



PATIENT

Samson Padua

SPECIES

Canine

BREED

Chihuahua

SEX

Intact male

AGE

10 months

WEIGHT

3.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Tiffany Boomer

HOSPITAL NAME

Moyock AH

REFERRING VET

Dr. Eure

INVOICE

72361

DATE

3/10/26

PRESENTING CLINICAL SIGNS

- CAME IN ON 3/9 FOR NOT EATING 3/8 AM AND VOMITED BETWEEN 3-4 PM ON 3/8/26. WOULD EAT A SMALL AMOUNT 3/8 PM WHEN O HAND FED, BUT THEN O DID NOT FEED ON 3/9 AM IN PREP FOR COMING TO US. EVIDENCE OF SOME LOOSE STOOL ON THE RECTAL AREA. VITALS WERE GOOD. NO HISTORY OF EATING ANYTHING OUT OF THE ORDINARY. O DID DO A SLOW TRANSITION FROM PUPPY TO ADULT FOOD AS OF LATE. PATIENT IS THIN. 2.5/5 BCS. WE DID IVC/IVF/CERENIA...GI SUPPORTIVE CARE AND SENT HOME TO RETURN COMPLETELY NPO FOR BILE ACIDS TEST AND U/S SINCE ALT WAS HIGH AND P IS A YOUNG/SMALL BREED. LIVER SHUNT ? TOLD O TO TRY TO FEED 3/9/26 LATE EVENING THOUGH AND O STATES P WOULD NOT EAT ANYTHING AT ALL. CAME BACK TODAY FOR MORE DX/TX.
- ALT ELEVATED. GLUCOSE ELEVATED (VERY STRESSED HERE) OTHERWISE FAIRLY NORMAL. RESULTS TO BE ATTACHED. ALT AND GLUCOSE IMPROVED TODAY THOUGH (3/10)

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 3.0 cm and the right kidney measured 3.6 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.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.



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Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **stomach** was over distended and bloated with echogenic chyme that was followed into the pylorus and tapered at the duodenal flexure. The remainder of the intestine was largely empty. Echogenic chyme was noted and entered into the pylorus and into the upper duodenum. Gastric over distension was severe and impinging upon the gastroesophageal inlet. Reflux is likely an issue. The remainder of the intestine was largely empty. There was no overt foreign body. Soft stool was noted in the colon.

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

Bloating presentation.

Liver was subnormal in size.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I cannot rule out portosystemic shunting owing to interference by the gastric artifact and chyme. Bile acid profile is warranted and if elevated then further imaging is indicated of the portal hilus at n.p.o. status. However, the most immediate issue is the gastric over distension. Gastric tube decompression and medical management is warranted with a recheck sonogram in 24 hours after n.p.o. status. Fecal test is warranted to assess for parasite burden that may be playing a role as well as screening for Addison's with baseline cortisol.



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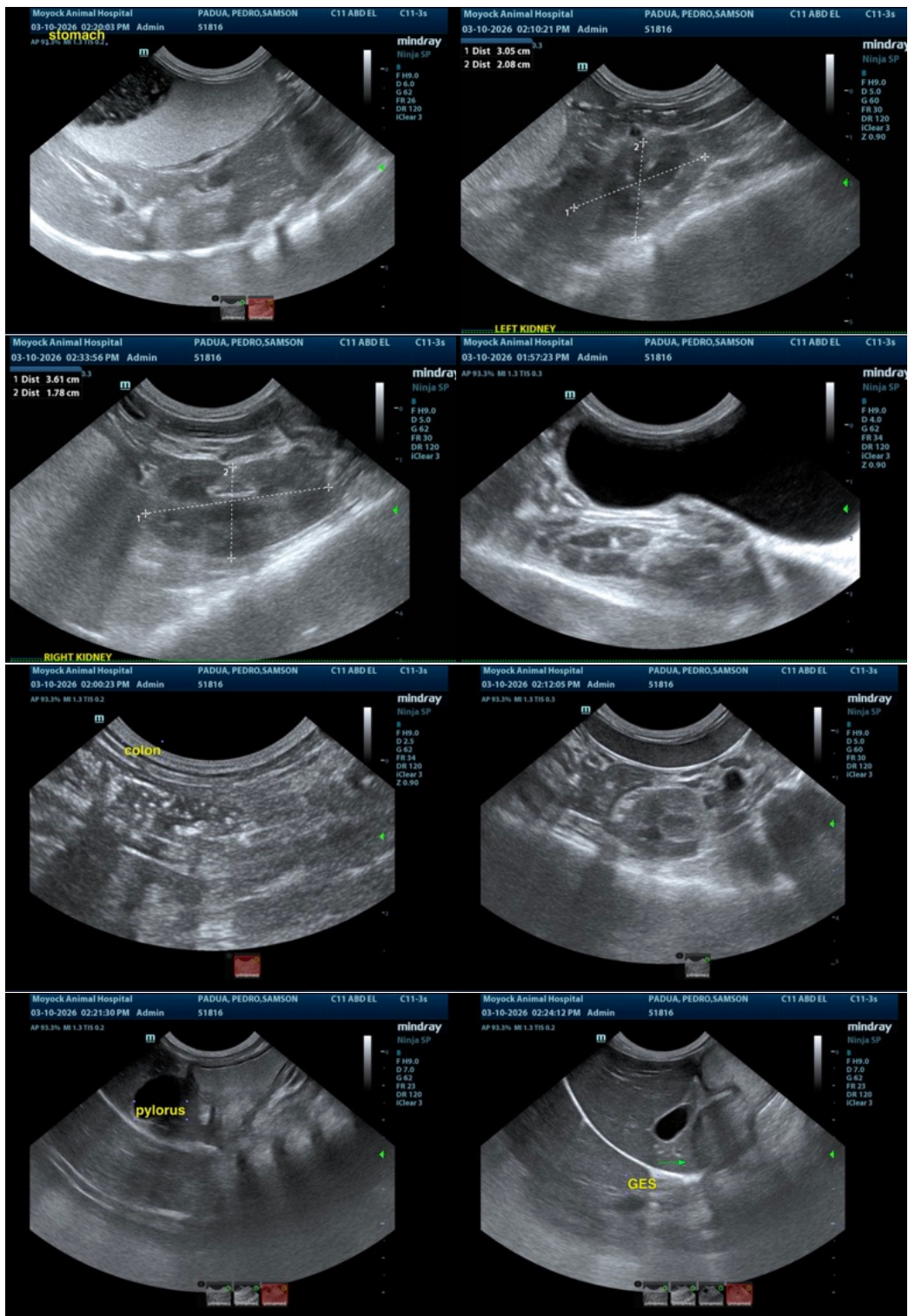
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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