



PATIENT

Big Montano

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

15 Years 6 Months

WEIGHT

3.5

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

IMAGING PERFORMED BY

Celia Galanti, DVM

HOSPITAL NAME

Craig Road Animal
Hospital

REFERRING VET

Dr. DeJesus

INVOICE

73875

DATE

3/20/26

PRESENTING CLINICAL SIGNS

Patient presented for dental evaluation and syncopal episode. O reports P has been painful to touch when O attempts to look at mouth for past 2 weeks. P has been extremely picky when it comes to eating, will only eat canned food/baby food. O reports P fainted last week in her arms; O was at a store while carrying P when suddenly he collapsed backwards, stretched neck out and was unresponsive for a moment. P then snapped back and acted as if nothing occurred. Owner reports no vomiting, diarrhea, coughing, or sneezing. Patient is not on any medications or supplements. Patient has no recent travel history. Past pertinent medical history: Azotemia, CKD. There are no known vaccine or medication allergies. Current diet is all natural baby food, ground chicken

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae and trigone are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The prostate is not distinctly visualized, likely due to its intrapelvic location.

The kidneys are hyperechoic and exhibit moderately decreased cortico-medullary differentiation. There is a large anechoic cortical cyst present within the cranial pole of each kidney. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). Left kidney measures 3.1 cm. Right kidney measures 2.9 cm.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. Left measures 3.1 mm at the cranial pole and 3.2 mm at the caudal pole. Right measures 3.5 mm at the cranial pole and 3.1 mm at the caudal pole.

Spleen

The visualized portion of the spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a moderate amount of sludge and mineralized sand. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is mildly distended with ingesta. The gastric wall is 2.2 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.



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The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.2 mm) with intact wall layering. The ileocecal junction is not seen.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Bilateral chronic renal changes with large cysts.

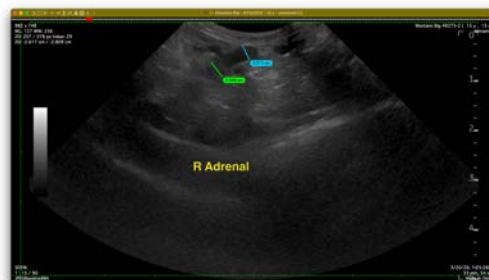
SECONDARY FINDINGS

- Mineralized gallbladder sand, which is typically an incidental finding in a dog.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys is typical of chronic degenerative change, consistent with patient's age. Treatment in accordance with IRIS guidelines is recommended. There is no apparent cause for patient's syncopal episode. Additional differentials would include cardiac disease and a neurologic event. In an older small breed dog, myxomatous mitral valve disease would be a potential explanation, provided there was a loud heart murmur present. Older small breed dogs are also prone to bradyarrhythmia such as sick sinus syndrome and high-grade AV block. If a murmur is present, then an echocardiogram would be recommended. Regardless of whether there is a murmur, an ECG or ideally a holter study would be indicated.

A full neurologic exam is also recommended if not already performed.





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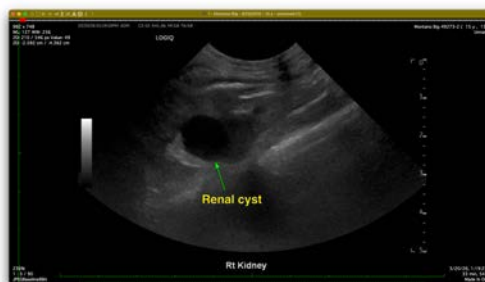
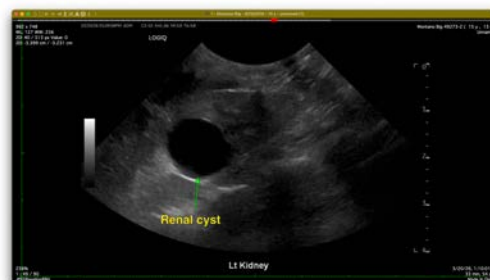
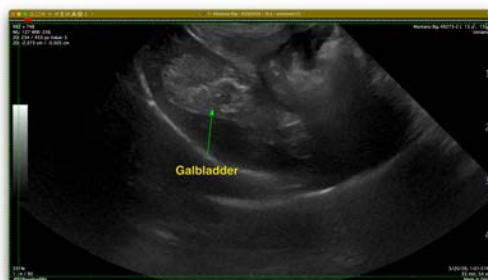
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com