



PATIENT

Mello Gray Diaz

SPECIES

Canine

BREED

Chihuahua Terrier Mix

SEX

Neutered male

AGE

14 years

WEIGHT

10.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe

HOSPITAL NAME

Smithfield AH

REFERRING VET

Dr. Boe

INVOICE

71646

DATE

2/17/26

PRESENTING CLINICAL SIGNS

- Chronic vomiting, decreased appetite
- Grade 2 heart murmur
- Neu 18.3, Mono 156, Plt 585, PCT 0.52, Glob 4.7, TBil 2.7, Chol 512

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. Mineralization was noted in the kidneys. The left kidney measured 4.08 cm. The right kidney measured 4.2 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 1.5 x 0.33 cm at the caudal pole and 0.43 cm at the cranial pole. The left adrenal gland measured 1.22 x 0.6 cm at the caudal pole and 0.48 cm 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 was noted.

Liver

The **liver** had increased portal markings and coarse architecture. This is consistent with chronic inflammatory hepatopathy. Gallbladder calculi and sand were noted measuring up to 5.1 cm with gallbladder over distension. The cystic duct was slightly dilated.



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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.

Heart

Rapid view of the heart revealed no evidence of pathology.

ULTRASONOGRAPHIC FINDINGS

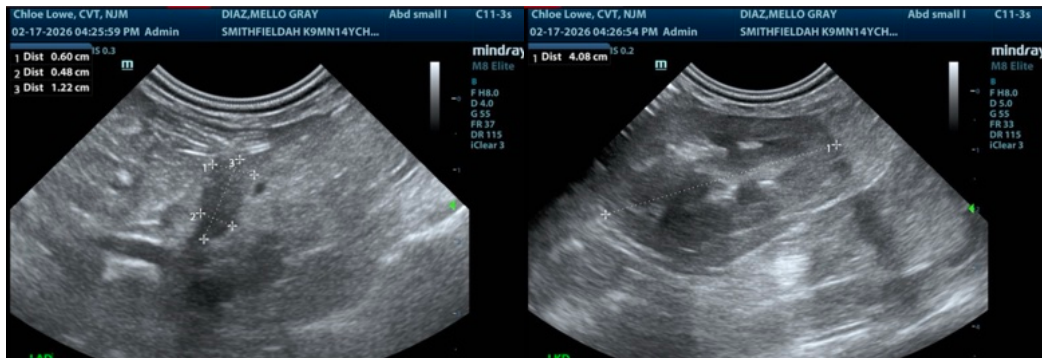
Extensive gallbladder sand and over distension.

Chronic inflammatory hepatopathy liver pattern.

Age related renal changes with mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cholecystectomy and common bile duct lavage is likely in this patient's best interest along with liver biopsy. There was no overt obstruction of the common bile duct was noted in this patient, yet it was mildly thickened. There was no evidence of suspicion of neoplasia.





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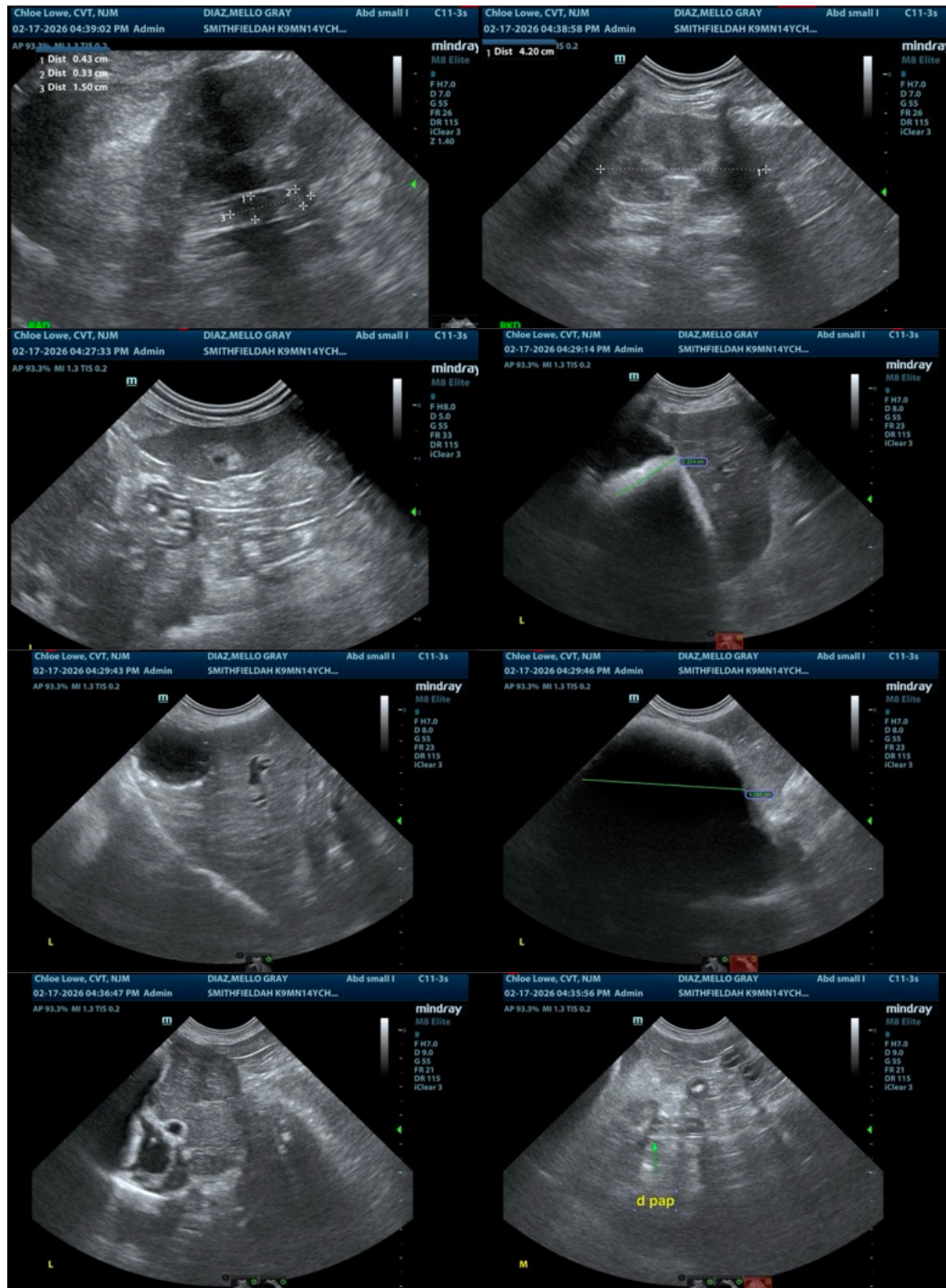
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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