



PATIENT

Scooby Dunlap

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered male

AGE

14 years

WEIGHT

15.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ashley Whitesell,
DVM

HOSPITAL NAME

Dickson AC

REFERRING VET

Dr. Hovis

INVOICE

74255

DATE

4/7/26

PRESENTING CLINICAL SIGNS

- Staff pet (mother-in-law's dog) - Patient has a history of arthritis, has been given liberela injections monthly > 1yr.
- Recent weight loss, unexpected despite supplementing food.
- Seizure vs
- Syncopal episodes. 2 episodes for the first time in the last 4 days, patient falls over, trembling, but still cognitive per owner.
- Increased ALP
- Bladder stones and kidney stones, not currently managed with diet change, unknown crystal/stone - no crystals on UA type.
- GI upset that flares up, gets better with metronidazole, unspecified diagnoses, currently eats l/d low fat
- low fat.
- Metacam and Gabapentin prn for pain, owners do not give full dose.
- Radiology report submitted and completed with SonoPath 4/6 for reference
- UA: WBC: 21-50, RBC: 4-10, Squamous epithelia 11-20, Bacteria: Cocci and Rods verified by wright stain (this was a floor collection) Superchem: ALP: 286, BUN/CREA ratio: 32 CBC: Platelet count: 618, Absolute Monocytes: 917

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. The ureters were not visible which is normal. A trace amount of sand was noted in the bladder. No evidence of inflammatory or neoplastic changes was 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight pinpoint mineralization was noted in the kidneys and was non-obstructive. More prominent calculi were noted in the right kidney. Grouping of calculi in the caudal aspect of the corticomedullary junction of the right kidney measuring 0.9 cm. The left kidney measured 4.16 cm. The right kidney measured 3.3 cm.

The residual prostate measured 0.5 cm.

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 0.47 cm at the cranial pole and 0.39 cm at the caudal pole. The right adrenal gland measured 0.67 cm at the cranial pole and 0.52 cm at the caudal pole.



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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 was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Isoechoic nodular changes were noted in the liver. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Passive congestion vena cava pattern was noted. The vena cava measured 1.06 cm at the diaphragm. The hepatic veins were slightly dilated as well. 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. Pleural effusion was noted through the diaphragm.

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.

Free Abdomen

Slight ascites was noted owing to hepatic congestion.

Heart

Rapid view of the heart from a transdiaphragmatic view did not reveal any overt pericardial effusion or volume overload.



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ULTRASONOGRAPHIC FINDINGS

Bladder sand.

Non-obstructive right renal calculi.

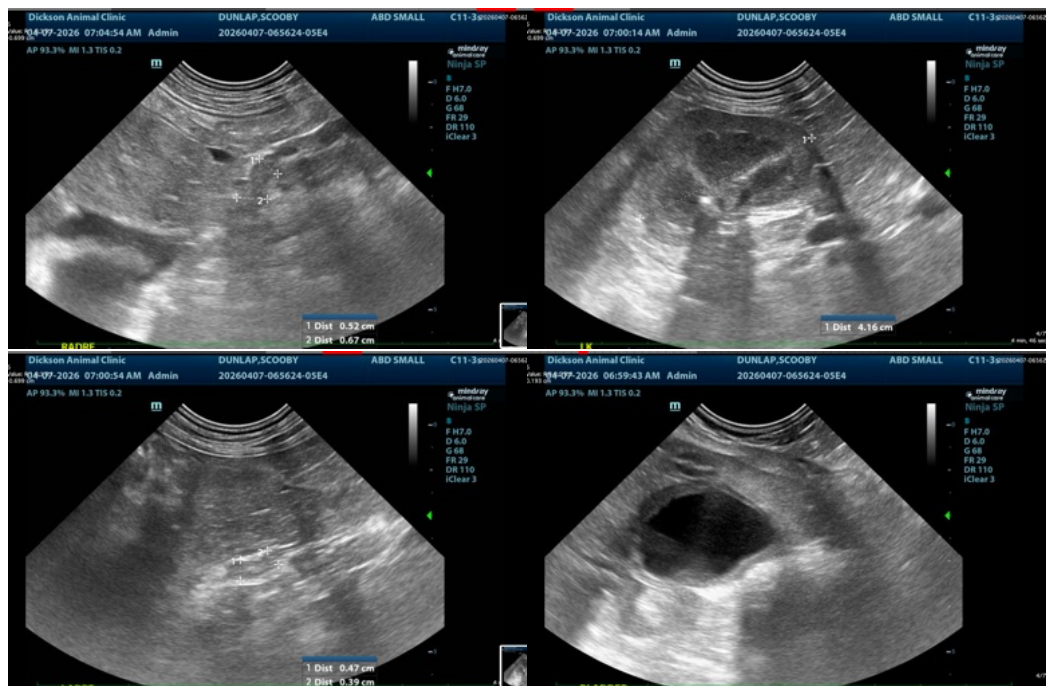
Passive congestion liver pattern.

Slight ascites.

Pleural effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Extracardiac thoracic pathology is likely the primary issue in this patient with secondary nephrolithiasis, non-obstructive and UTI. I recommend thoracic work-up in this patient with chest radiographs and pleurocentesis if not already performed. Prognosis is guarded depending upon thoracic findings.





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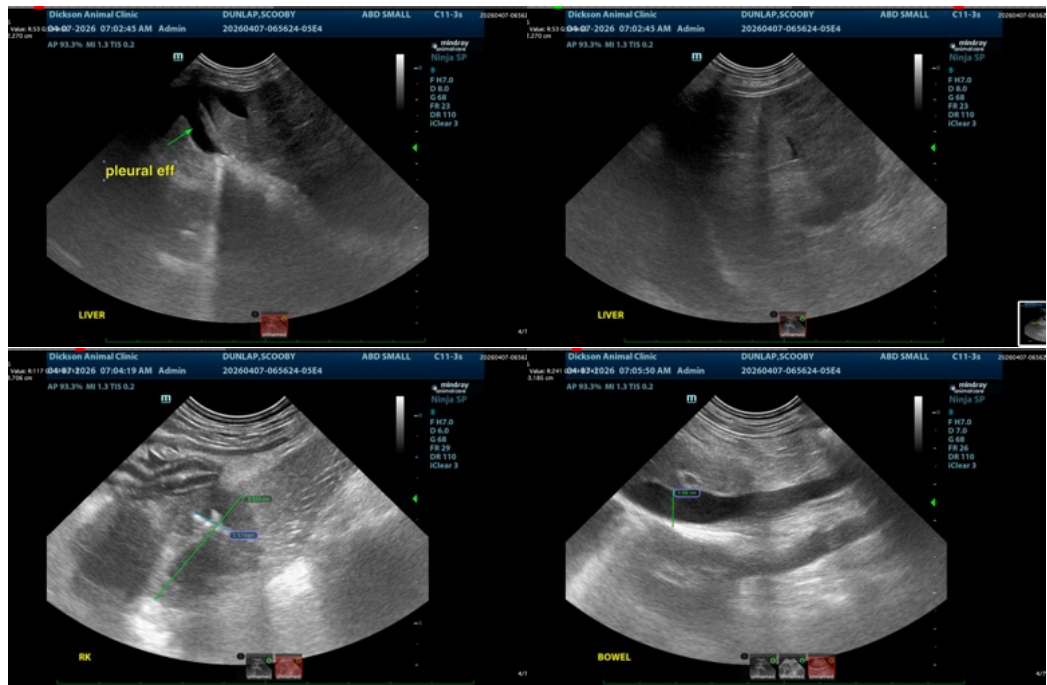
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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