



PATIENT

Parker Bizik

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed female

AGE

4 years

WEIGHT

13.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho,
CVT

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Chan

INVOICE

72355

DATE

3/10/26

PRESENTING CLINICAL SIGNS

- Vomiting, tense abdomen.
- ALT 5198 ALP 141 GGT 28 Tbili 3.5 Chol 337 Lym 0.75

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 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 4.14 cm. The right kidney measured 4.44 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 1.78 x 0.83 cm at the cranial pole and 0.46 cm at the caudal pole. The left adrenal gland measured 1.42 x 0.4 cm at the cranial pole and 0.48 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.

Liver

The **liver** revealed increased portal markings. The hepatic parenchyma was unremarkable. The vascularity was normal. The gallbladder was unremarkable. The common bile duct was normal.

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



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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.

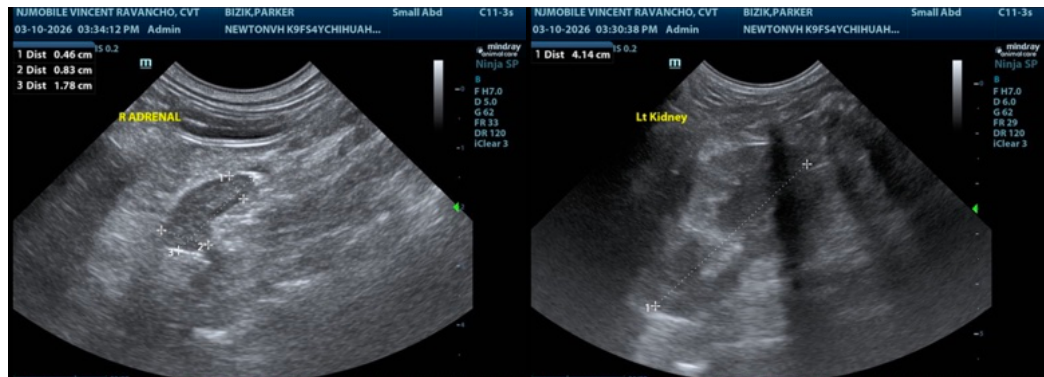
ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable liver with minor cholangiohepatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of surgical disease or neoplasia. Leptospirosis is a high concern in this patient. IV Ampicillin, plasma expanders, plasma transfusion and nutraceuticals are all indicated.

One approach to Leptospirosis testing is to test PCR both in serum and urine given that IgG presence is detected in the serum in early phase (up to 10 days) of infection and in the urine after 14 days. Paired convalescent titers after 2-3 weeks would be ideal. Urine testing is not affected by vaccination status.





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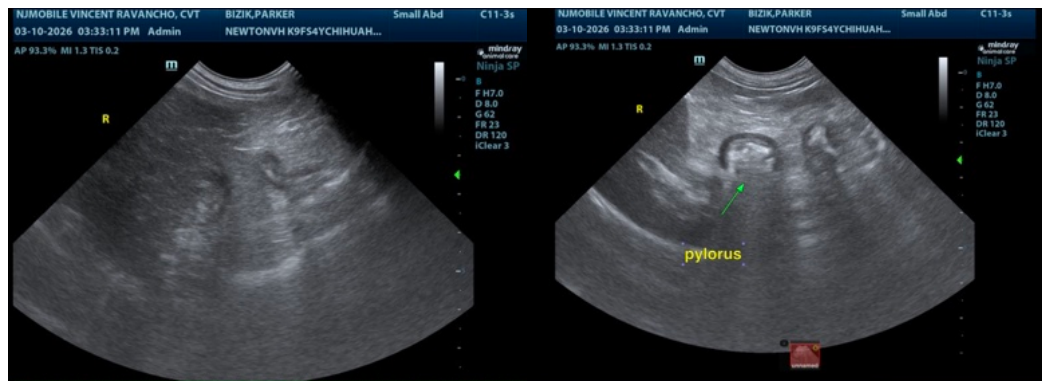
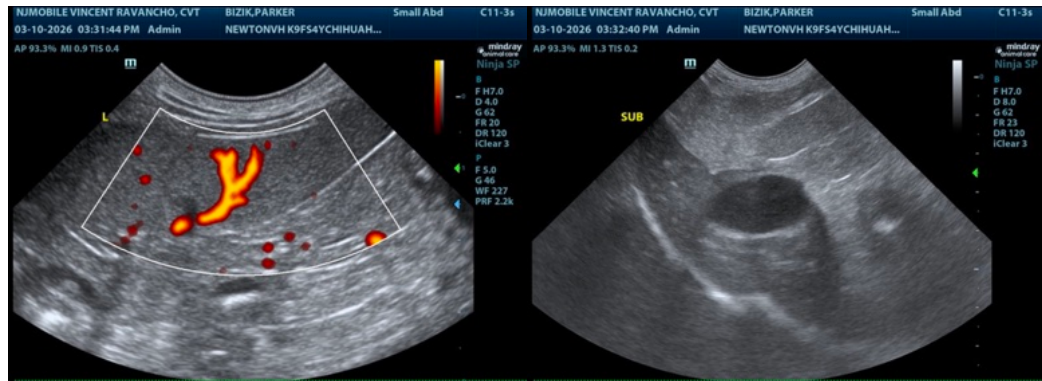
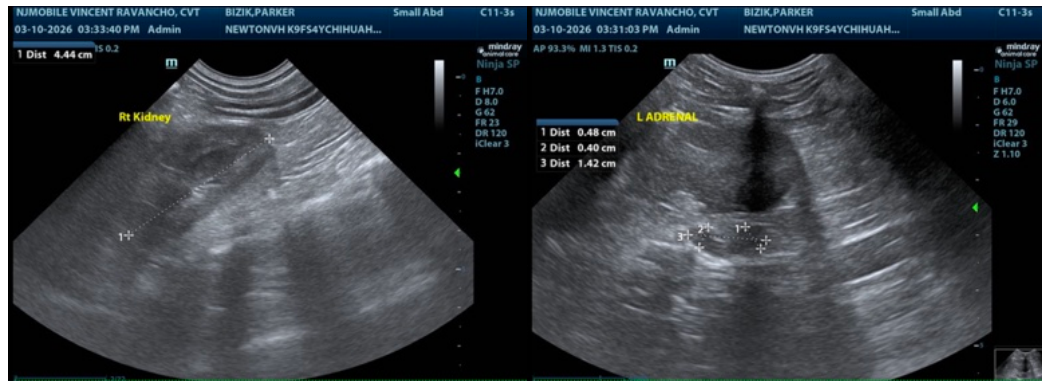
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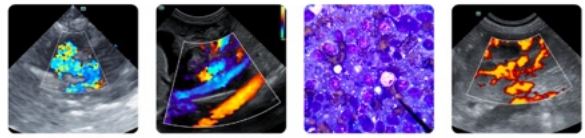
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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