



PATIENT

Sophie Kincaid

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed Female

AGE

16 Years

WEIGHT

3.87 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

16098

DATE

05/12/26

PRESENTING CLINICAL SIGNS

*Seen at rDVM 3/2 for vomiting. P had been intermittently vomiting for one month. Blood work at that time showed slightly elevated kidney values, elevated PSL, low albumin, u/a protein and wbc's. P prescribed amoxi/clav. recheck of urine 3/17. recheck of blood work on 4/30. rDVM recommended ultrasound based on repeat blood work. *Concern for pancreatitis, pyelonephritis, PLE, PLN, other

PE: dental disease grade 4/4; diffuse muscle atrophy, age related changes 3/2 rDVM chem albumin 2.5 L, BUN 37, creatinine 1.1, PSL 257 H, SDMA 13.3 3/2 CBC: WBC 21.8 H, neut 16,350 H T4 1.8 3/2 u/a: usg 1.027, pH 8.0, WBC 4-10/hpf, protein 1+,crystals struvite 2-3/hpf 3/17 u/a: usg 1.025, pH 6.0, WBC 0-1/hpf, crystals none, protein negative 4/30 chem: PSL 286 H, BUN 37 H, creatinine 1.1, albumin 2.7, SDMA 20.5 4/30 cbc: WBC 18.8 H, neut 13,160 H

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth 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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. Slight mineralizations were present. The left kidney measured 2.9 cm in length. The right kidney measured 3.2 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 0.40 cm width. The right adrenal gland measured 0.40 cm width.

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 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. 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



PATIENT

Sophie Kincaid

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed Female

AGE

16 Years

WEIGHT

3.87 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Julia Kerr

INVOICE

16098

DATE

05/12/26

significance to this presentation. Macronodular changes were present measuring up to 1.6 cm in the left liver.

The gallbladder was mildly over distended on long axis measuring 3.3 cm x 2.0 cm with immobile inspissated bile, consistent with emerging gallbladder mucocele.

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

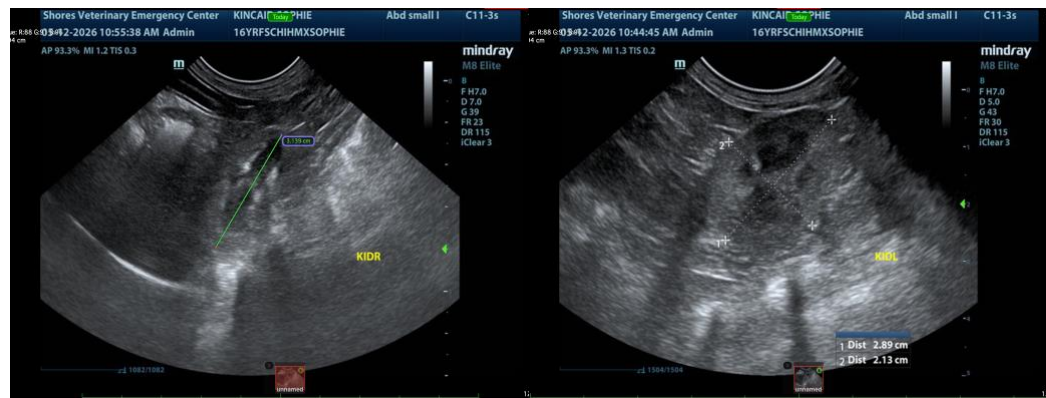
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen with mild/moderate hepatic remodeling and undefined nodules and immature gallbladder mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder mucocele may be playing a mild role in the GI signs. Ursodiol therapy is recommended. IV fluid support, GI protectants and symptomatic therapy should prove effective in this patient. Recheck sonogram in six to eight weeks, primarily of the gallbladder to ensure adequate resolution.





PATIENT

Sophie Kincaid

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed Female

AGE

16 Years

WEIGHT

3.87 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

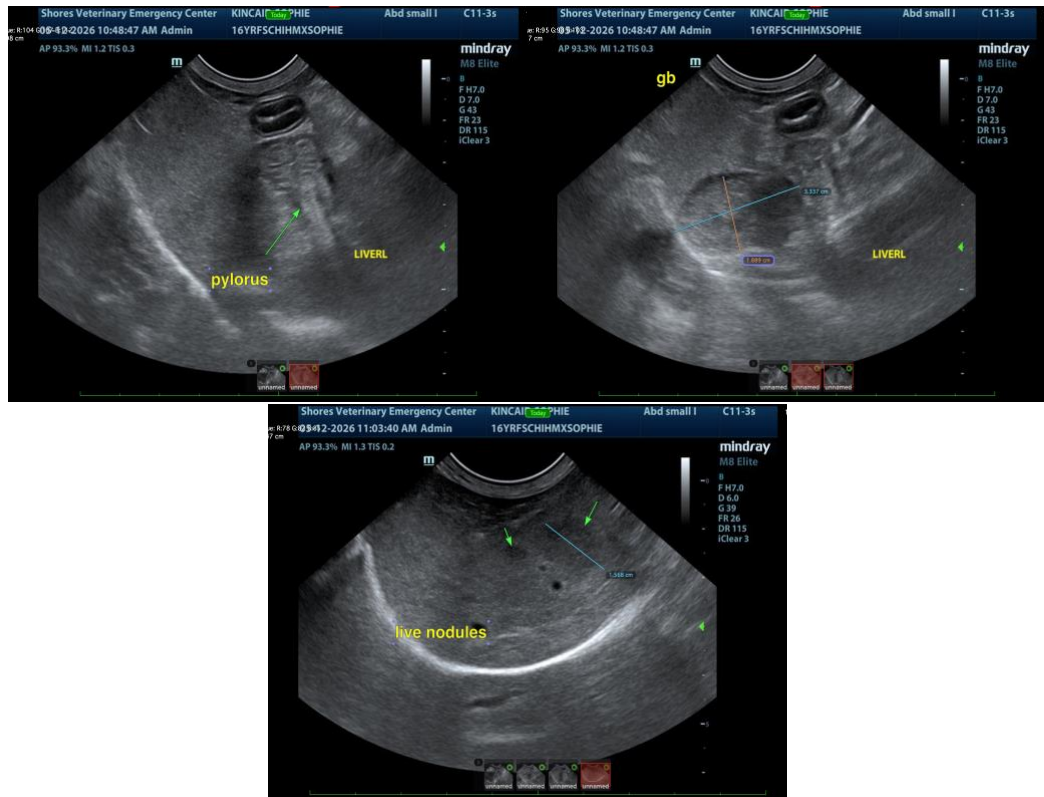
Dr. Julia Kerr

INVOICE

16098

DATE

05/12/26



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