



## PATIENT

Chloe Al Jazi

## SPECIES

Canine

## BREED

Yorkshire x Maltese

## SEX

Spayed Female

## AGE

16 Years

## WEIGHT

2.5 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Claudia Carreirao

## HOSPITAL NAME

The Veterinary Surgery  
Street 805

## REFERRING VET

Dr. Claudia Carreirao

## INVOICE

74604

## DATE

4/19/26

## PRESENTING CLINICAL SIGNS

Patient presenting chronic kidney disease (CKD), with progressively increasing creatinine and BUN levels over the past 2 months. Renal parameters have shown partial improvement with fluid therapy, but remain labile. The patient tends to develop gastrointestinal signs (inappetence, possible nausea) during periods of azotemia exacerbation.

[4:14 PM]CKD monitoring and to investigate possible causes for intermittent GI signs in a geriatric patient.

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

### *Cardiac Presentation*

Limited views of the heart revealed mitral insufficiency. Subjectively adequate contractility. Occasional arrhythmia noted. Volumes appeared normal to volume contracted.

### *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 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. Slight pyelectasia and slight mineralizations noted. Left kidney measured 2.8 cm. Right kidney measured 3.1 cm.

### *Adrenal Glands*

The **adrenal glands** were not visualized.

### *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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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.



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## Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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.

## Pancreas

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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

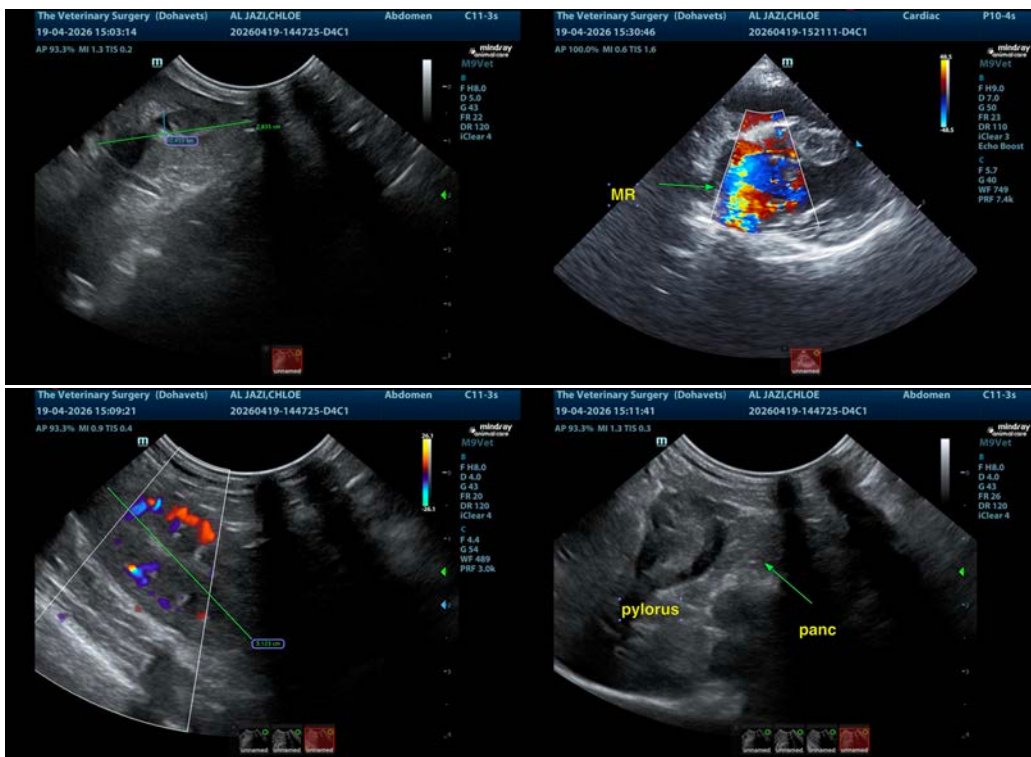
## ULTRASONOGRAPHIC FINDINGS

- Stage B1 valvular disease with volume contraction.
- Age related abdominal changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

EKG or holter monitor and blood pressures indicated. No direct cause of the cyanosis from a cardiac perspective.

No evidence of specific abdominal disease. If adrenal disease is suspected, further imaging of the adrenal glands indicated.





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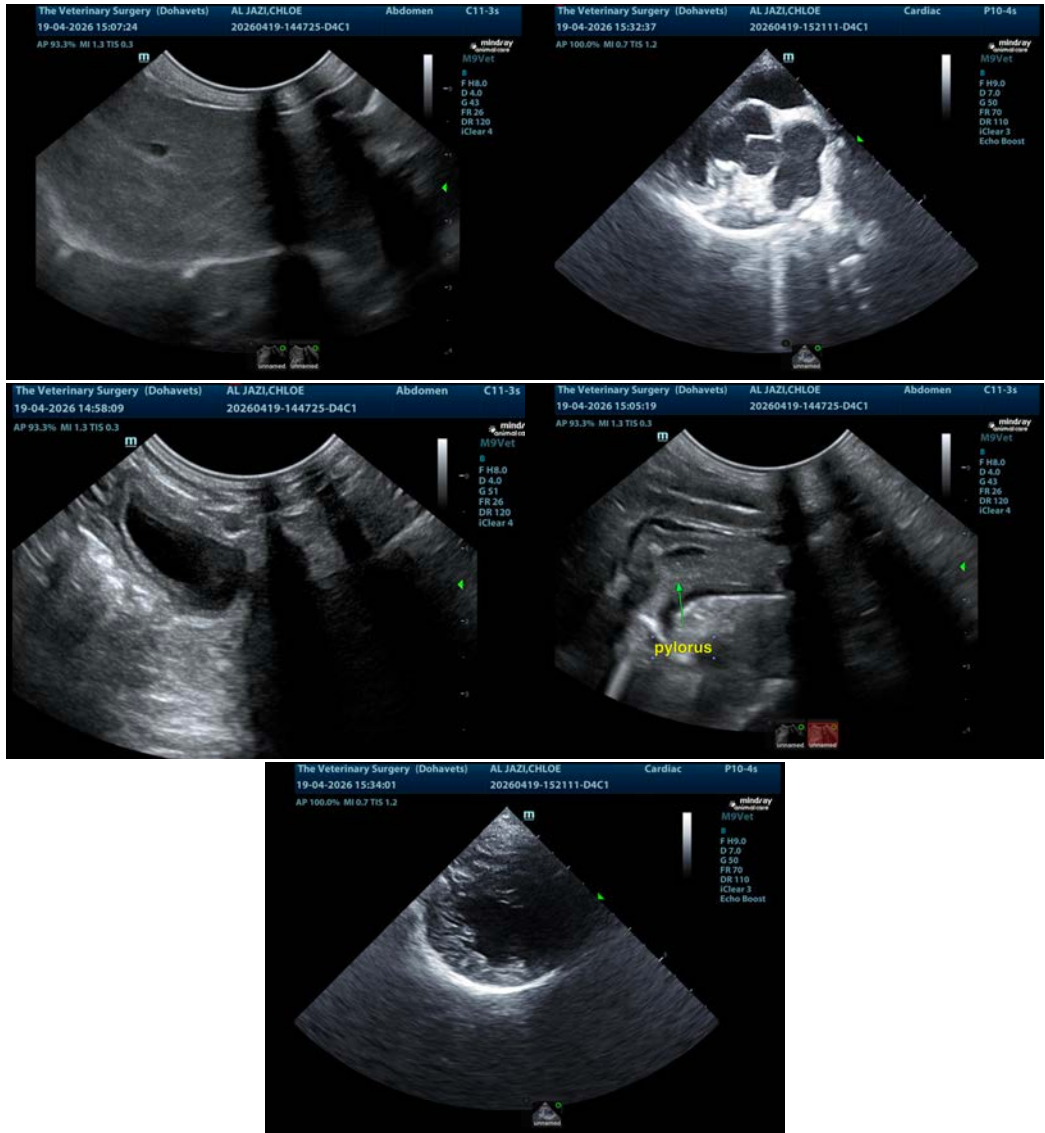
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)