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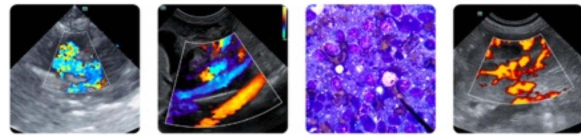


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT
Tina Soto

SPECIES
Canine

BREED
Chihuahua

SEX
Spayed female

AGE
15 years

WEIGHT
6 lbs

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

IMAGING PERFORMED BY
Chloe Lowe, CVT

HOSPITAL NAME
All Creatures Great and Small Denville

REFERRING VET
Dr. Silas

INVOICE
78431

DATE
6/8/26

PRESENTING CLINICAL SIGNS

History: Lethargic, emesis, abdominal pain cranial. Vetoryl and azodyl.
Abnormal PE/Chem/CBC/UA Results: Urea 50, creat 2.5

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 **right kidney** measured 3.71 cm with corticomedullary mineralization, infarct and pyelectasia. The **left kidney** measured 3.12 cm with pyelectasia, cortical remodeling and enhanced surrounding pericapsular fat. This is suggestive for active inflammation. Both kidneys revealed microcystic cortical changes. Blood flow to the kidneys appeared to be mildly subnormal.

Adrenal Glands

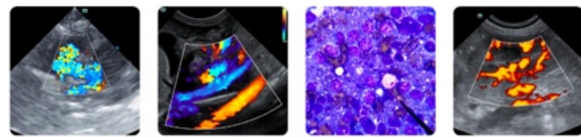
The **adrenal glands** were persistently swollen. The left adrenal measured 1.9 x 0.67 cm at the caudal pole and 0.65 cm at the cranial pole. The right adrenal gland measured 1.95 x 0.92 cm at the cranial pole and 0.74 cm at the caudal pole.

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** 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. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. Parenchymal cysts were noted in the liver. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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Gastrointestinal

Fluid stasis was noted in the **stomach**. The pylorus was patent, yet some gas accumulation was noted obscuring some visibility. The upper duodenum and small intestines were empty. Some small intestinal spasming was noted. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

Pancreatic remodeling was noted.

ULTRASONOGRAPHIC FINDINGS

Acute on chronic renal failure.

Uremic gastritis is likely.

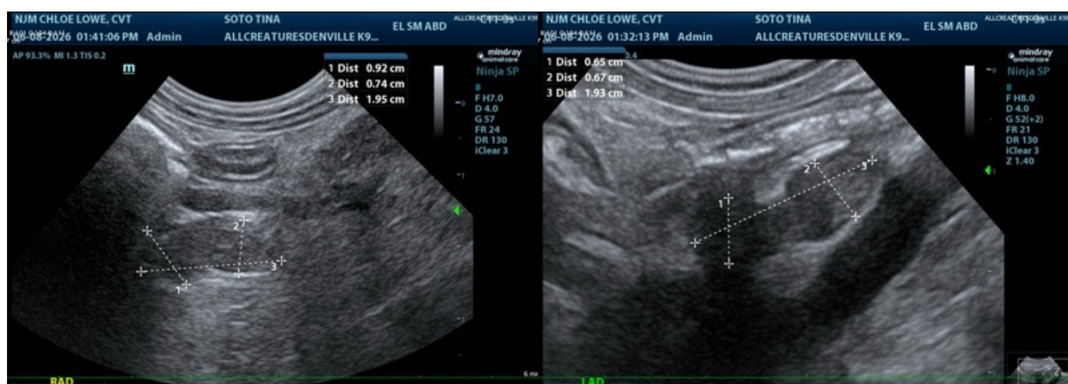
Swollen adrenal glands.

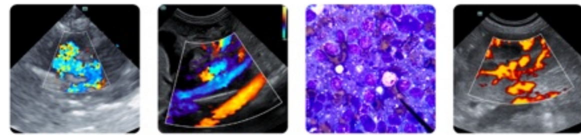
Age related hepatic changes.

Pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The degenerative changes were progressive in both kidneys compared to the prior sonogram. 72-hour IV fluid protocol is recommended to treat renal failure. Recheck sonogram is recommended after 72 hours of fluid therapy and GI protectants with reassessment of the clinical status.





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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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