



## PATIENT

Max Santiago

## SPECIES

Canine

## BREED

Miniature Pinscher

## SEX

Neutered Male

## AGE

13 Years

## WEIGHT

7.5 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Jeremiah Gabriel

## HOSPITAL NAME

Central Jersey Animal  
Hospital

## REFERRING VET

Dr. Jeremiah Gabriel

## INVOICE

15032

## DATE

04/11/26

## PRESENTING CLINICAL SIGNS

Vomiting, diarrhea, anorexia, lost 7 LBS in 2 months.

Abnormal PE/Chem/CBC/UA Results: RBC 4.43 Hematocrit 28.6 Hemoglobin 10.1 WBC 19.85  
Creatinine 3.7 BUN >130 Phosphorus 13.2 Calcium 7.4

## 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 **kidneys** revealed severe echogenic and polycystic degenerative changes with loss of corticomedullary definition. The left kidney measured 3.5 cm in length. The right kidney measured 3.5 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 2.0 cm x 0.50 cm width. The right adrenal gland measured 1.74 cm x 0.50 cm width.

### Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

### Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

### Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.

### Pancreas



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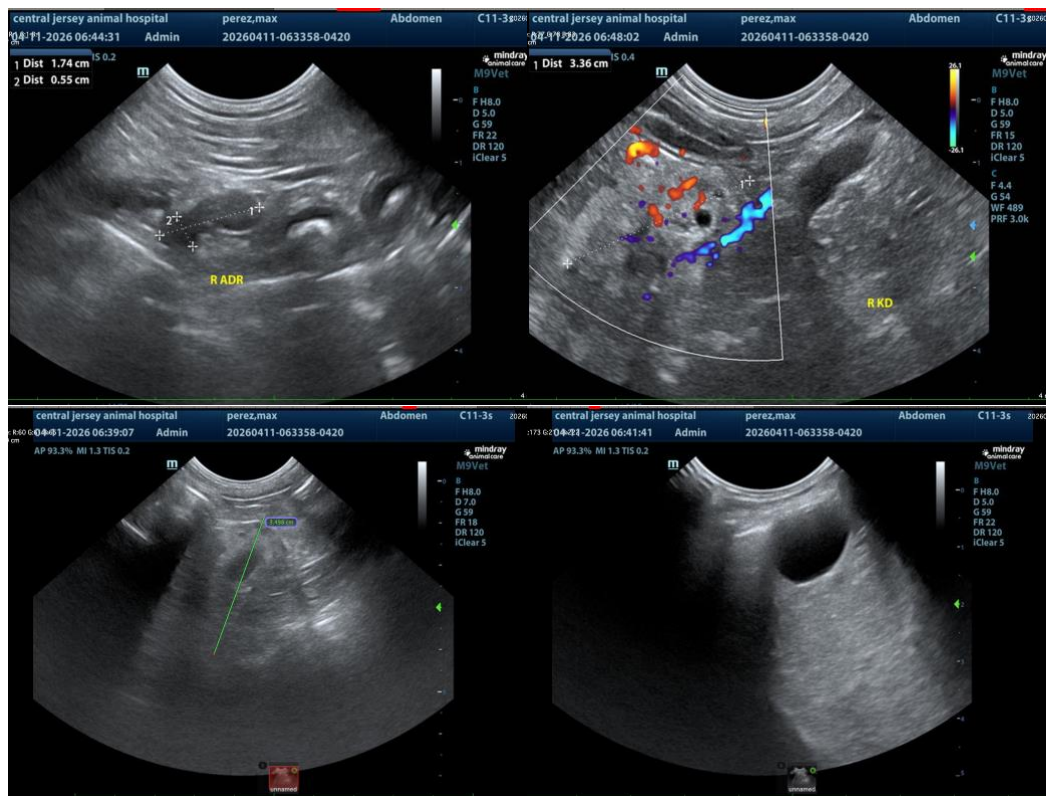
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**ULTRASONOGRAPHIC FINDINGS**

- End stage degenerative renal disease.
- Secondary gastrointestinal irritation likely owing to azotemia.
- Age-related abdominal changes.
- Volume contracted spleen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

72 hour IV fluid protocol is recommended with blood pressures and urine culture if any inflammatory sediment is present. Prognosis long term is guarded to poor.





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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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