



**PATIENT**

Gordito Cardinale

**SPECIES**

Canine

**BREED**

Chihuahua Cross

**SEX**

Neutered male

**AGE**

2 ½ years

**WEIGHT**

9.2 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Amanda Lacey-Crook  
SDEP Certified

**HOSPITAL NAME**

Rivers Pet Edge  
Medical Center

**REFERRING VET**

Dr. Kastella

**INVOICE**

32531

**DATE**

8/24/22

**PRESENTING CLINICAL SIGNS**

History: Clinical & PE History: 2.5 year old N/M Chihuahua mix with progressive weight loss. 10/29/21 he weighed 11.5 lbs and 8/4/22 he weighed 9.2 lbs with BCS 2-3/9. Moderate to severe muscle wasting. No lymph node enlargement. No heart murmur. Client reports that patient is still eating normally and not experiencing vomiting or diarrhea.

Abnormal PE/Chem/CBC/UA Results: Laboratory Abnormalities: CBC: WBC 15.8 (4.4-14.6), absolute neutrophils 12269 (2394-7514), platelets 451 (165-430) - suspect all from inflammation r/o infection, all else WNL Chem25: Creat 1.6 (0.6-1.7), Ca 8.5 (9-11), TP 4.9 (5.1-6.9), Alb 2.0 (2.7-3.9), Alb:Glob 0.7 (0.8-1.7) - protein loss is concerning for protein losing enteropathy vs PLN vs liver failure vs open, ALT 169 (17-115), ALP 285 (8-196), GGT 10 (<9) - r/o liver insult/injury vs PLN, PLE, etc, all else WNL

**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 residual prostate measured 0.5 cm.

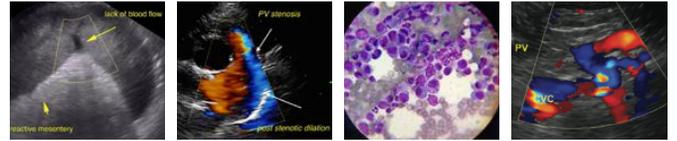
The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.9 cm. The right kidney measured 4.01 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 1.45 x 0.33 cm at the cranial pole and 0.41 cm at the caudal pole. The right adrenal gland measured 1.41 x 0.39 cm at the cranial pole and 0.4 cm 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 was noted.



**PATIENT**

**Liver**

Gordito Cardinale

The **liver** was mildly subnormal in size. The hepatic parenchyma was uniform. The gallbladder and common bile duct were unremarkable. Intrahepatic vascular volume was noted and appeared normal. There was no evidence of intrahepatic shunting. The portal vein to vena cava ratio was 1:1. The portal vein measured 0.56 cm at the trifurcation and the vena cava measured 0.57 cm. There is no evidence of extrahepatic shunting.

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**Gastrointestinal**

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

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**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.

**WEIGHT**

9.2 lbs

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

Normal abdomen.

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Slightly subnormal liver size and portal hyperplasia/microvascular dysplasia may be an issue, yet no macroscopic shunting was present.

**IMAGING PERFORMED BY**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The albumin loss in this patient may be owing to occult GI disease if no significant proteinuria is present. If the bile acids are elevated then core surgical or laparoscopy guided liver biopsy would be indicated. Fecal test, diet change to Purina HA or Royal Canin HP diet may be appropriate +/- 10 days of Metronidazole. This should be followed by reassessment of the albumin levels. Screening for occult Addison's is also indicated even though the adrenal glands appear normal.

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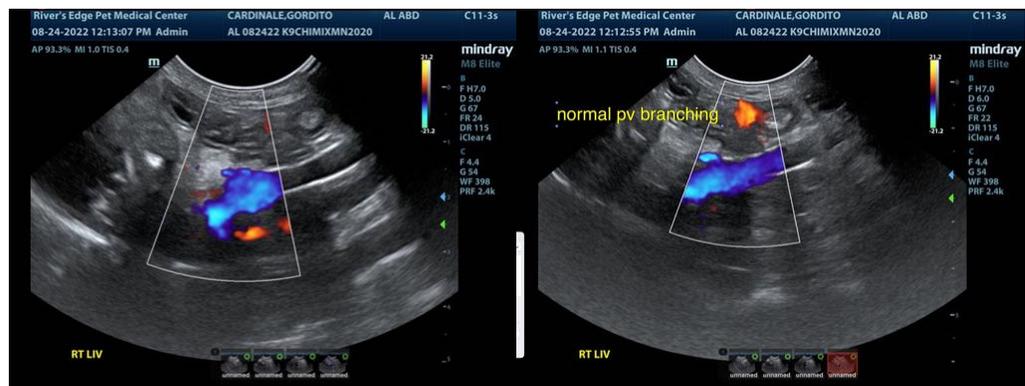
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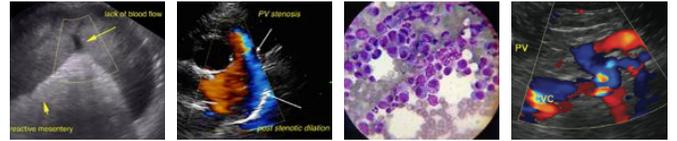
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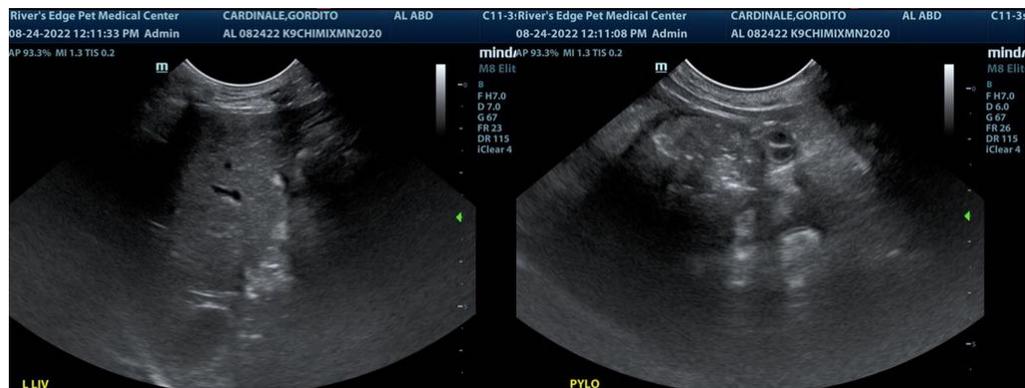
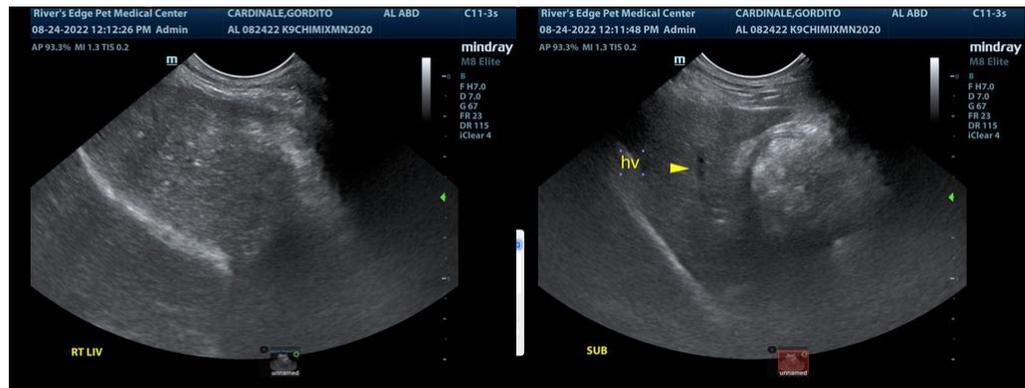
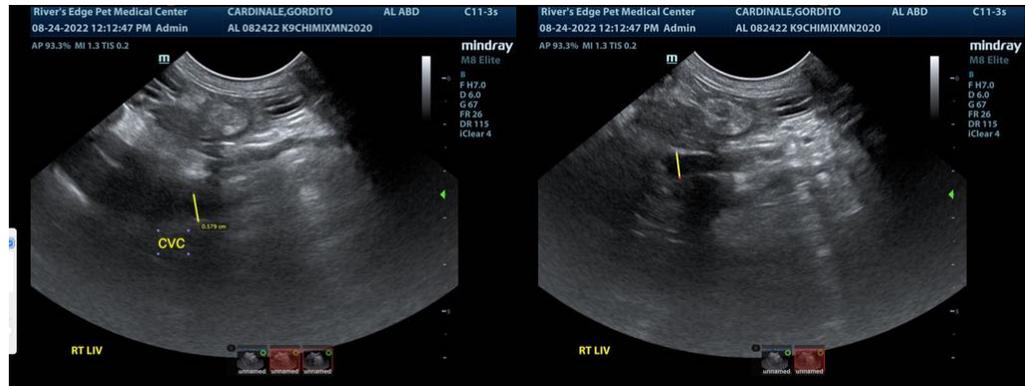
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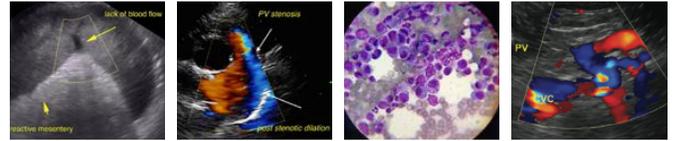
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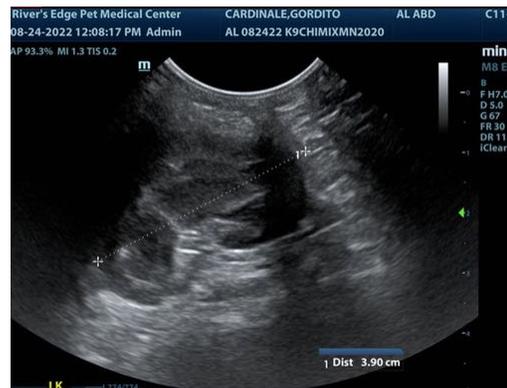
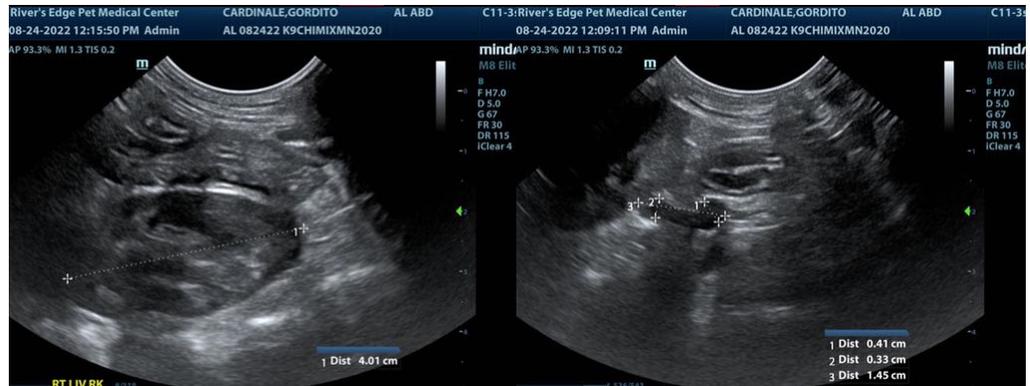
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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