



PATIENT

Ozzie Crandall

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

6 Years

WEIGHT

21 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Glen Rock VH

REFERRING VET

Dr. Scott Steklar

INVOICE

13398

DATE

10/1/21

PRESENTING CLINICAL SIGNS

History: Possible bladder stones. Current meds: Zeniquin.

Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented persistent calculi, a grouping of which measured 2.0 cm, non-obstructive at the time of the sonogram. The largest calculus measured 0.45 cm. The bladder wall itself was unremarkable. The residual prostate was uniform with no evident pathology. The prostate measured 1.56 cm. Apical ventral wall thickening noted.

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 right kidney measured 4.55 cm. The left kidney measured 4.48 cm. Blood flow to the kidneys appeared to be unremarkable.

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 left adrenal gland measured 2.37 cm x 0.43 cm at the caudal pole and 0.41 cm at the cranial pole. The right adrenal gland measured 1.65 cm x 0.61 cm at the caudal pole and 0.62 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 were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively subnormal in size, contour, and structure. Some minor 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. 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.

Gastrointestinal

The **stomach** was filled with ingesta obscuring portions of the portal hilus. The small intestine and colon were unremarkable.



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Pancreas

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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.

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ULTRASONOGRAPHIC FINDINGS

BREED

Shih Tzu

- Chronic cystitis bladder pattern with multiple calculi, non-obstructive at the time of the sonogram
- Age-related hepatic changes

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystotomy and normal and retrograde urethral flushing recommended. I recommend bile acid profile prior to cystotomy to ensure that elevated bile acids are not present and the calculi are not biurate (that may be indicative of portosystemic shunting) yet further imaging would be necessary to assess the portal hilus (if bile acids are elevated) given that the stomach was exceedingly full at the time of the sonogram.

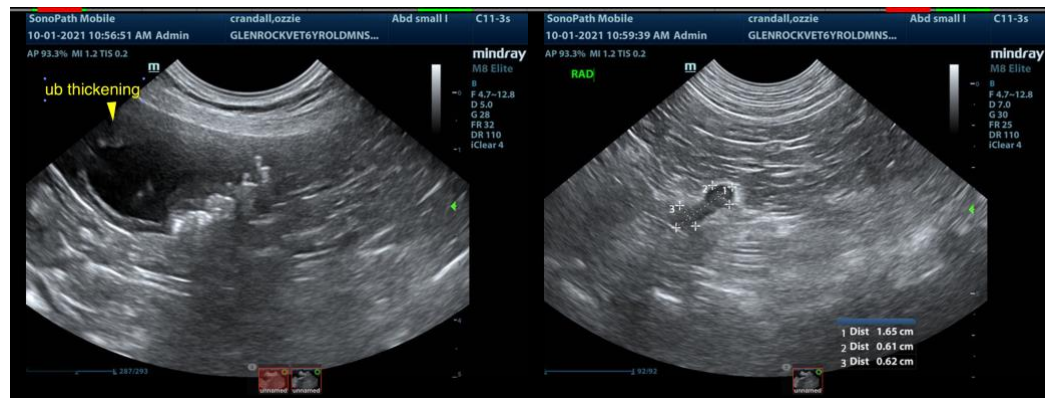
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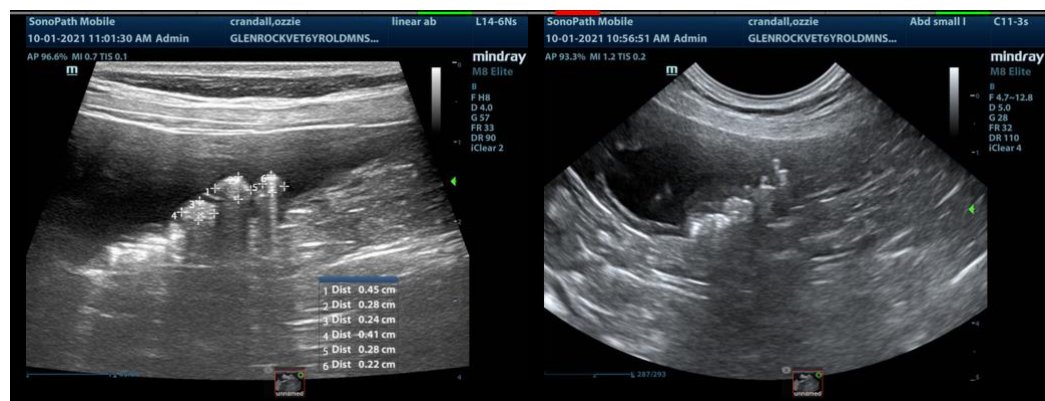
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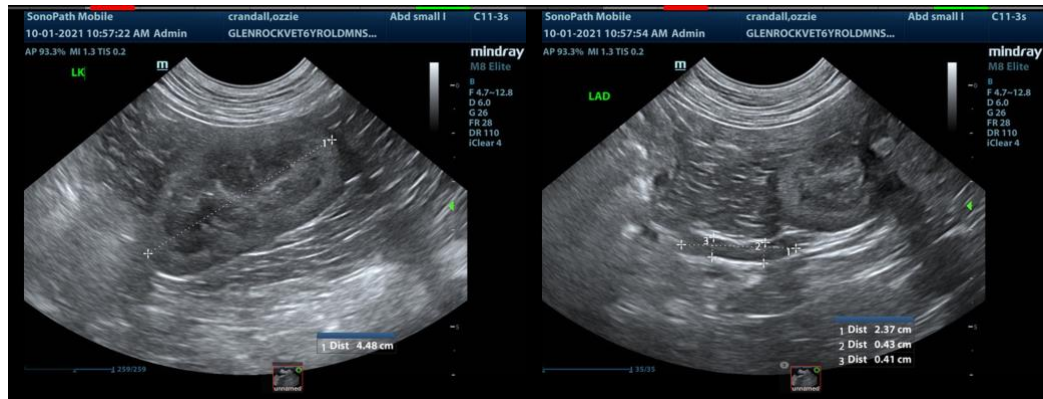
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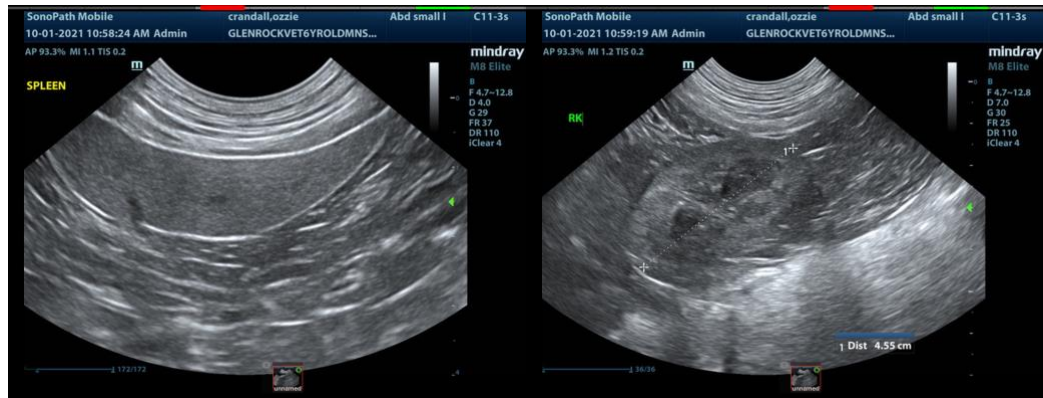
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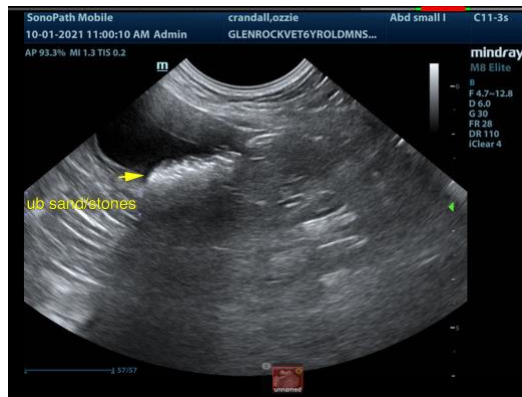
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com