



## PATIENT

Carl Lederer

## SPECIES

Canine

## BREED

Chihuahua Mix

## SEX

Neutered Male

## AGE

14 Years

## WEIGHT

5.6 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Harmon

## HOSPITAL NAME

Wilvet Salem

## REFERRING VET

Dr. Harmon

## INVOICE

16128

## DATE

05/12/26

## PRESENTING CLINICAL SIGNS

HX from rDVM on 5/11. Saturday evening stool became runny, mucousy, and peas. This morning, P has purpley/ red diarrhea. 3:45 this morning had large liquid diarrhea blowout. O says smelled like acid. E/D/U and energy normal, zoomies. P was on several antibiotics, finished early last week. Antibiotic anal cream stopped this morning. Sunday morning began to have more formed stool. Shivering this morning.

@ WVS 5/12 Patient presented for D+ since Saturday with possibly some blood in it and vomiting twice today. O is unsure if there is blood in the vomit because P gets blueberries in his food. P was seen at Stayton vet and had an ultrasound and bloodwork done. P found to have elevated liver enzymes and an enlarged Pancreas. P has hx of neck/shoulder arthritis and heart murmur and bloating that is taken care of by Pepcid.

Abnormal PE/Chem/CBC/UA Results: Stayton Vet records from 5/11/26: CBC Mildly elevated platelets - 556K/uL (N:120 - 412) Chem Mild ALT Elevation - 171U/L (N: 18-121), Moderately elevated ALP - 511U/L (N: 5-160), Mildly elevated Lipase - 281U/L (N: 0-250), Mildly elevated CK - 201U/L (N: 10-200). T4 Normal Urinalysis Isosthenuria USG - 1.014 Lab 4dx Neg x 4 Fecal - PENDING WVS 5/12/26: Preanesthetic BW: CBC: HCT 55, wbc 12.05, neut 9.69, lymph 1.44, PLT 480 Chem10: ALT 245 (H), ALP 393 (H) ePOC: potassium 3.3 (L), BUN 6 (L), HCT 53 cPL: 321 (H - equivocal range)

## 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 4.1 cm in length. The right kidney measured 4.5 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 0.6 cm width at the caudal pole and 0.56 cm width at the cranial pole. The right adrenal gland measured 0.62 cm width at the cranial pole and 0.5 cm width 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. The spleen was folded upon itself cranially.



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## Liver

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

## Gastrointestinal

Some mucosal remodeling was noted in the **stomach** with empty gastric lumen. The small intestine and colon were unremarkable.

## Pancreas

The **pancreas** revealed mild heterogenous parenchymal changes with enhanced surrounding mesentery. The right limb of the pancreas presented with a significant amount of echogenic remodeling. No evidence of active inflammation, however, low-grade inflammation cannot be ruled out.

## ULTRASONOGRAPHIC FINDINGS

- Pancreatic remodeling.
- Folded spleen.
- Nonspecific age-related abdominal changes otherwise.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pancreatic insufficiency should be considered in this patient. Differentials for diarrhea include occult parasitism, dietary indiscretion, dietary intolerance, antibiotic responsive colitis, intestinal dysbiosis and occult Addison's should all be considered as causes of diarrhea in this patient. A hydrolyzed diet trial may be in this patient's best interest +/- probiotics. 24-hour NPO and reintroduction of bland diet indicated. I recommend a baseline cortisol or ACTH stimulation test, a fresh fecal smear and fecal floatation analysis if not already performed. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm. Most acute cases of diarrhea will respond to probiotic therapy, fiber, and gastrointestinal diets over the next 3-5 days.



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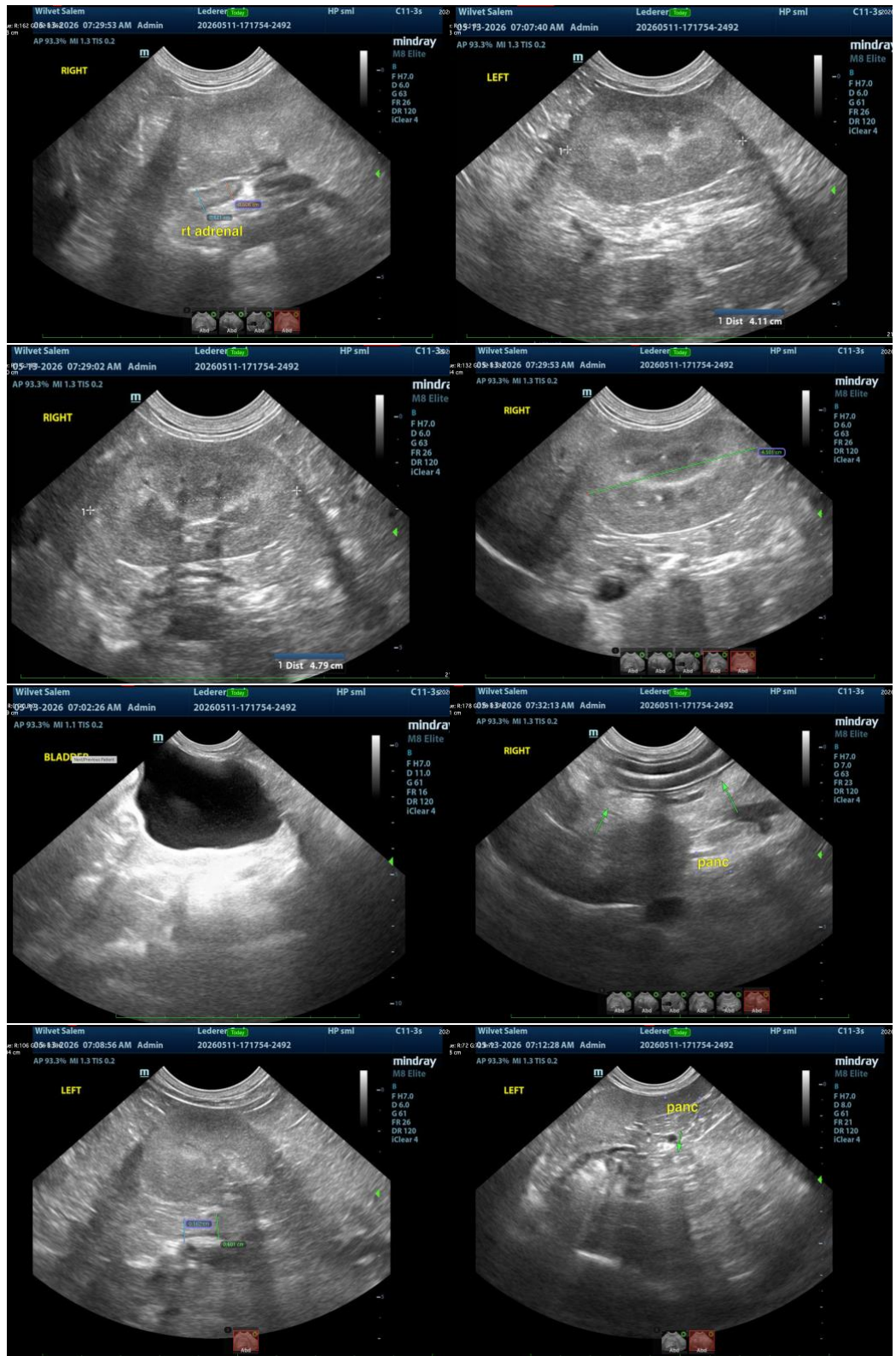
Dr. Harmon

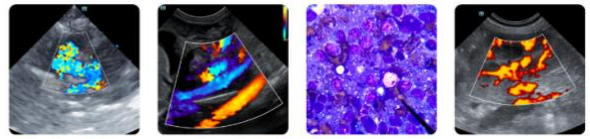
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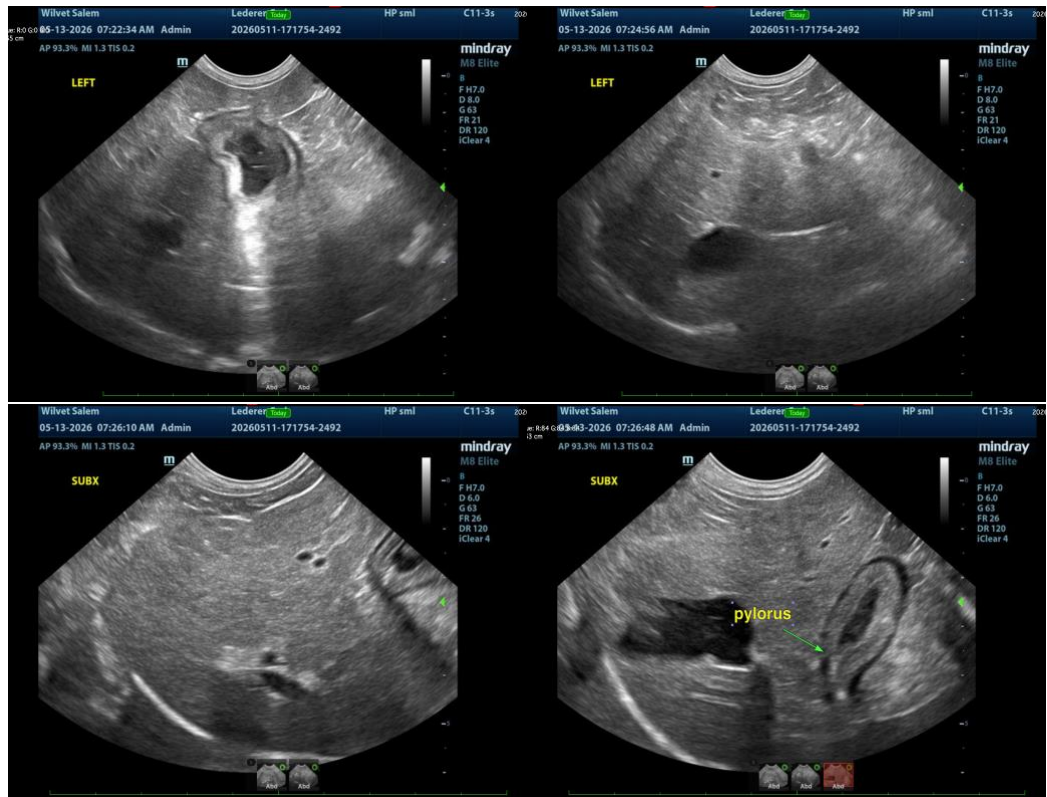
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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