



PATIENT

Marcelino Kimes

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered Male

AGE

9 Years

WEIGHT

13.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Janel Schietzelt, DVM

HOSPITAL NAME

Dreaming Summit
Animal Hospital

REFERRING VET

Janel Schietzelt, DVM

INVOICE

16390

DATE

06/05/26

PRESENTING CLINICAL SIGNS

Patient presents for weight loss, isolating himself, reduced appetite, intermittent vomiting 1.5lb weight loss over 6 months, hiding more from owners, not coming out for walks/routine behaviors, not always finishing his meals and skipping some meals. Hx of anxiety and on 10mg Fluoxetine PO q24hrs- has been on this for ~6 months prior to these symptoms starting. No dietary changes or known indiscretions. Exam NSF other than mild discomfort on abdominal palpation but stressed in hospital; vitals WNL. Baseline labs overall WNL other than mild neutrophilia. Hx of dental with few extractions and mass removals (both benign) in January 2026

Abnormal PE/Chem/CBC/UA Results: Neutrophilia with total WBC WNL -Stress hyperglycemia - Hypophosphatemia -Hx of intermittent 1+ mild struvite and calcium oxalate crystals (asymptomatic) - cpL WNL -Remainder of labs WNL (attached below)

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 **residual prostate** measured 0.95 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 3.85 cm in length. The right kidney measured 3.97 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 1.18 cm x 0.42 cm width. The right adrenal gland measured 2.0 cm x 0.51 cm width at the caudal pole and 0.42 cm width at the cranial 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.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary



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tracts were of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident. The gallbladder was mildly over distended with a minor amount of suspended debris without striation and not to the level of mucocele formation.

Gastrointestinal

Shadowing material was present in the **stomach**, strongly consistent with foreign matter measuring up to 4.1 cm. The gastric wall was unremarkable. The small intestine and colon were unremarkable. The pylorus appeared to be patent at the time of the sonogram, however, luminal foreign body is suspected based on the shadowing material. The feeding history should be evaluated. Yet structurally, the GI tract appeared unremarkable.

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

- Shadowing gastric material.
- Mild gallbladder congestion- not to the level of mucocele formation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gastrotomy, manual expression of the gallbladder, GI biopsy are warranted to rule out underlying disease. Recommend sonogram of the stomach just prior to surgery to ensure the material has not moved or been evacuated.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

If the patient has been hyporexic, then the foreign body may be the underlying cause of secondary weight loss, owing to chronic lack of nutritional intake.





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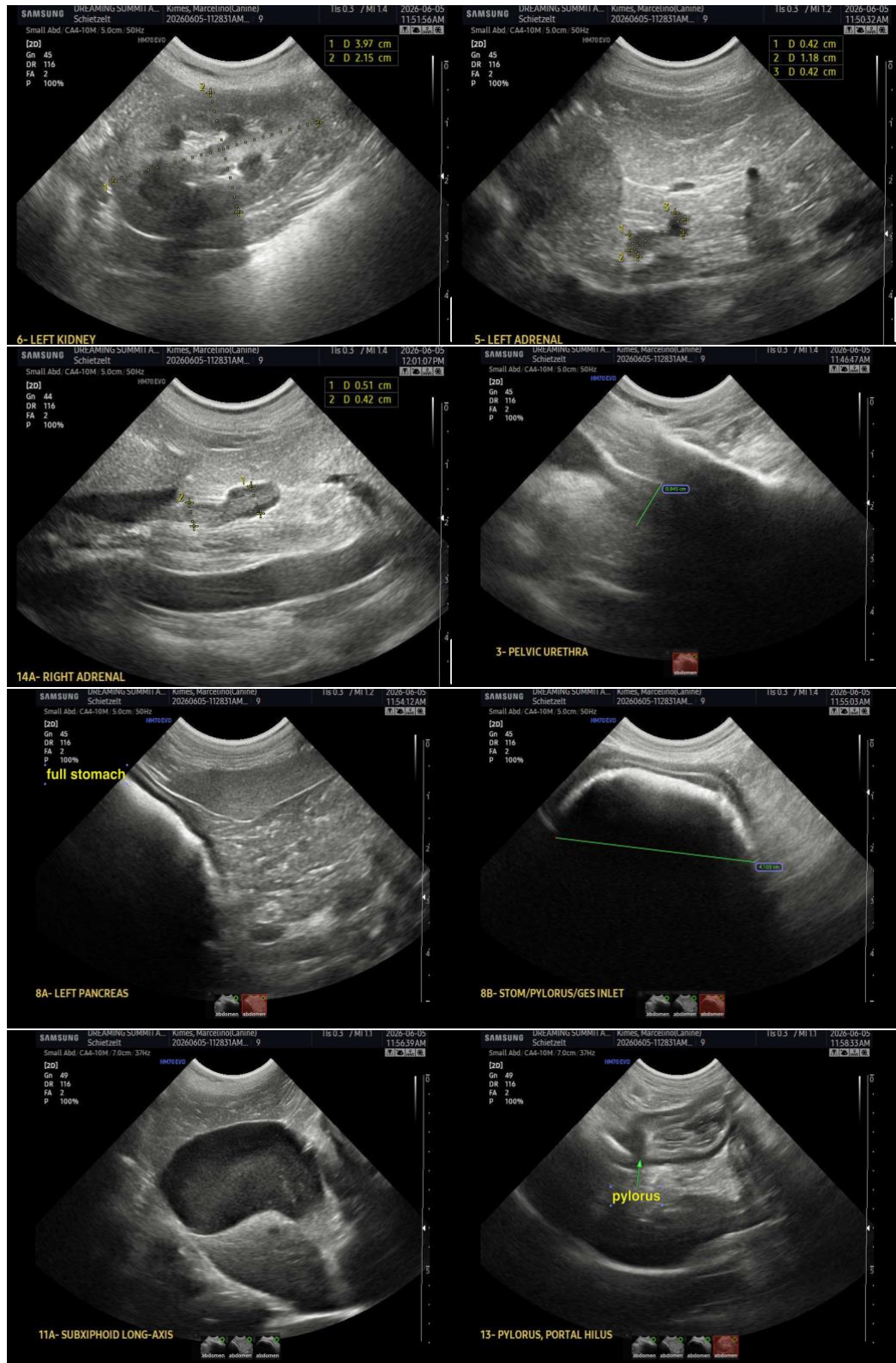
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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