



PATIENT

Snookie Dekleibe

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

10 Years 6 Months

WEIGHT

19.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Flanders Veterinary
Clinic

REFERRING VET

Dr. Gasparro

INVOICE

72816

DATE

2/9/26

PRESENTING CLINICAL SIGNS

Patient presented for wellness exam, Pre op bw for dental cleaning increased alt and alp recommended ultrasound.

Abnormal PE/Chem/CBC/UA Results: ALT 277 ALP 1278

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 and no evidence of pelvic dilation was present. Right kidney measured 5.23 cm. Left kidney measured 4.37 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. Left measures 1.95 cm x 0.64 cm at the cranial pole and 0.60 cm at the caudal pole. Right measures 1.55 cm x 0.88 cm at the crania pole and 0.39 cm at the caudal pole.

Spleen

The **spleen** revealed a hypoechoic nodule at the mid cranial body measuring 0.83 cm. The spleen was folded upon itself otherwise with uniform parenchyma. Occasional area of mineralization noted.

Liver

The left cranial **liver** revealed multifocal hyperechoic nodules, a grouping of which measured approximately 3.0 cm. Increased portal markings noted in the liver. The gallbladder and common bile duct were unremarkable.

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. 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.



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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.

Other

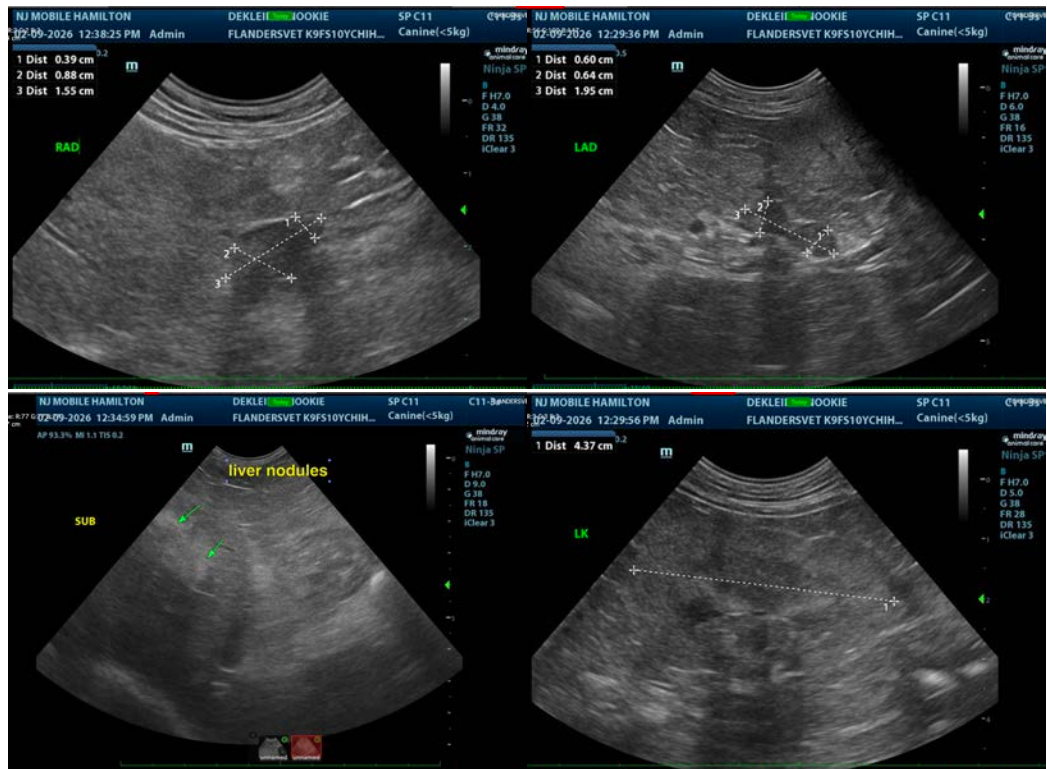
Rapid view of the heart revealed no evident pathology in the right auricle or pericardium.

ULTRASONOGRAPHIC FINDINGS

- Hepatic remodeling with subjectively benign nodular changes.
- Splenic nodule – emerging round cell neoplasia, hemangiosarcoma, benign hyperplasia, abscessation, or necrosis all possible.
- Age related renal changes.
- Partially full stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the liver nodules and general hepatic parenchyma as well as the splenic nodule indicated, or proactive splenectomy could be considered with liver inspection and biopsy. No overt contraindication to dental procedure. Subjectively the hepatic and splenic changes appear low-grade or benign. However, sampling would be recommended.





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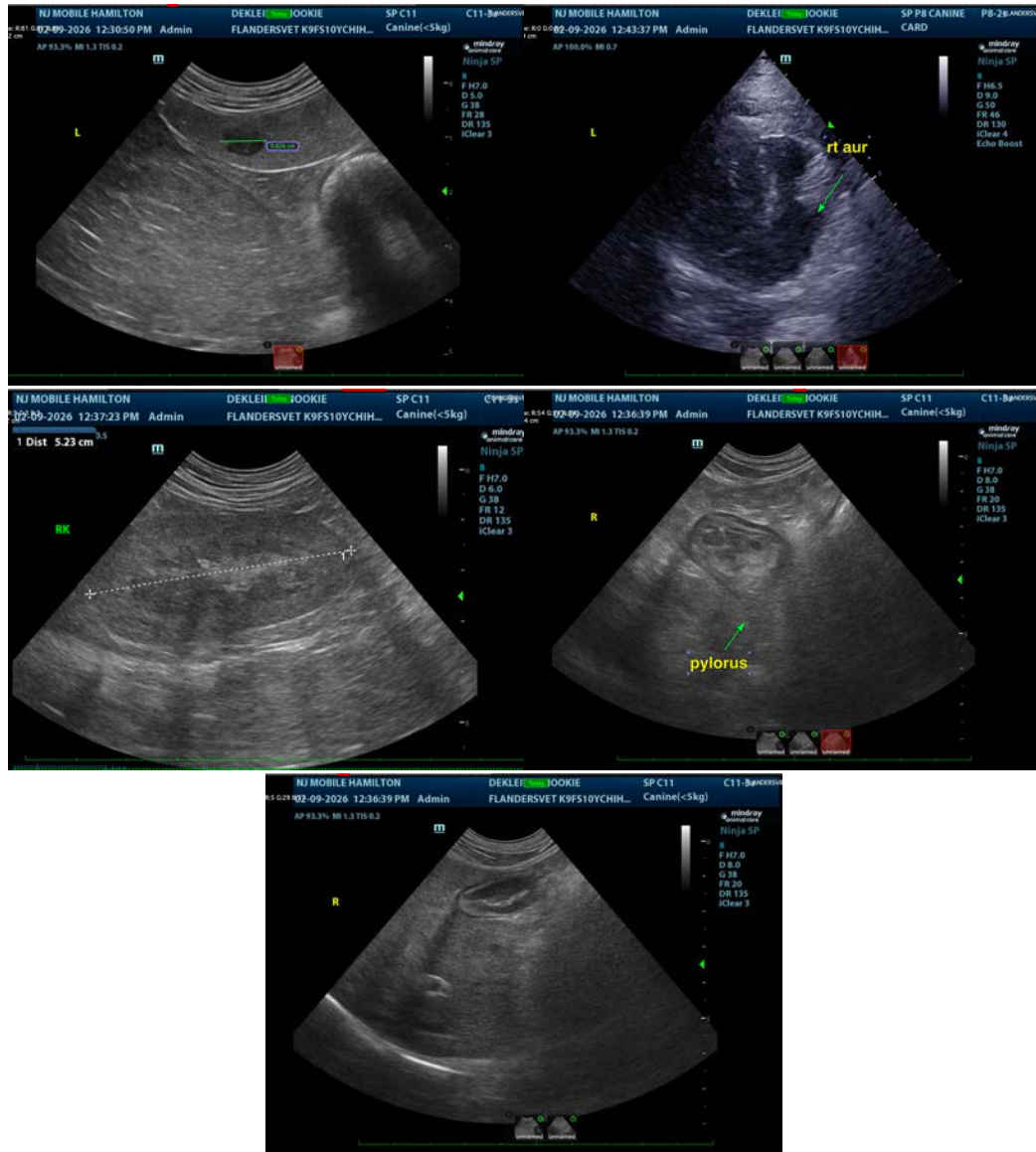
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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