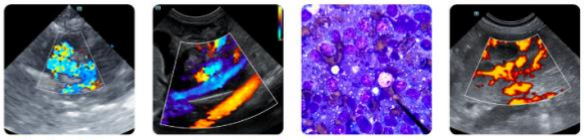



**PATIENT**

Pepita Reiner

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

3.7 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Mayfield

**HOSPITAL NAME**

Wilvet South

**REFERRING VET**

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**INVOICE**

16585

**DATE**

05/29/26

## PRESENTING CLINICAL SIGNS

Signalment: 14yo female spayed min-pin mixed. Presenting Complaint: Pepita presents for 4-5 days of hyporexia and anorexia with initial profuse vomiting and now profound hematochezia. Patient History: History of recurrent episodes of decreased appetite and discomfort, previously diagnosed as pancreatitis. Episodes initially occurred every 6 months, now occurring weekly (increased frequency over time). Usually resolves by evening on day of onset, but current episode has persisted. Previous hospitalization on May 27th: client declined diagnostics, received buprenorphine injection and subcutaneous fluids. Previous hospitalization on May 28th: CBC, EPOC, three view abdominal radiographs, fecal exam performed; received subcutaneous fluids and Cerenia; discharged with Visbiome, Cerenia tablets, and bland diet. History of adverse reaction to anesthesia during previous dental surgery. Chronic respiratory signs including sneezing, hacking, and wheezing (described as allergic-type dog). Difficult to medicate orally when not eating

PE: Oral: Fairly dry mucous membranes with grade II/IV dental tartar/gingivitis. Limited exam due to poor patient compliance Pulses: Weak/synchronous Lungs: Increased wheezing sounds noted, no crackles Musculoskeletal: Weak, difficulty standing, lean. Ambulation is stiff, but otherwise apparently normal. No noted joint effusion or crepitus. Abdomen: Tense. Rectal Exam: Ongoing straining and hematochezia, no rectal performed due to poor patient compliance Diagnostics: Previous CBC and EPOC (May 28th): mild monocytosis, lactate elevated at 3.37, otherwise unremarkable Previous three view abdominal radiographs (May 28th): no evidence of GI foreign body, potentially thickened loops of small intestine Previous fecal exam (May 28th): negative

## 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 3.4 cm in length. The right kidney measured 3.5 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 0.5 cm width. The right adrenal gland measured 0.8 cm width at the cranial pole and 0.37 cm width at the caudal pole.

### *Spleen*

The **spleen** revealed multifocal hyperechoic lipid plaques yet do not appear pathological, measuring up to 2.4 cm.

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### *Liver*

The **liver** revealed diffuse micronodular changes with a moderate amount of remodeling and increased portal markings. The gallbladder and common bile duct were unremarkable.

### *Gastrointestinal*

Examination of the **gastrointestinal tract** revealed minor variable thickening without loss of mural detail and empty lumen. Mild increased submucosal echogenicity.

### *Pancreas*

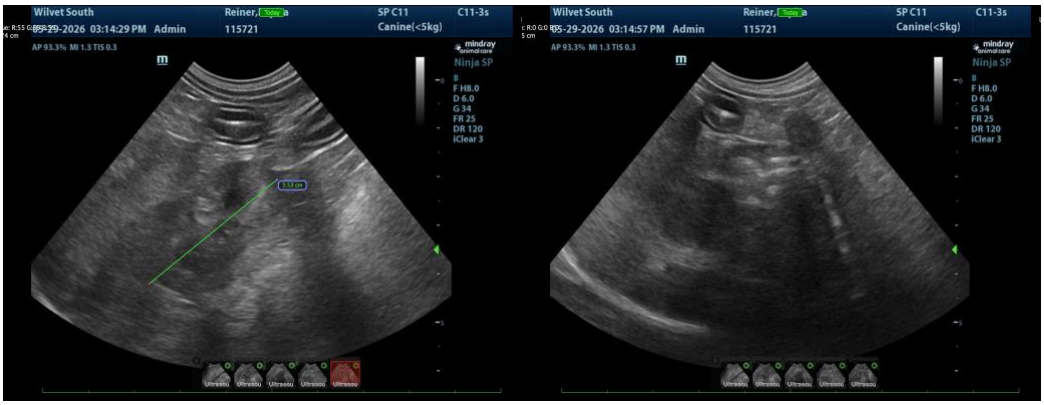
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

## ULTRASONOGRAPHIC FINDINGS

- Chronic IBD GI pattern.
- Nodular hyperplasia/metabolic hepatopathy liver pattern.
- Splenic hyperechoic lipid plaques- not pathological.
- Age-related abdominal changes otherwise.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of hyporexia is not overtly evident, however, from a structural standpoint, even though chronic GI changes are present, GI protectant protocol is warranted along with IV fluid support. Other causes of decreased appetite such as orthopedic pain, CNS or thoracic disease should also be considered. Fecal test, hydrolyzed diet, empirical treatment for occult parasitism are all indicated, yet largely geriatric changes except for the hepatic presentation. FNA of the liver is warranted as well as bile acid profile given the level of diffuse disease. If bile acids are elevated, then the hyporexia may be attributable to the liver.



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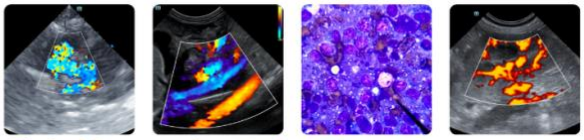

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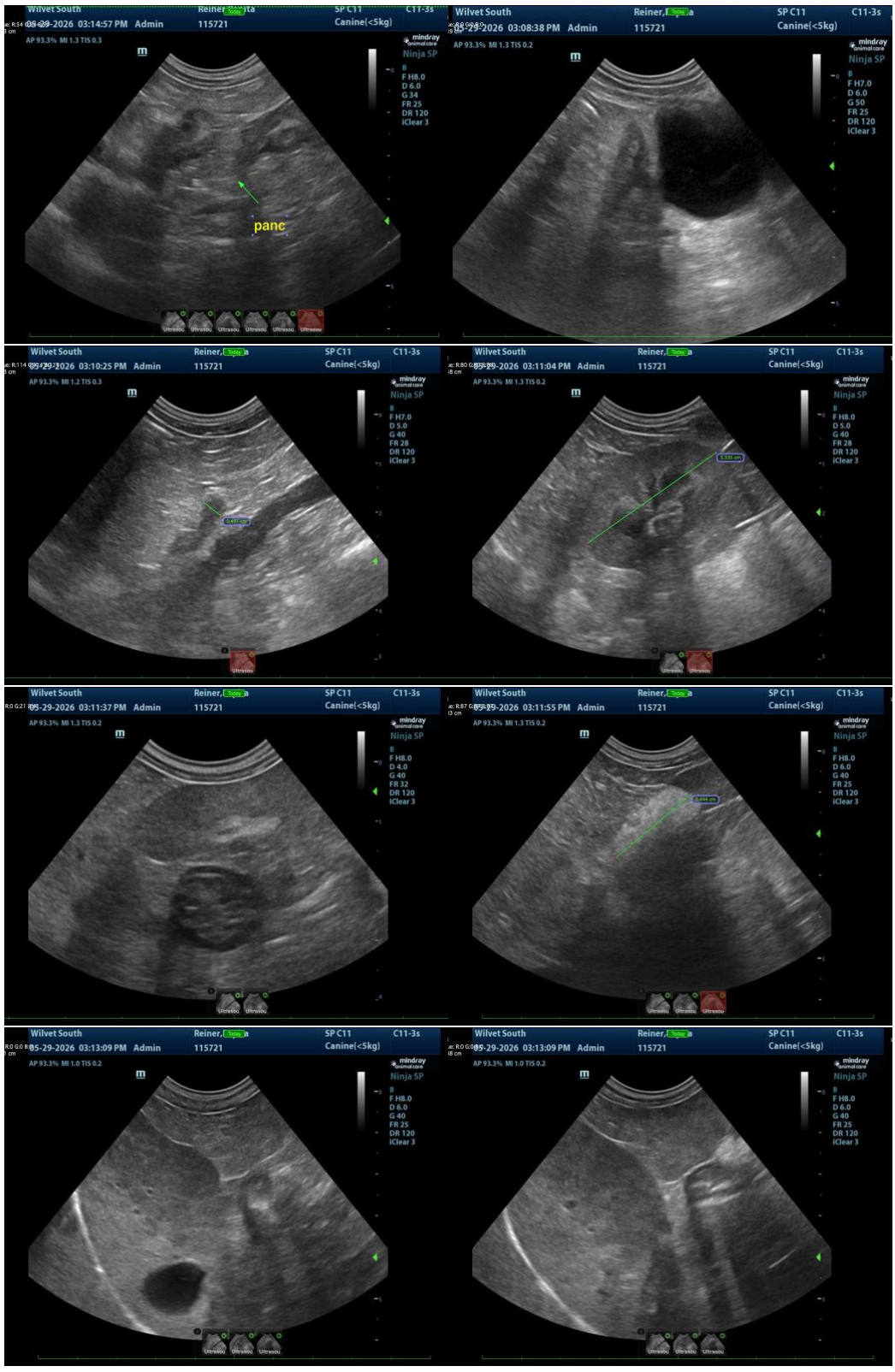

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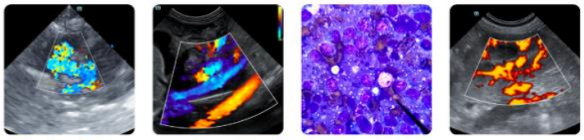

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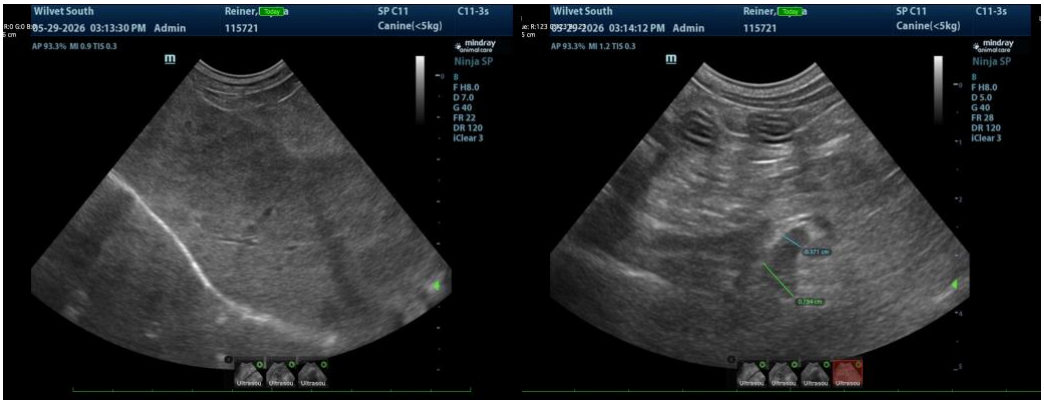


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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

info@SonoPath.com