



DATE PRESENTING CLINICAL SIGNS

4/24/26 Patient History: Patient has presented multiple times over the last two years for episodes of lethargy, inappetence and lip licking as well as vocalizing at times when picked up. On PE he is BAR, but does seem reactive to abdominal palpation. The PE is otherwise unremarkable. AUS has been recommended on multiple occasions. Most recent BW (Jan 2025) was normal.

PATIENT

Riley Chlada

SPECIES

Canine

BREED

Papillon

SEX

Neutered Male

AGE

5/5/17

WEIGHT

9.4 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Madonna VC

REFERRING VET

Dr. Smith

INVOICE

36754

Current Medications: Cerenia 2mg/kg PRN.
Labwork Results: Labwork attached, reported as: last BW was Jan 2025 (CBC/Chem) all normal.
Attached new labs today
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV.
Stat Report: Not requested.
Imaging Performed by: Rachel Brillhart, RDMS.

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 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 3.69 cm. The right kidney measured 3.75 cm.

Adrenal Glands

The **adrenal glands** were slightly subnormal in size. The right adrenal gland measured 2.01 cm x 0.44 cm at the caudal pole and 0.56 cm at the cranial pole. The left adrenal gland measured 0.43 cm at the cranial pole and 0.3 cm 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 minor microhepatica. 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. The vena cava was mildly enlarged, measuring 0.94 cm.

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

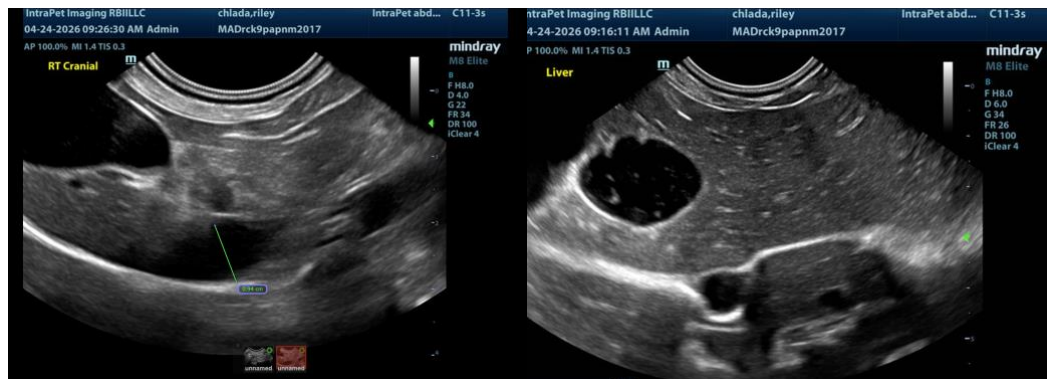
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

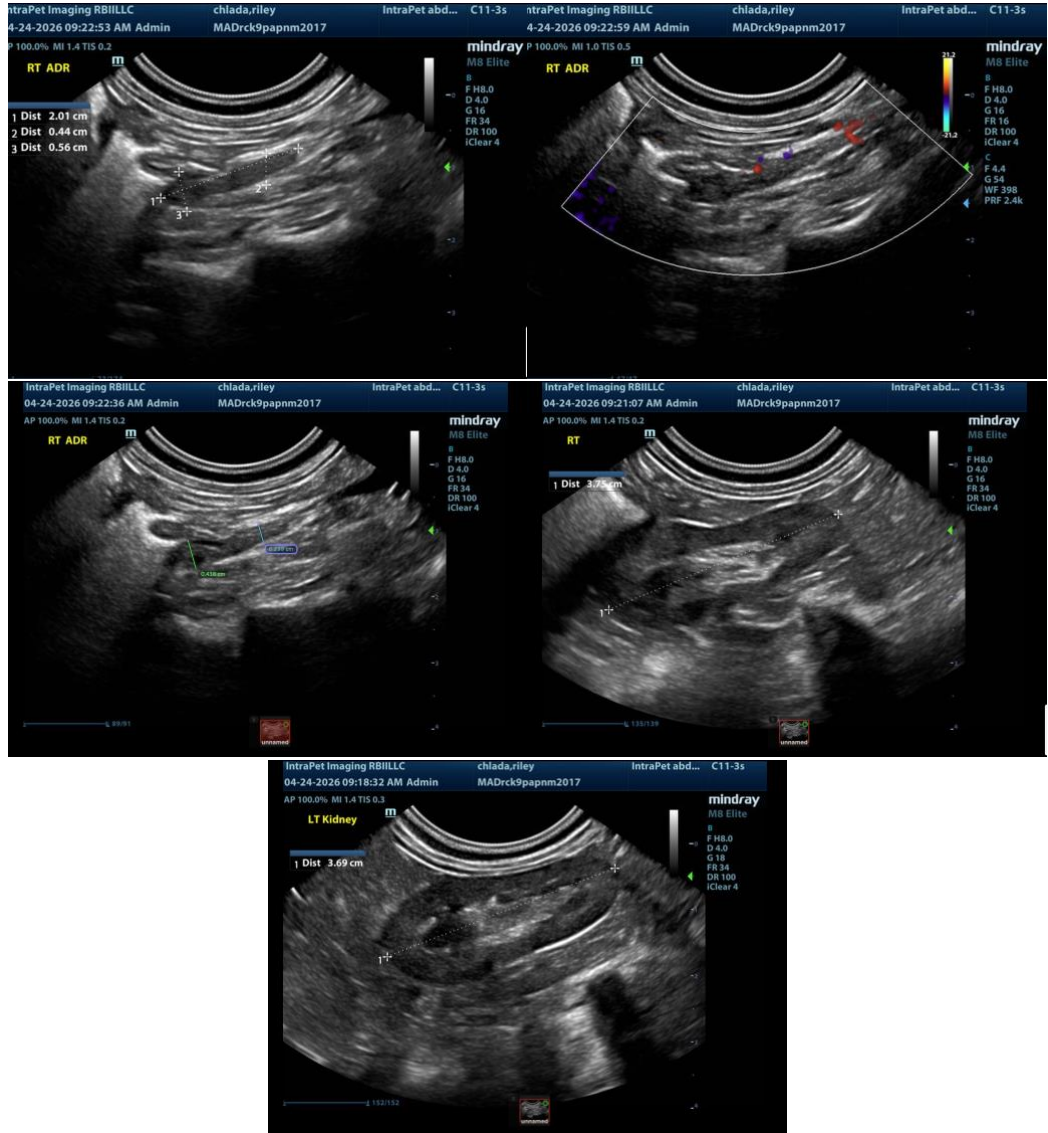
ULTRASONOGRAPHIC FINDINGS

- Minor microhepatica- no evidence of macroscopic shunting.
- Slightly subnormal adrenal gland size.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile is warranted. Screening for Addison's warranted with baseline cortisol or ACTH stimulation. The vena cava was mildly enlarged, this would be normal if sedated, however, if not sedated, thoracic workup and echocardiogram are indicated.





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

