



## PATIENT

Sophie Daniels

## SPECIES

Canine

## BREED

Chihuahua Mix

## SEX

Spayed Female

## AGE

12 Years

## WEIGHT

4.4 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Melissa Randolph

## HOSPITAL NAME

Shores Veterinary  
Emergency Center

## REFERRING VET

Dr. Julia Kerr

## INVOICE

15431

## DATE

04/24/26

## PRESENTING CLINICAL SIGNS

\*Starting in March - vomiting and diarrhea. P was started on metronidazole and Cerenia. diarrhea and vomiting resolved. Then again P had vomiting and diarrhea the end of March. On Tuesday 4/21 P was extremely weak, lethargic, having vomiting and diarrhea. Owner noted straining. P was seen at rDVM on 4/23. blood work done. Found to have elevated kidney values. Other than gastroenteritis no other prior health concerns. admitted: on iv fluids, buprenorphine, Cerenia, pantoprazole, and Unasyn. P has had regurgitation overnight and this morning. \*concern for Azotemia (progressive), hyperphosphatemia - r/o suspect AKI (pyelonephritis vs. thromboembolic disease vs. infiltrative vs. toxin ingestion vs. ureterolithiasis vs. other; Vomiting/diarrhea - r/o uremic gastritis vs. other non-specific gastroenteritis vs. toxin ingestion vs. dietary indiscretion vs. FBO vs. other; Elevated LES (rDVM BW 4/23/26) - r/o reactive hepatopathy vs. infectious (leptospirosis vs. cholangiohepatitis) vs. infiltrative vs. hepatotoxin exposure vs. other

PE: tense and uncomfortable with firm cranial to mid-abdominal palpation; ambulatory but generally weak +/- ataxic rdvm 4/23 cbc: lymph 0.27 L, mono 1.34 H, PDW 9.0 L; chem: creatinine 4.2 H, BUN 87 H, phosphorus 11.2 H, ALT 187 H, ALP 362 H, cholesterol 381 H; cpL <30 trurapid 4 (4dx): negative X4 lepto (witness test): negative epoc 4/23 6 pm: potassium 5.2 H, ica ++ 0.92 L, lactate 3.58 H, BUN 81 H, creat 5.04 H epoc 4/24 3 am: ica ++ 0.93 L, BUN 99 H, creat 5.79 H

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a dept of 2.0 cm 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 **iliac trifurcation** was unremarkable.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. The left kidney measured 3.84 cm in length. The right kidney measured 3.82 cm in length.

### Adrenal Glands

The regions of the **adrenal glands** are imaged without evident pathology.

### 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



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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 minor 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. A large amount of gastric stasis was noted in this patient.

### *Pancreas*

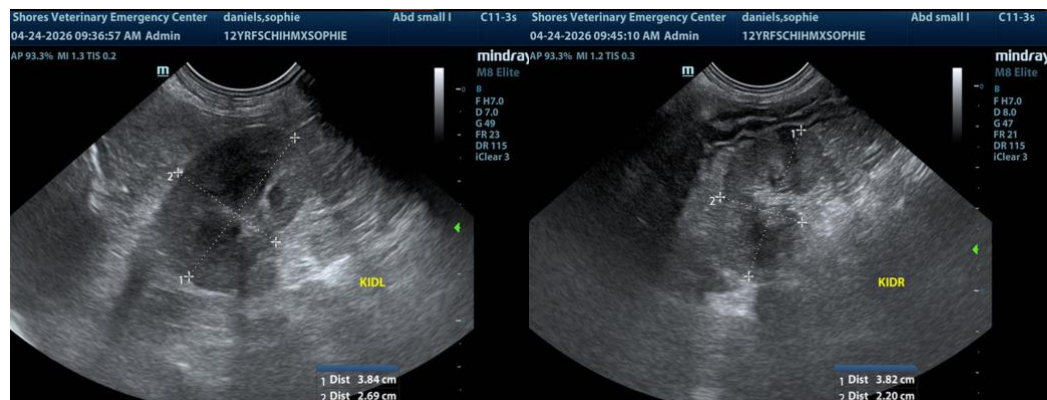
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Nonspecific gastroenteritis.
- Geriatric abdomen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Structurally, the kidneys appear to have only minor age-related changes, therefore an acute insult suspected. Screening for occult Addison's is warranted, even though the patient is likely too old for Addison's. However, they can occur. GI protective protocol, 72-hour IV fluid protocol, ACTH stimulation, leptospirosis titers and assessment for causes of acute renal insult are all indicated. Full urinalysis +/- culture and sensitivity is indicated.





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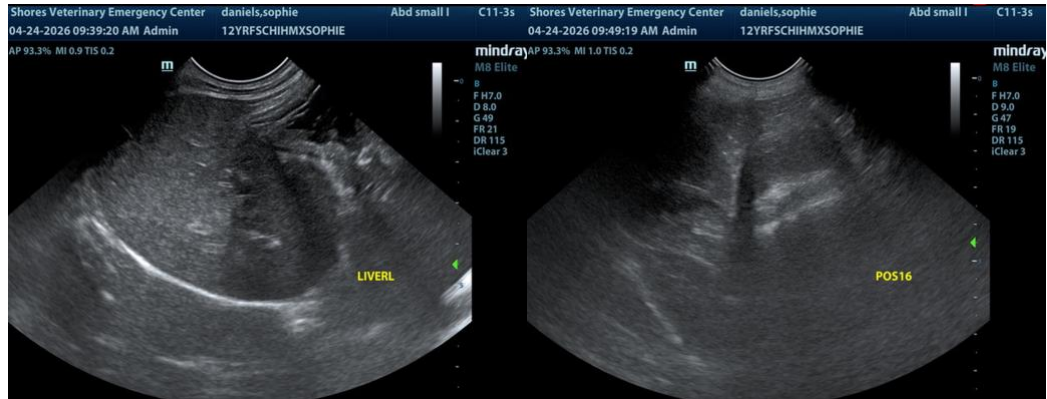
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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