



PATIENT

Jiminy Cricket Large

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

5

WEIGHT

5.52

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jimmerson

HOSPITAL NAME

Willamette Veterinary
Hospital

REFERRING VET

Dr. Jimmerson

INVOICE

14141

DATE

03/09/26

PRESENTING CLINICAL SIGNS

- P dx w/ pancreatitis w/ rDVM 3/2, continued decline per O. Lethargic, anorexic over past few days. P V+ >10x 3/8 AM per O. Cerenia last given at home 1-2 days ago.

Abnormal PE/Chem/CBC/UA Results: 3/8 results CPL: 181.7 - not consistent with pancreatitis
Chem 17: Creat 2.5 (H), BUN 99 (H), Phos >16.1 (H), Chol 367 (L), Amyl 1575 (H), other values WNL
Phos with dilution: 21.7 (H) EPOC: HCT 39%, Ca 1.05 (L), Creat 3.42 (H), LAC 3.39 (H), pH 7.297 (L),
PO2 20.1 (L), BUN 85 (H) CBC: HCT 38.7%, HGB 12.8 (L), MCH 20.8 (L), RDW 21.8 (H), WBC 24.65
(H), Neut 21.08 (H), PLT 1037 (H), PCT 1.3% (H), other values WNL 3/9 results EPOC = Crea 3.6 (H),
BUN 112 (H), Na 134 (L), Lactate 3.02 (H), pH 7.228 (L) - worsening azotemia PCV/TS = 34%, 7.2

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The **kidneys** presented with mild degenerative changes and increased cortical echogenicity with some loss of corticomedullary definition. Pinpoint mineralizations and cortical cysts were present in the right kidney. Slight pyelectasia was present in the left kidney. This is a nonspecific presentation yet does not appear end stage. The left kidney measured 3.2 cm in length. The right kidney measured 3.6 cm in length.

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 0.44 cm width. The right adrenal gland measured 0.80 cm width at the cranial pole and 0.65 cm width at the caudal pole.

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 were noted.

Liver

The **liver** revealed multiple expansive masses with parenchymal and cystic changes occupying the majority of the liver with micro- and macronodular changes. The masses appeared to deviate the gallbladder ventrally and the diaphragm dorsal cranially.

Gastrointestinal



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The **stomach** was over distended with fluid. The small intestine appeared spastic yet no evidence of obstruction.

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.

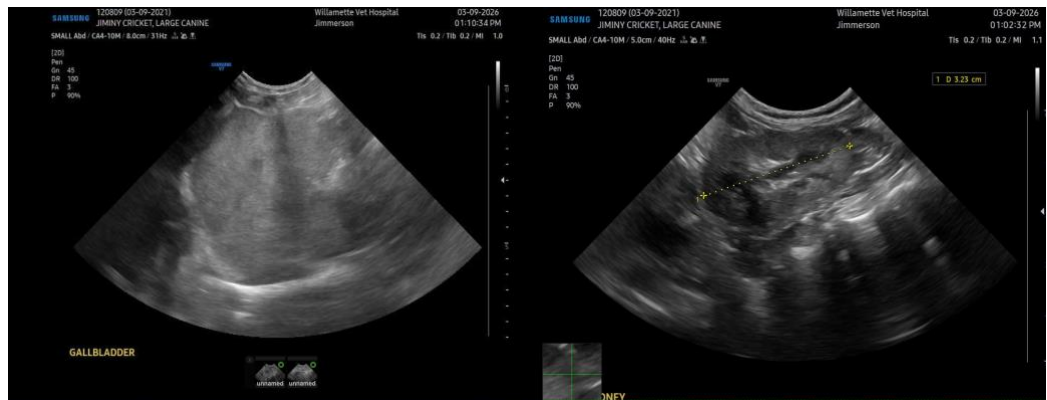
ULTRASONOGRAPHIC FINDINGS

- Gastric ileus.
- Age-related renal changes with minor cystic cortices.
- Diffuse multiple coalescing hepatic masses- diffuse hepatic neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

From a clinical situation, the azotemia appears to be the primarily issue, however, structurally, the liver is the primary issue from a sonographic standpoint. Prognosis is extremely guarded. The cause of the azotemia is unclear in this case. Acute on chronic insult is suspected. The adrenal glands are of normal size, therefore, I doubt Addison's is an issue. A perineoplastic process deriving from the hepatic neoplastic event may be playing a role as well.

The liver masses do not appear overtly resectable, however, FNA of the masses and CT could be considered for further definition in the case of potential resectability. Yet from a sonographic perspective, this is doubtful.





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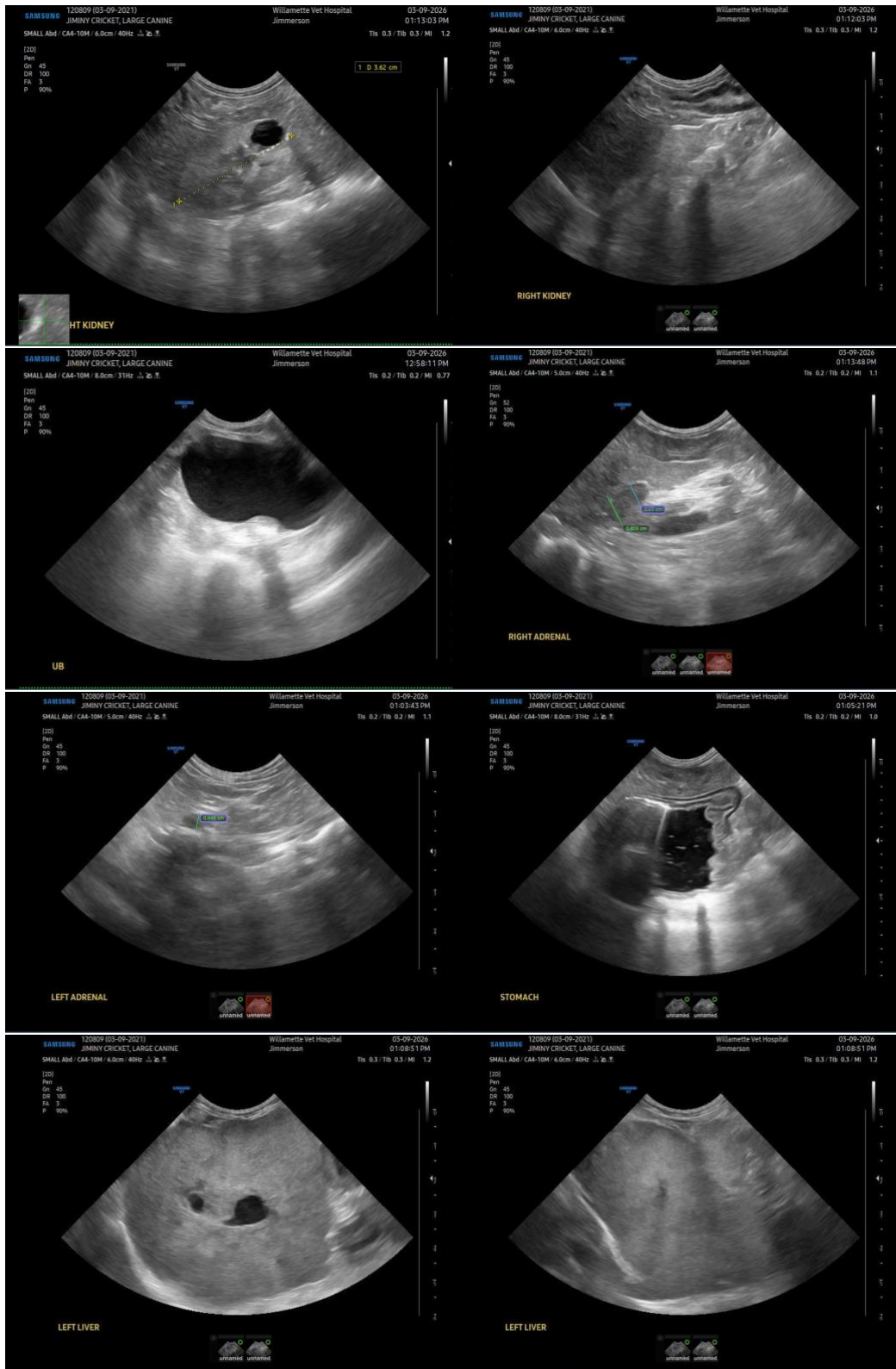
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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