



**PATIENT**

Truffles Thornton

**SPECIES**

Canine

**BREED**

Chihuahua Mix

**SEX**

Spayed female

**AGE**

11 years

**WEIGHT**

10.4 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP (CFM), Cert.  
IVUSS, CEO of  
SonoPath.com

**IMAGING  
PERFORMED BY**

Vincent Ravancho

**HOSPITAL NAME**

Animal Paradise  
Hospital

**REFERRING VET**

Dr. ElShafie

**INVOICE**

69304

**DATE**

12/3/25

**PRESENTING CLINICAL SIGNS**

History: Investigate Liver Values  
From 12/1/25 - ALP 427, ALT 132, Glob 2.2

**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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.7 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 right adrenal gland measured 1.42 x 0.8 cm at the cranial pole and 0.54 cm at the caudal pole. The left adrenal gland measured 1.43 x 0.49 cm at the cranial pole and 0.51 cm at the caudal pole.

**Spleen**

The **spleen** revealed focal, hypoechoic nodule at the mid cranial body measuring 0.58 cm.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. A 1.0 cm anechoic cyst was noted at the left cranial pole. This is not pathological. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. The hepatic lymph nodes were unremarkable.



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**Gastrointestinal**

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with 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.

**Pancreas**

Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxiphoid palpation reveals pain response. No overt masses were noted.

**ULTRASONOGRAPHIC FINDINGS**

Splenic nodule. Necrosis, hyperplasia, emerging round cell neoplasia and hemangiosarcoma are all technically possible.

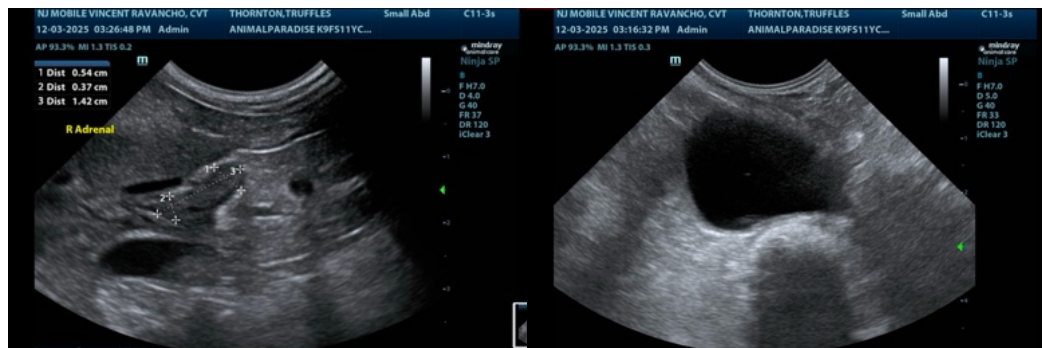
Non-specific inflammatory hepatopathy with a hepatic cyst.

Pancreatic remodeling, appears stable.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound-guided FNA, cytology and culture of the splenic nodule is indicated or a recheck in a month to assess for any growth which would merit splenectomy.

FNA of the liver can be considered for further definition of inflammatory cell type.





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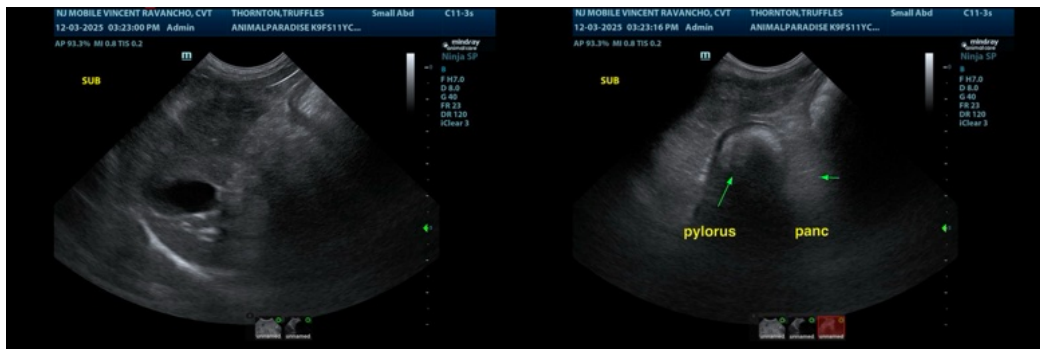
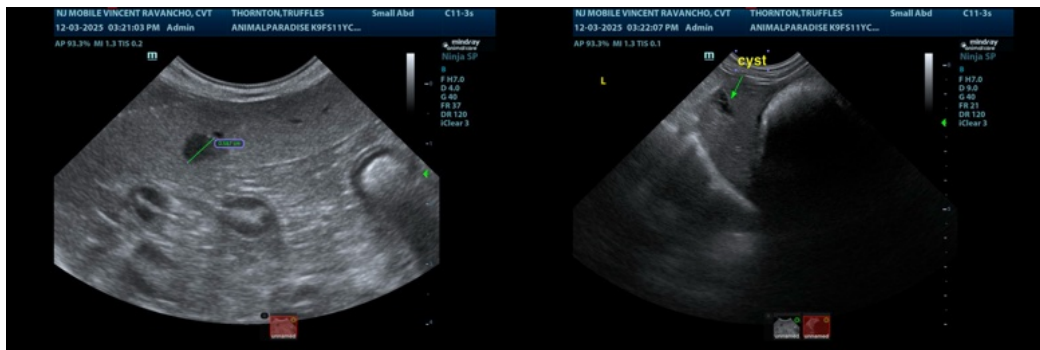
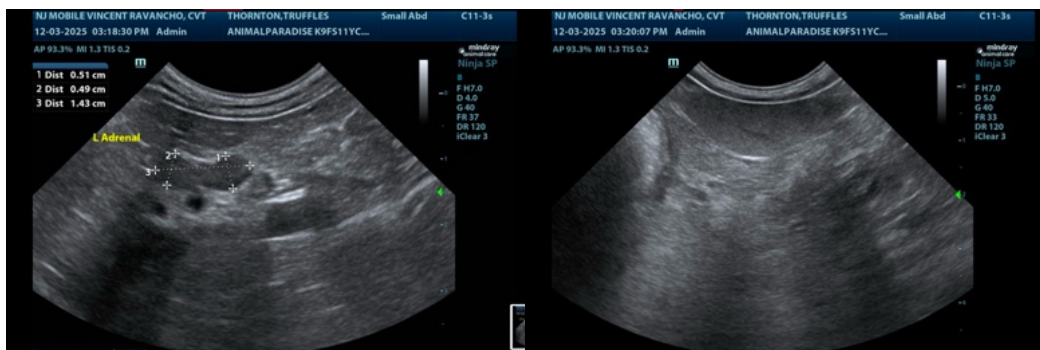
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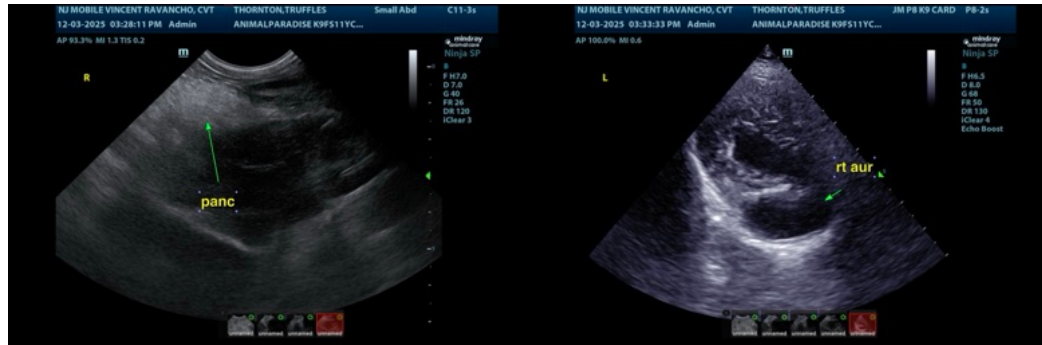
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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