



**PATIENT**

Buddy Nicholls

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Neutered male

**AGE**

13 years

**WEIGHT**

10 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Gunther

**HOSPITAL NAME**

New Frontier AMC

**REFERRING VET**

Dr. Gunther

**INVOICE**

31661

**DATE**

7/13/22

**PRESENTING CLINICAL SIGNS**

Acute onset vomiting, lethargy, depression, and diarrhea since July 4th Has had mildly elevated liver enzymes for 6 mo - initially responded to antibiotics and denamarin  
Abnormal PE/Chem/CBC/UA Results: CBC - unremarkable, thrombocytosis CHEM - severely elevated ALT (2759), severely elevated ALP (8008), GGT 46, Tbili 1.6

**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 was 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 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. Occasional cortical cyst was noted in both kidneys. The right kidney measured 4.25 cm. The left kidney measured 4.46 cm.

**Adrenal Glands**

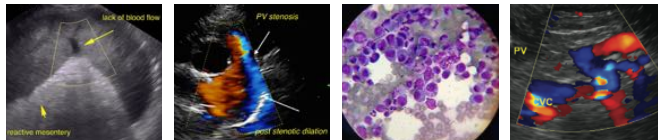
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.54 cm. The right adrenal gland measured 0.6 cm.

**Spleen**

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. Occasional hyperechoic, lipogranulomatous nodule was noted. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

**Liver**

The **liver** revealed mildly increased portal markings with slight coarse architecture and a minor amount of remodeling. The gallbladder was over distended with suspended, immobile debris and a dilated cystic duct. This is consistent with emerging mucocele.



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**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.

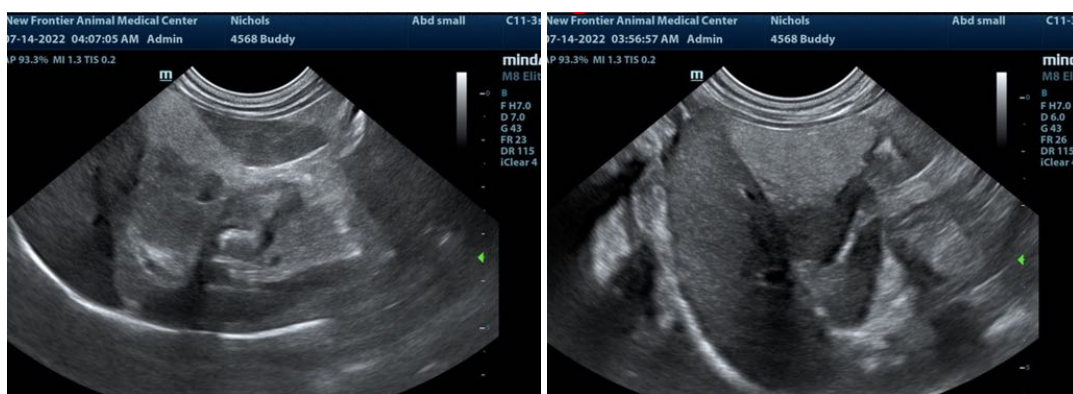
**ULTRASONOGRAPHIC FINDINGS**

Chronic inflammatory hepatopathy.

Emerging mucocele.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the liver could be considered for further definition. Underlying neoplasia cannot be completely ruled out. Diet change to a hydrolyzed diet, Enrofloxacin and Metronidazole over a 10 day period and 6-8 weeks of Ursodiol therapy is indicated. If the patient is stable then recheck sonogram is recommended at that time. If clinical decline progresses then a recheck sonogram is warranted earlier.





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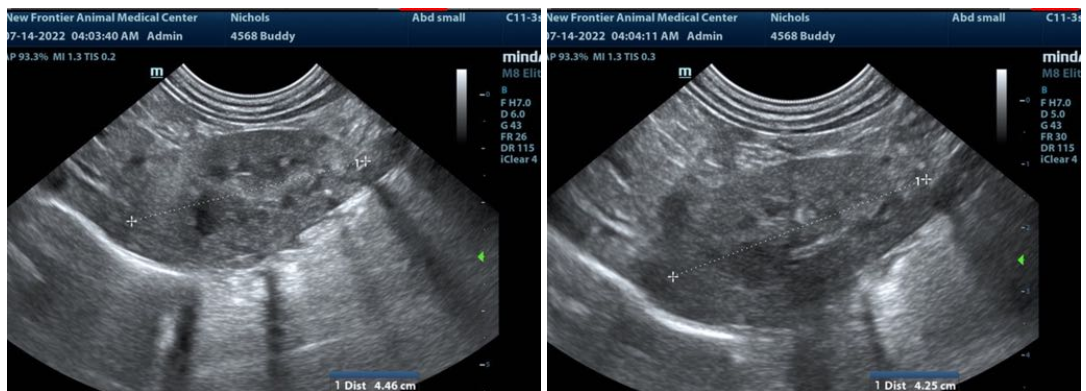
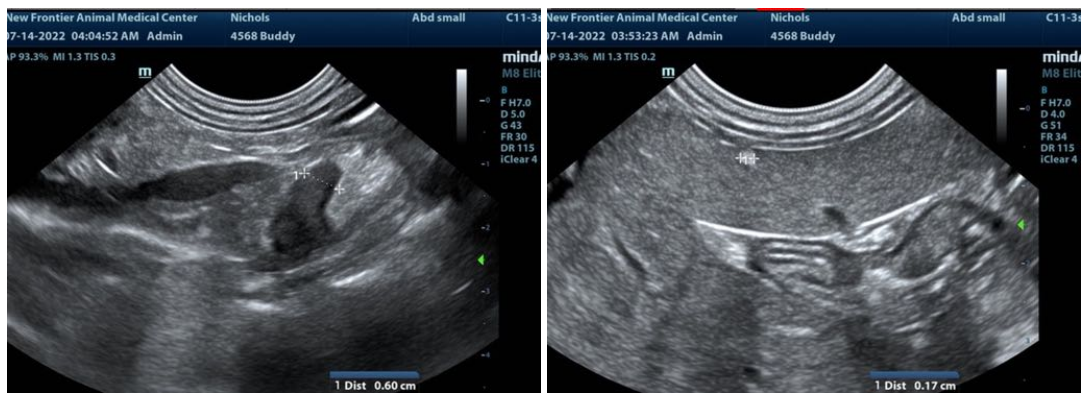
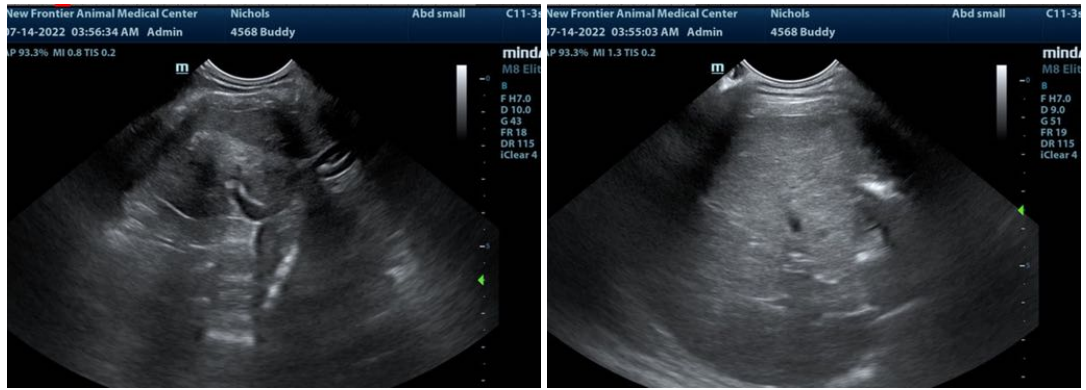
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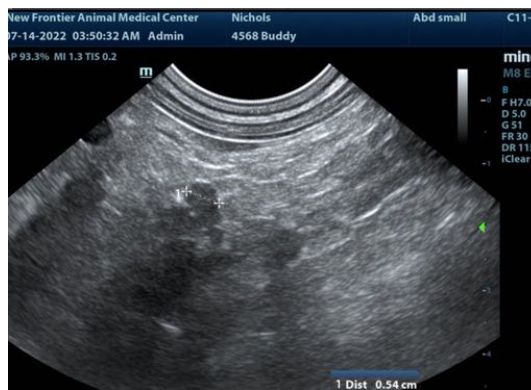
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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