

**PATIENT**

Dottie Cruz

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

F

**AGE**

1yr

**WEIGHT**

3lb

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Vincent Ravancho CVT

**HOSPITAL NAME**

Summit Dog and Cat  
Hospital

**REFERRING VET**

Dr Baker

**INVOICE**  
24177

**DATE**

03/12/2026

**PRESENTING CLINICAL SIGNS**

- Nausea
- Abdominal Pain
- Hard Stool
- Low Appetite
- Current medications- lactulose, cerenia, gabapentin, glaucoma eye med

Abnormal PE/Chem/CBC/UA Results: Hx of increased renal enzymes, BUN 51, SDMA 41.1 (mild increase), BUN/Creat ratio 64

**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.

The right kidney measured 3.0 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 right adrenal gland measured 0.5 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 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.



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**Gastrointestinal**

The upper gastrointestinal tract in this patient revealed minor edematous wall. There was no evidence of foreign bodies. Minor areas of fluctuant fluid accumulation were noted within the lumen with hyperperistalsis. This pattern continued to the ileocecal valve. The colon revealed a fluid filled lumen. This presentation is most consistent with gastrointestinal irritation/inflammation without obstruction. Spastic small intestine was noted.

**Pancreas**

The pancreas was slightly heterogenous. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Nonspecific gastroenteritis, no evidence of obstruction
- Possible low grade pancreatitis
- Structurally unremarkable kidneys

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Dietary indiscretion, food intolerance/indiscretion, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. IV fluid support, GI protectants, management for parasites and enterotoxins all indicated.

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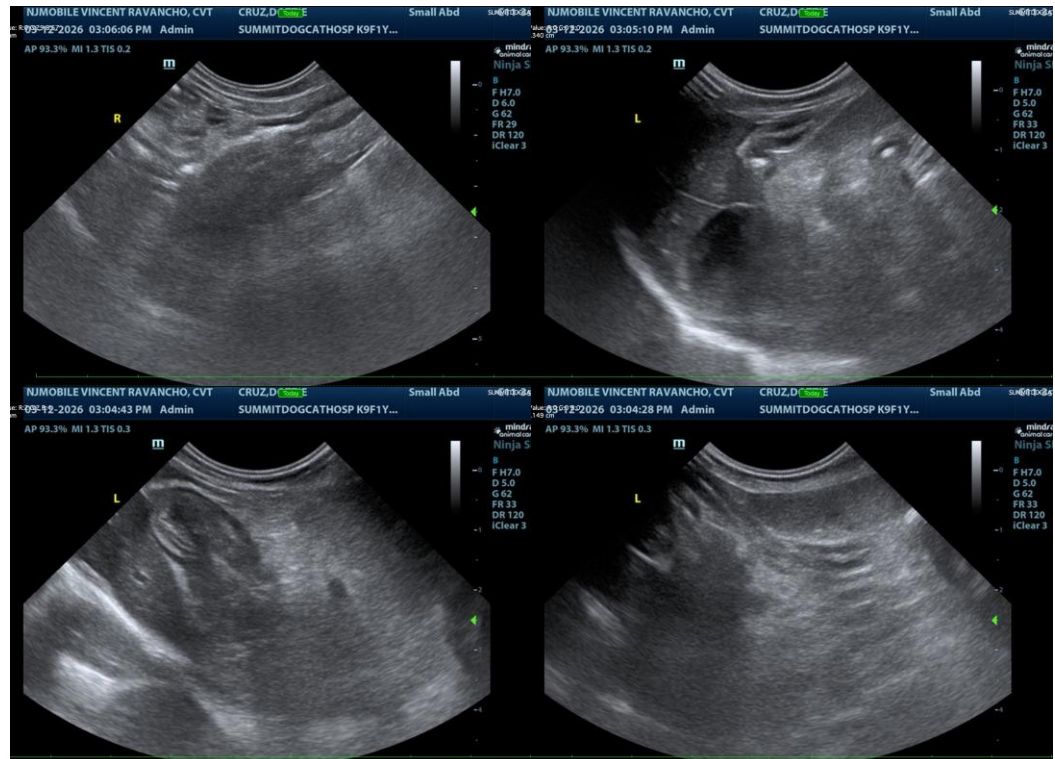
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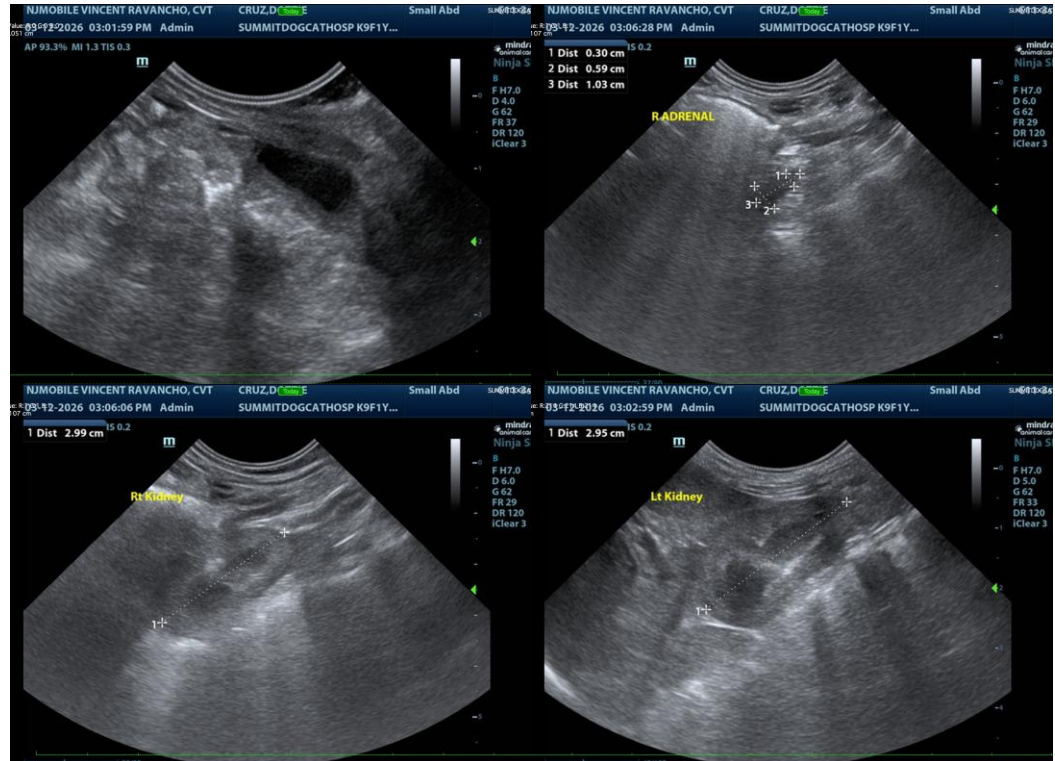
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**IMAGING PERFORMED BY**

Vincent Ravancho CVT

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
 info@SonoPath.com

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