

**DATE PRESENTING CLINICAL SIGNS**

11/21/25

**Patient History:** Patient went to VEG for syncopal vs seizure episode. Per report, patient has gall stones, bladder/renal stones, and a subjectively small liver. Concern for shunt or other liver insufficiency from VEG

**PATIENT**

Teddy 2 Wilson

**Current Medications:** None at this time.

**Labwork Results:** Labwork attached, reported as: BW/UPC 10/15 1499 - MCV 60, MCH 20.9, Ret:Hb 21.7, lymphocytes 5.5 (prev 5.4), otherwise WNL.. UPC - 0.26 = normal. Other testing done at VEG

**Date of Previous IntraPet Ultrasound:** No previous.

**SPECIES**

Canine

**Sedation:** Torbugesic/Valium.

**Stat Report:** Not requested.

**Imaging Performed by:** Stephanie Warga RDCS, RVT.

**BREED**

Pekingese

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The **urinary bladder** presented calculi, a grouping of which measured approximately 1.3 cm. Unremarkable bladder otherwise. The prostatic urethra revealed calculi as well.

**SEX**

Neutered Male

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. Mineralization noted in both kidneys, minor. The right kidney measured 4.5 cm.

**AGE**

9/29/14

**WEIGHT**

20 lbs

**Adrenal Glands**

The **adrenal glands** are mildly subnormal in size. The right adrenal gland measured 1.97 cm x 0.30 cm at the cranial pole and 0.28 cm at the caudal pole. The left adrenal gland measured 1.9 cm x 0.41 cm at the caudal pole and 0.47 cm at the cranial pole.

**INTERPRETED BY**Eric Lindquist, DMV,  
DABVP, Cert. IVUSS**Spleen**

The **spleen** revealed a focal hyperechoic shadowing fibrotic plaque, not pathological.

**HOSPITAL NAME**Chadwell Animal  
Hospital**Liver**

The **liver** was mildly subnormal in size yet uniform parenchyma, with slight lobar biliary calculi. Poor development of the left liver noted, the right liver appeared mildly swollen. Intrahepatic vascular volume appeared normal. The gallbladder revealed calculi and "porcelain" wall. Portal vein branching appears to be normal. Portal vein velocity was normal at 18 cm/sec. Portal vein to vena cava to aortic ratio was 1:1:1, measuring approximately 5.0 mm each.

**REFERRING VET**

Dr. Weeks

**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**

72061

**Pancreas**

The **pancreas** revealed a mild amount of echogenic remodeling yet no evidence of overt inflammation.

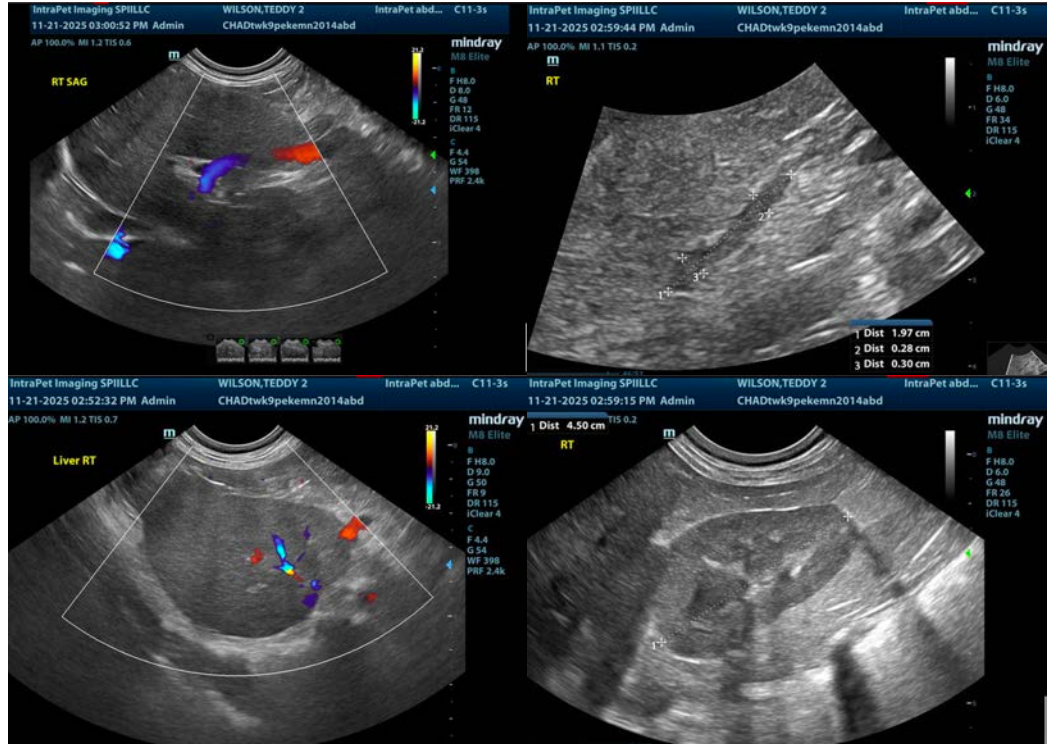
## ULTRASONOGRAPHIC FINDINGS

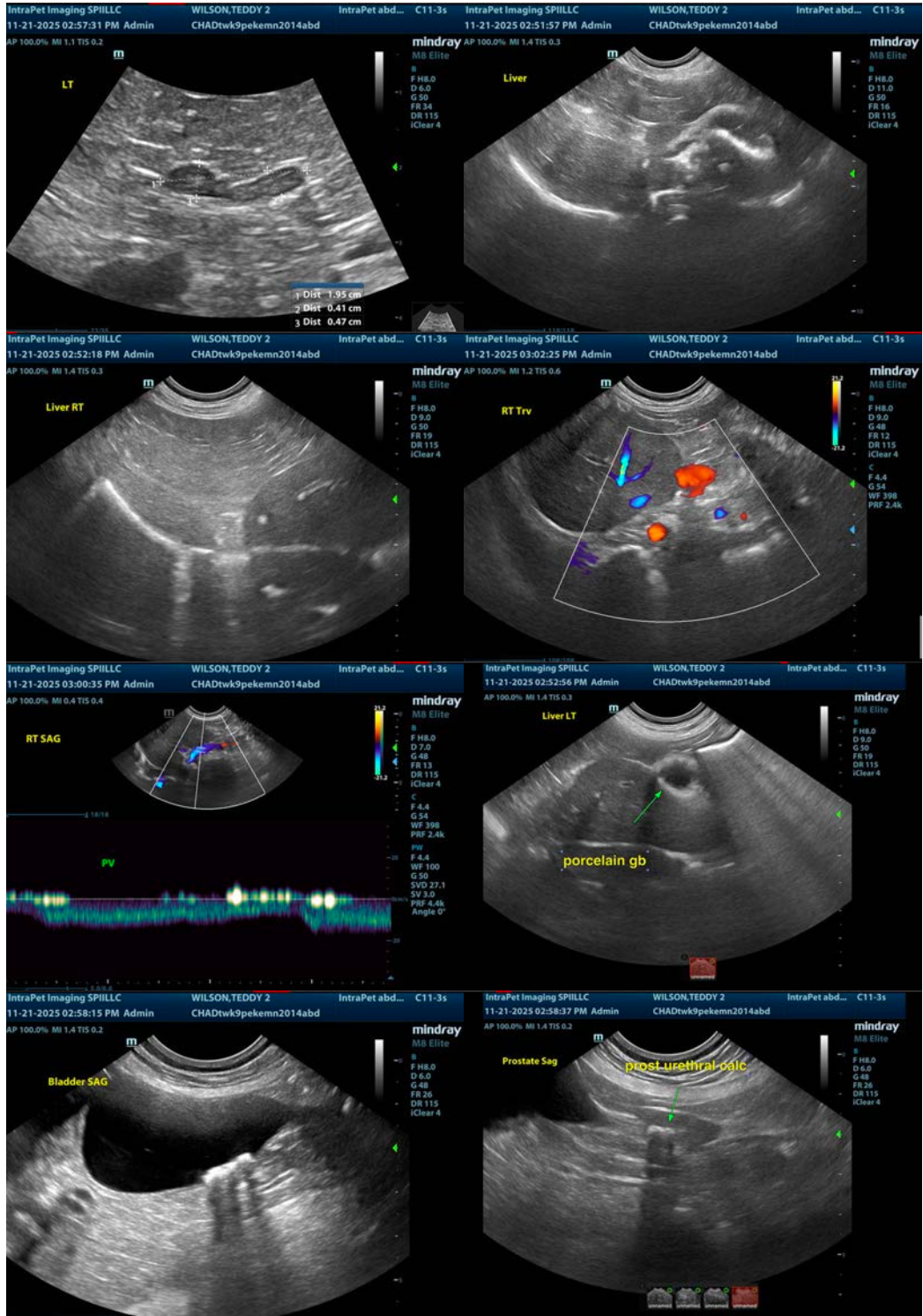
- Mild lobar biliary calculi, and microhepatica with poorly developed left liver and mildly swollen right liver.
- Porcelain gallbladder with calculi.
- Small adrenal glands.
- Urinary bladder and prostatic urethra calculi.
- Age related renal changes with mineralization.
- Pancreatic remodeling.
- Hyperechoic fibrotic plaque in the spleen, not pathological.

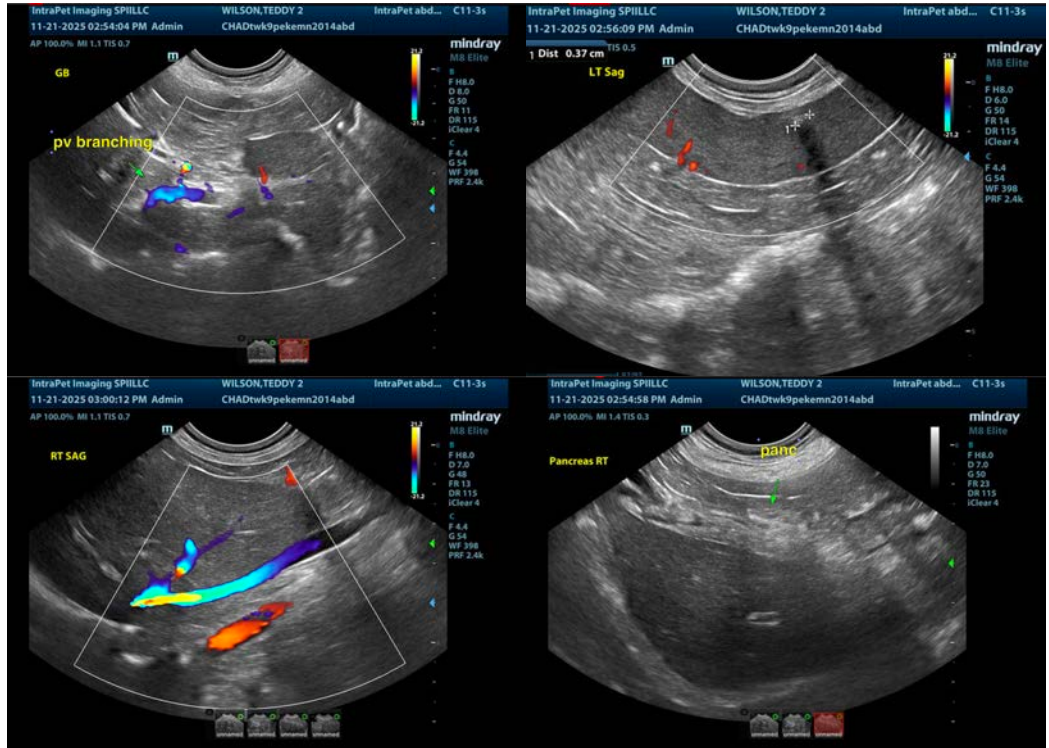
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of syncope is unclear in this patient. However, Addison's and impaired liver function should be evaluated. Screening for Addison's indicated with ACTH stim. Bile acid profile indicated. Liver support diet is likely in this patient's best interest depending upon bile acid results. Eventual cystostomy, stone analysis and culture, and liver biopsy could be considered as well. No evidence of macroscopic shunting. Note: if the patient passed a calculus, this may have caused a syncopal event. However, cardiac and CNS workup are also indicated.

*Radiographs: Bladder calculi, possible pleural effusion.*







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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