



**PATIENT**

Waffles Erba

**PRESENTING CLINICAL SIGNS**

Had 104.4 degree fever - now 102.2 degrees, anorexic. Current meds: Convenia, Baytril, Cerenia. Abnormal PE/Chem/CBC/UA Results: WBC 25,000.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Shih Tzu X

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. A moderate amount of sand and calculi noted, a grouping of which measured 2.0 cm. Polypoid changes noted at the apex. No obvious evidence of neoplasia.

**AGE**

14 Years

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Mineralizations noted in both kidneys. The right kidney measured 4.07 cm. Multiple pelvic calculi noted in the left kidney. The largest calculus measured 0.48 cm.

**WEIGHT**

16 Pounds

**Adrenal Glands**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The **right adrenal gland** was enlarged and nodular, measuring 2.0 cm x 1.66 cm at the cranial pole and 0.72 cm at the caudal pole. Capsular expansion noted without capsular escape. The **left adrenal gland** presented normal size and contour, measuring 1.22 cm x 0.49 cm at the caudal pole and 0.56 cm at the cranial pole.

**IMAGING PERFORMED BY**

Kelly Vazquez

**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.

**HOSPITAL NAME**

New Bridge VP

**Liver**

**REFERRING VET**

Dr. Glennon

The caudate process of the **liver** revealed a 2.0 cm hyperechoic nodule, non-disruptive.

**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.

**INVOICE**

26646

**Pancreas**

**DATE**

10/25/21

The left **pancreatic** limb was hypoechoic and irregular, measuring 1.05 cm in width. The right limb of the pancreas was also enlarged and irregular.



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**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

16 Pounds

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DABVP, Cert. IVUSS

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**HOSPITAL NAME**

New Bridge VP

**REFERRING VET**

Dr. Glennon

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**DATE**

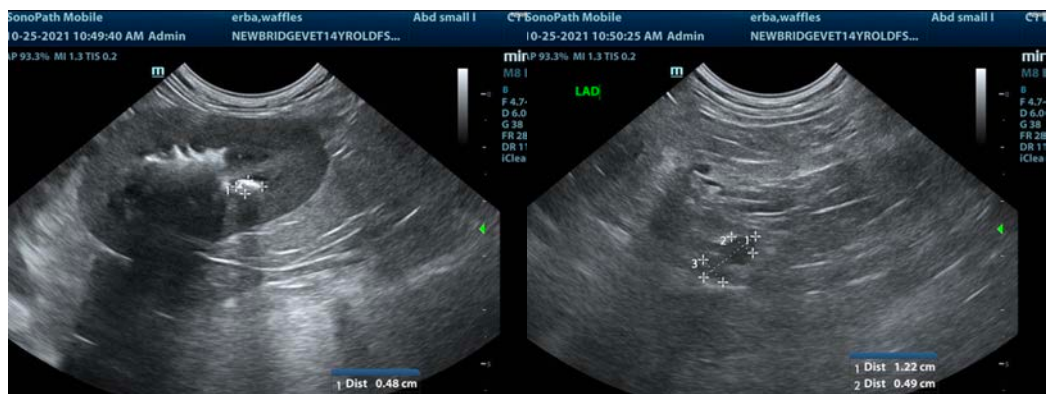
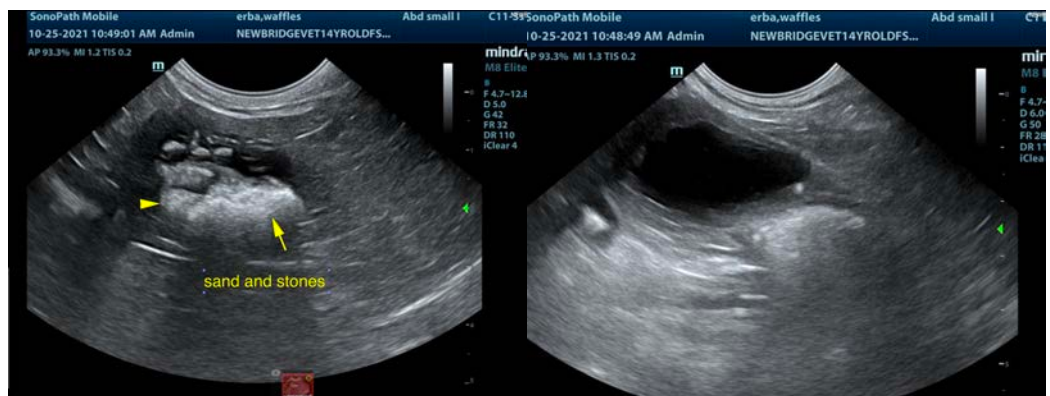
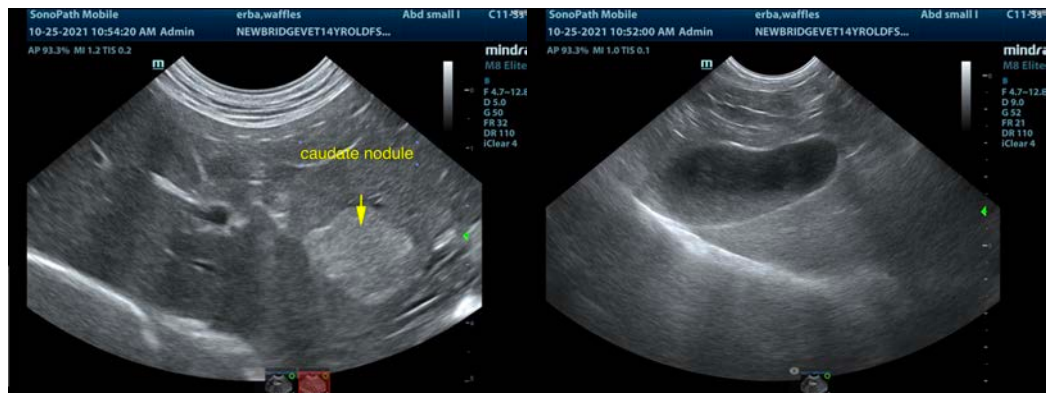
10/25/21

**ULTRASONOGRAPHIC FINDINGS**

- Large amount of bladder calculi and chronic cystitis pattern
- Renal calculi, non-obstructive
- Prominent irregular pancreas

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assessment for UTI as well as treatment for pancreatitis warranted in this patient. Stabilization of the patient followed by cystotomy, sand analysis and culture indicated. Suspect chronic active pancreatitis. Fever possibly owing to UTI. Recent passage of calculi may be an issue. However, no obstructive disease noted at this time.





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**SEX**

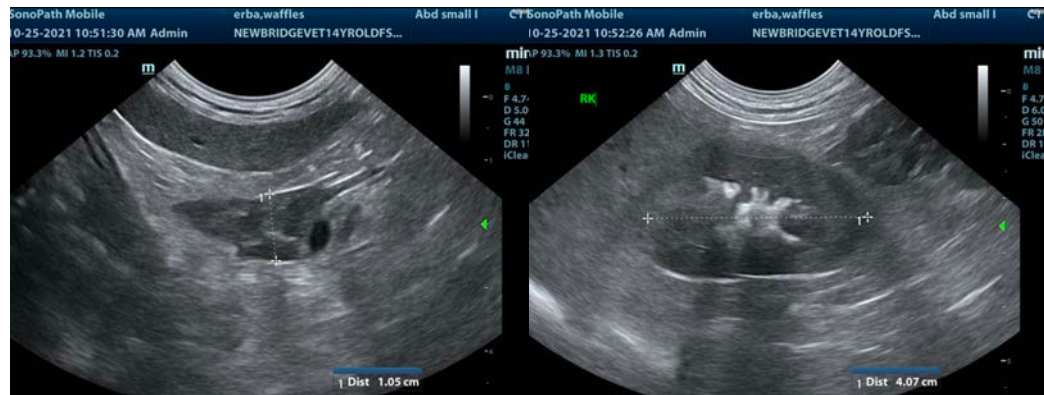
Spayed Female

**AGE**

14 Years

**WEIGHT**

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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.

**IMAGING PERFORMED BY**

Kelly Vazquez

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](mailto:info@SonoPath.com)

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