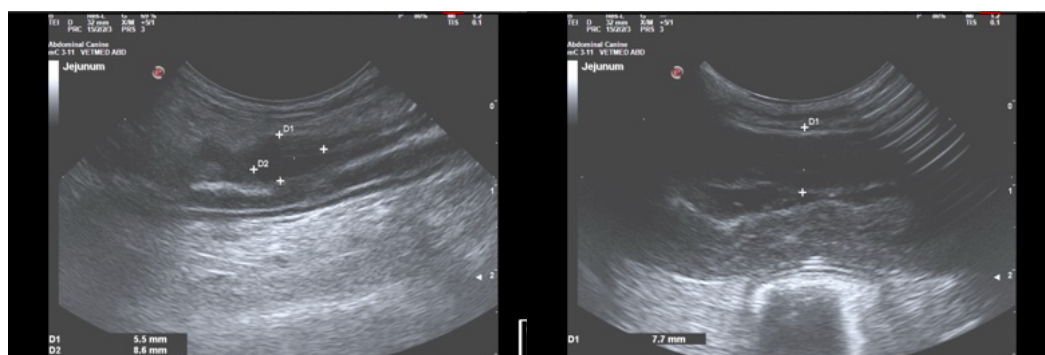
Variable infiltrative pattern involving the intestine, lymph nodes, likely liver and likely metastatic lesions to the kidneys.

Concurrent bladder sand.

Multicentric round cell neoplasia is likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the intestine was performed without complication. However, FNA of the lymph nodes, liver and kidneys would be ideal to confirm suspicion of metastatic disease. Multi-centric round cell neoplasia is likely. Chest radiographs are warranted to assess for metastatic disease.





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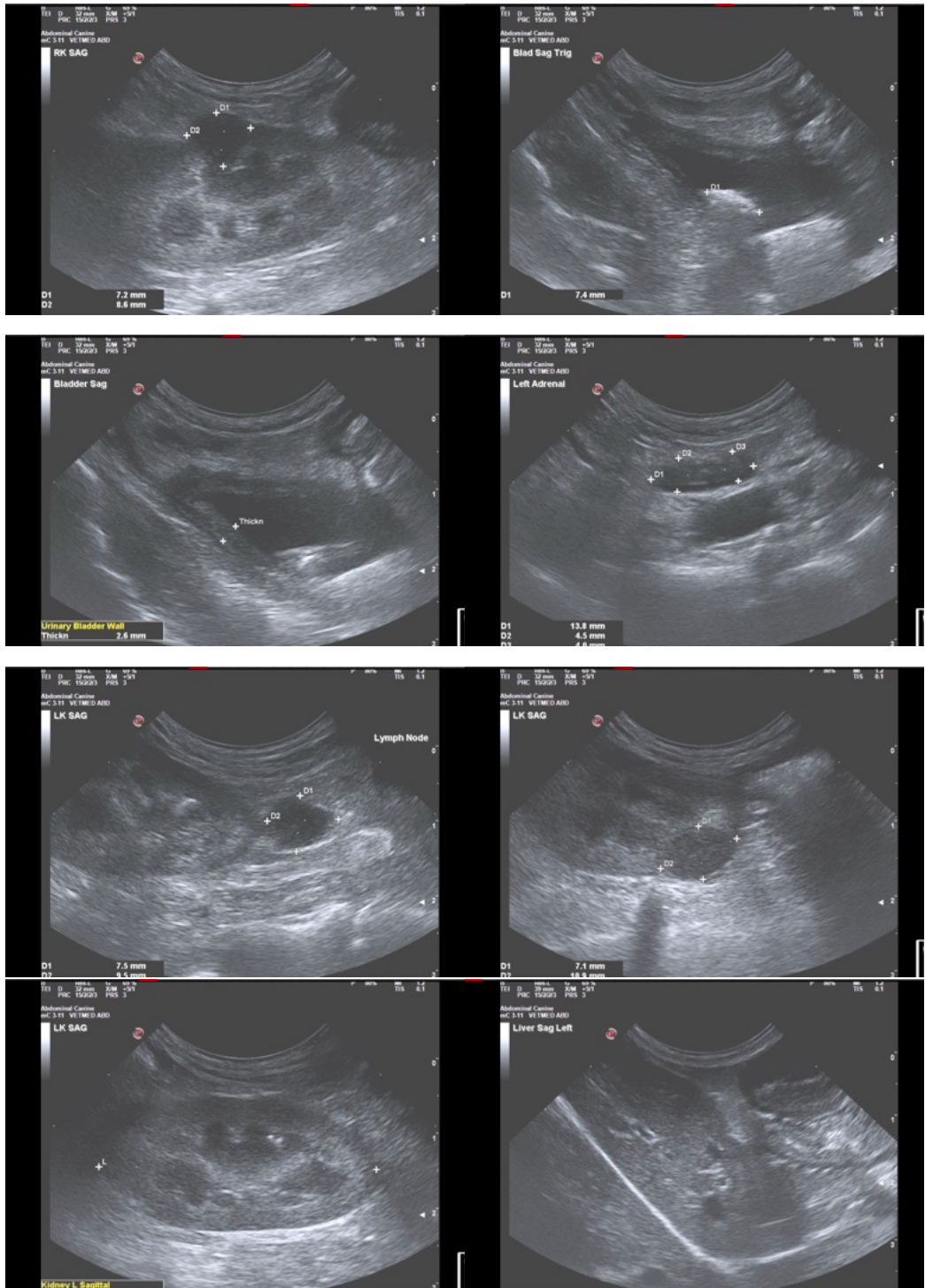
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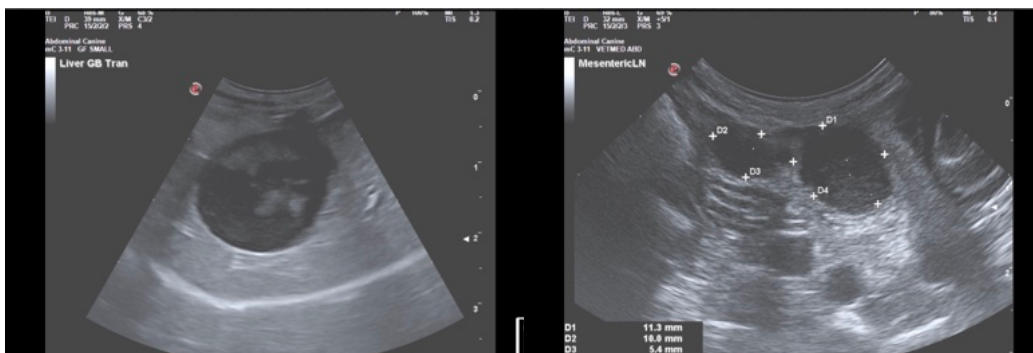
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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