



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
June Wall

**SPECIES**  
Canine

History: Presented 6/8 pm with pain in abdomen. No known diarrhea or vomiting. Has not been comfortable and able to lay down. No new food or treats.  
Abnormal PE/Chem/CBC/UA Results: CBC- Elevated basophils 0.14 K/uL MPV 15.9 fL Plateletcrit 0.59% Chem 17- Mild hyperglycemia 162mg/dL TP elevated 8.8 g/dL Hyperalbuminemia 4.3 g/dL ALT elevated 128 U/L ALP elevated 409 U/L T-bilirubin elevated 1.6 mg/dL Amylase decreased 417 U/L cPI = 1404 ng/mL

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**  
Chihuahua

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction. 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 was noted. Ureteral papillae were normal.

**SEX**

Spayed Female

**AGE**

10 years

**WEIGHT**

4.47 lbs

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. Slight pinpoint mineralization was noted. The right kidney measured 4.0 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Adrenal Glands**

The right adrenal gland was mildly heterogenous and slightly irregular measuring 0.8 cm at the cranial pole and 0.5 cm at the caudal pole.

**IMAGING PERFORMED BY**

Dr. Ebert

**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.

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Ebert

**Liver**

The **liver** revealed coarse architecture with mildly increased portal markings. The gallbladder was edematous with a minor amount of debris.

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**Gastrointestinal**

**DATE**

6/9/22

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



**PATIENT** demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

June Wall

**SPECIES** *Pancreas*

Canine 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.

**BREED**

Chihuahua

**ULTRASONOGRAPHIC FINDINGS**

**SEX** Non-specific inflammatory hepatopathy.

Spayed Female Slightly age related renal changes with pinpoint mineralization.

Otherwise, unremarkable abdomen.

**AGE**

10 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

4.47 lbs

FNA of the liver is recommended. If bilirubin remains elevated then Leptospirosis titers are indicated. There is no evidence of visceral disease that would be directly responsible for the abdominal pain. Referred back pain should be considered in this patient.

**INTERPRETED BY**

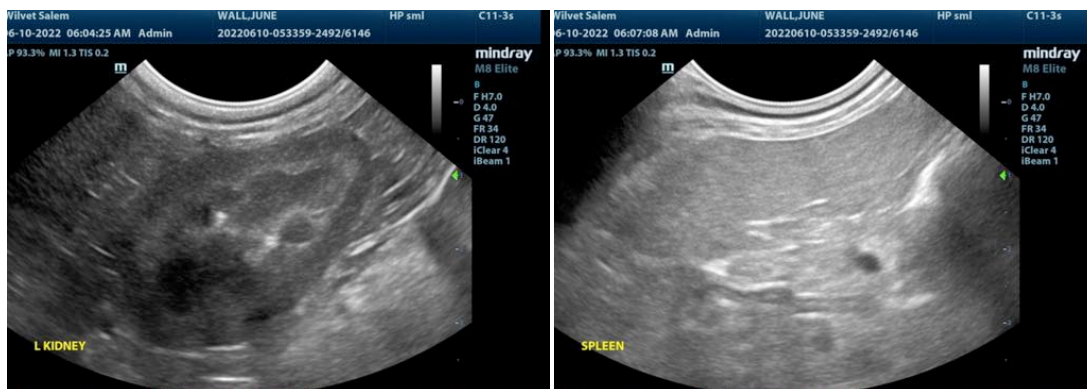
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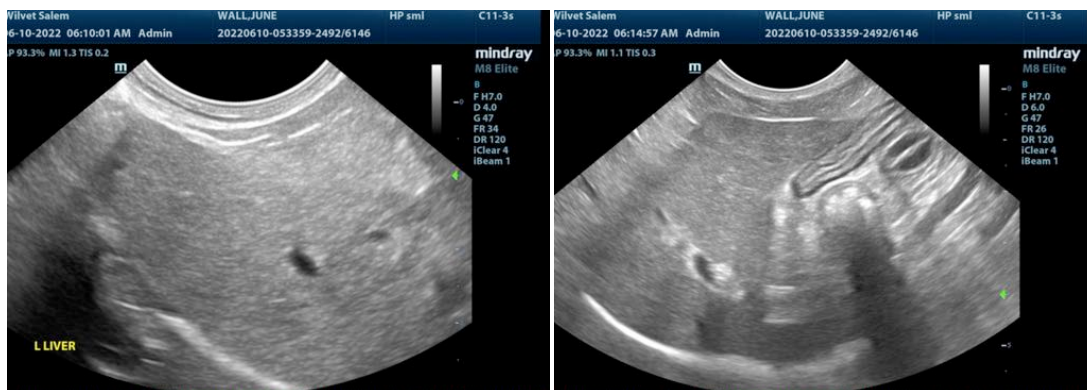
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**PATIENT**

June Wall

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Spayed Female

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**WEIGHT**

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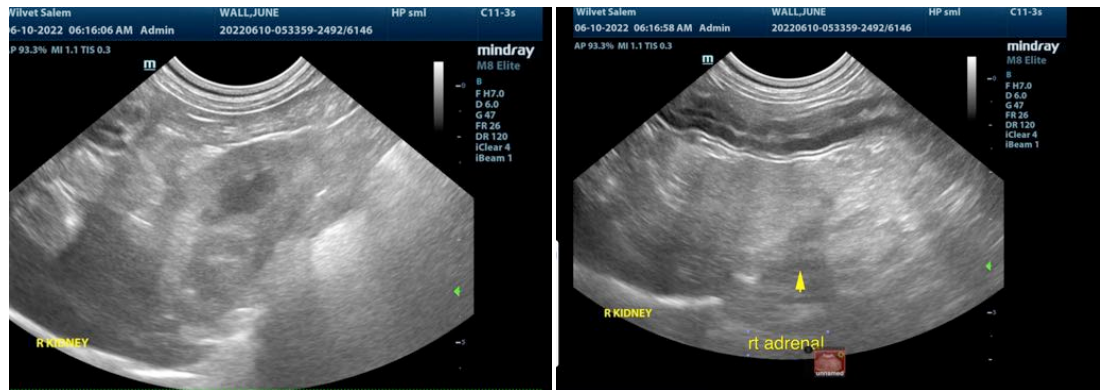
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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