



PATIENT

Ruby Sihh

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed female

AGE

14 years

WEIGHT

10.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Barnea

HOSPITAL NAME

Tenaflly VC

REFERRING VET

Dr. Barnea

INVOICE

42148

DATE

10/26/22

PRESENTING CLINICAL SIGNS

History: Abdominal ultrasound is done today with mild sedation(dkt) . She gained 0.4lbs since the last visit which is a good news. Gall bladder is distended with moderate debris in it and her right side kidney structure is abnormal to me. sdma: 24/ creatinine :1.6. bun: 72. lepto : negative / ucs: negative / usg: 1022. was on entyce and cerenia . appetite : improved and gained 0.4lbs . abumin: 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 **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. Non-obstructive pinpoint mineralization was noted in the kidneys. The kidneys both measured 3.5 cm.

Adrenal Glands

The regions of the **adrenal glands** were imaged with no evidence of pathology.

Spleen

The **spleen** was largely normal; however, focal, hypoechoic nodules were noted and measured up to 0.8 cm. Differentials include hyperplasia, likely emerging round cell neoplasia or hemangiosarcoma.

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. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

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



PATIENT Ruby Sihm demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

SPECIES *Pancreas*

Canine 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.

BREED

Shih Tzu

ULTRASONOGRAPHIC FINDINGS

SEX Geriatric abdomen with splenic nodules.

Spayed female Excessive gallbladder debris.

Renal mineralization.

AGE

14 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

10.3 lbs

FNA of the spleen is indicated. The patient may be passing calculi periodically, yet non-obstructive at this time. The degenerative changes in the kidneys are mild to moderate and do not appear end stage. Ursodiol therapy is justified.

INTERPRETED BY

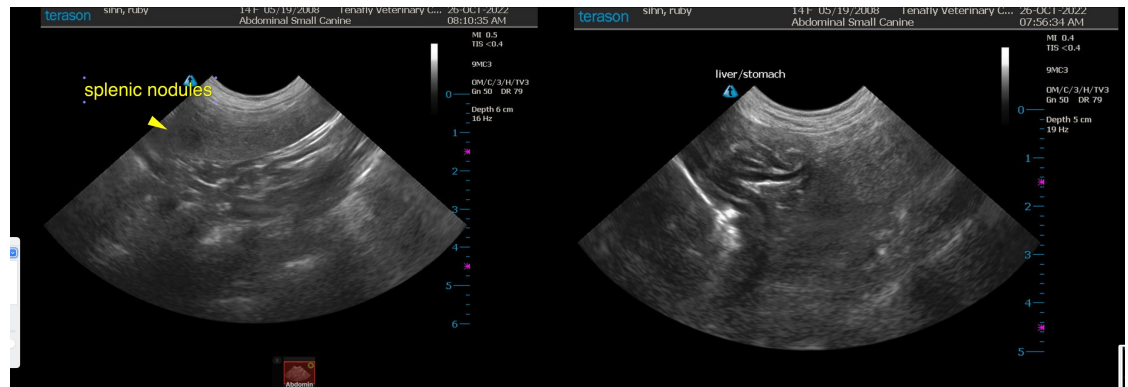
Eric Lindquist, DMV DABVP, Cert. IVUSS

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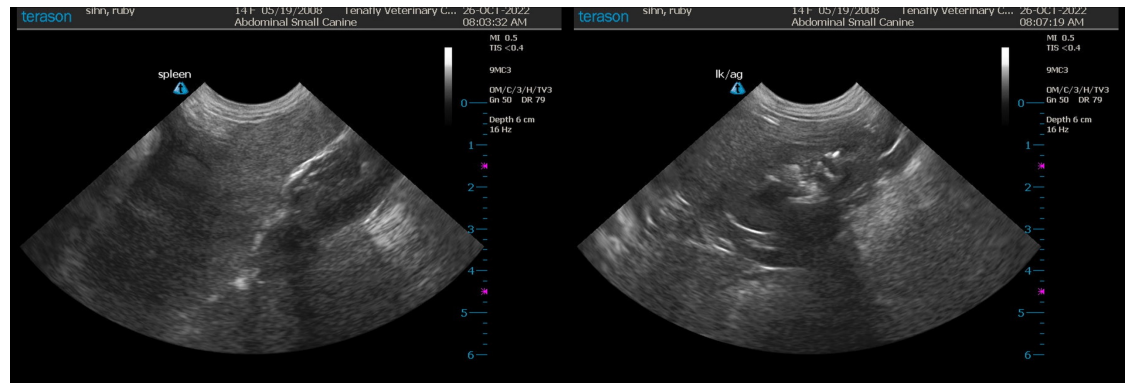
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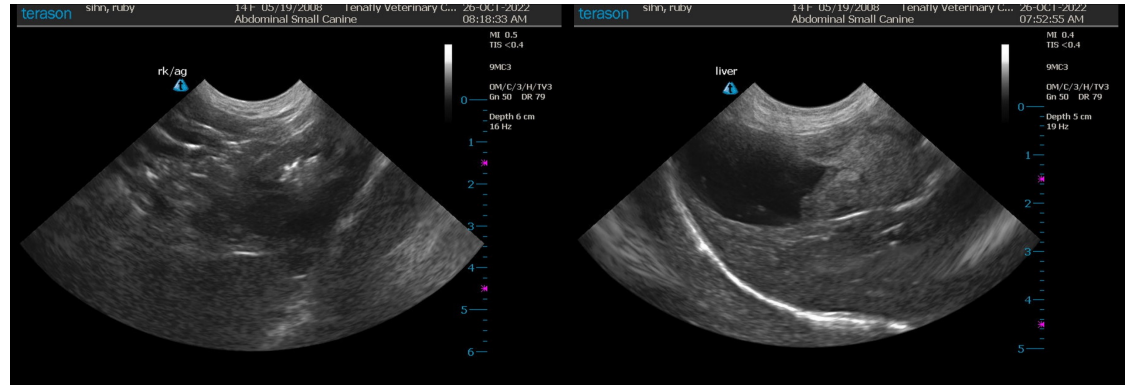
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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