



## PATIENT

Tommy Rial

## SPECIES

Canine

## BREED

Shih Tzu

## SEX

Male

## AGE

6 Years

## WEIGHT

22 lbs

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP (CFM), Cert.  
IVUSS

## IMAGING PERFORMED BY

Kym

## HOSPITAL NAME

Emergency Animal  
Hospital of Crystal  
Falls

## REFERRING VET

Dr. Ledoux

## INVOICE

72027

## DATE

11/21/25

## PRESENTING CLINICAL SIGNS

Tommy is a 6.6 year old MN mixed breed. He presented today as a transfer for continued care for pain of unknown origin. Owner states that Tommy has had a decreased appetite and as been licking at his lips frequently for the last... Tommy saw his primary veterinarian and was diagnosed with an ear infection earlier this week. He has been receiving gabapentin and trazodone at home and returned today because he is restless and uncomfortable. Labwork was unremarkable (verbal, not in medical record available at this time) aside from mild dehydration. He had an IVC placed and was on fluids through the day before sending her for continued care and possible AUS. He ate yesterday and has had no vomiting or diarrhea.

## 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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The residual prostate measured 5.0 mm.

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 left kidney measured 4.0 cm. The right kidney measured 6.2 cm.

### 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 0.50 cm. The right adrenal gland measured 0.50 cm.

### 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 submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

### Gastrointestinal



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There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

**Pancreas**

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.

**Free Abdomen**

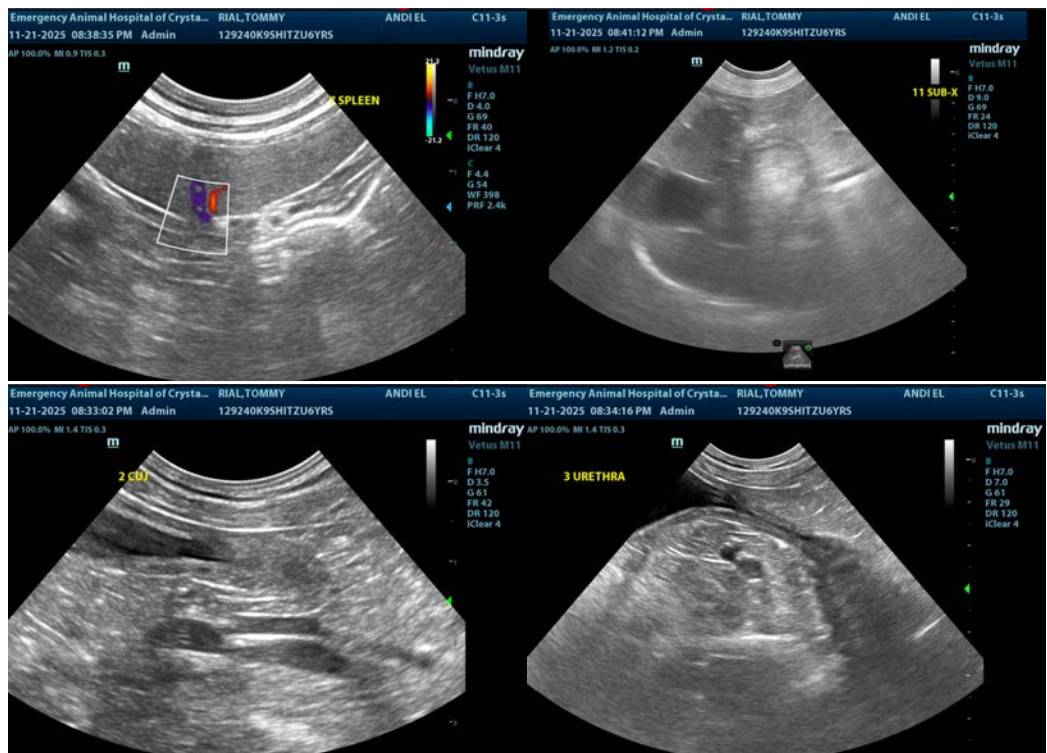
Some remodeled mesentery noted in the mid abdomen cranial to the urinary bladder, which appears to be remodeled from prior episodes of steatitis. However, I cannot rule out active inflammation.

**ULTRASONOGRAPHIC FINDINGS**

- Possible steatitis pattern or remodeled fat.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Structurally unremarkable abdomen. No evidence of gross pathology that should be overtly painful. Orthopedic pain should be considered as a primary in this patient. GI protectant protocol warranted as an empirical measure. However, no gross evidence of ulcerative disease or gastritis.





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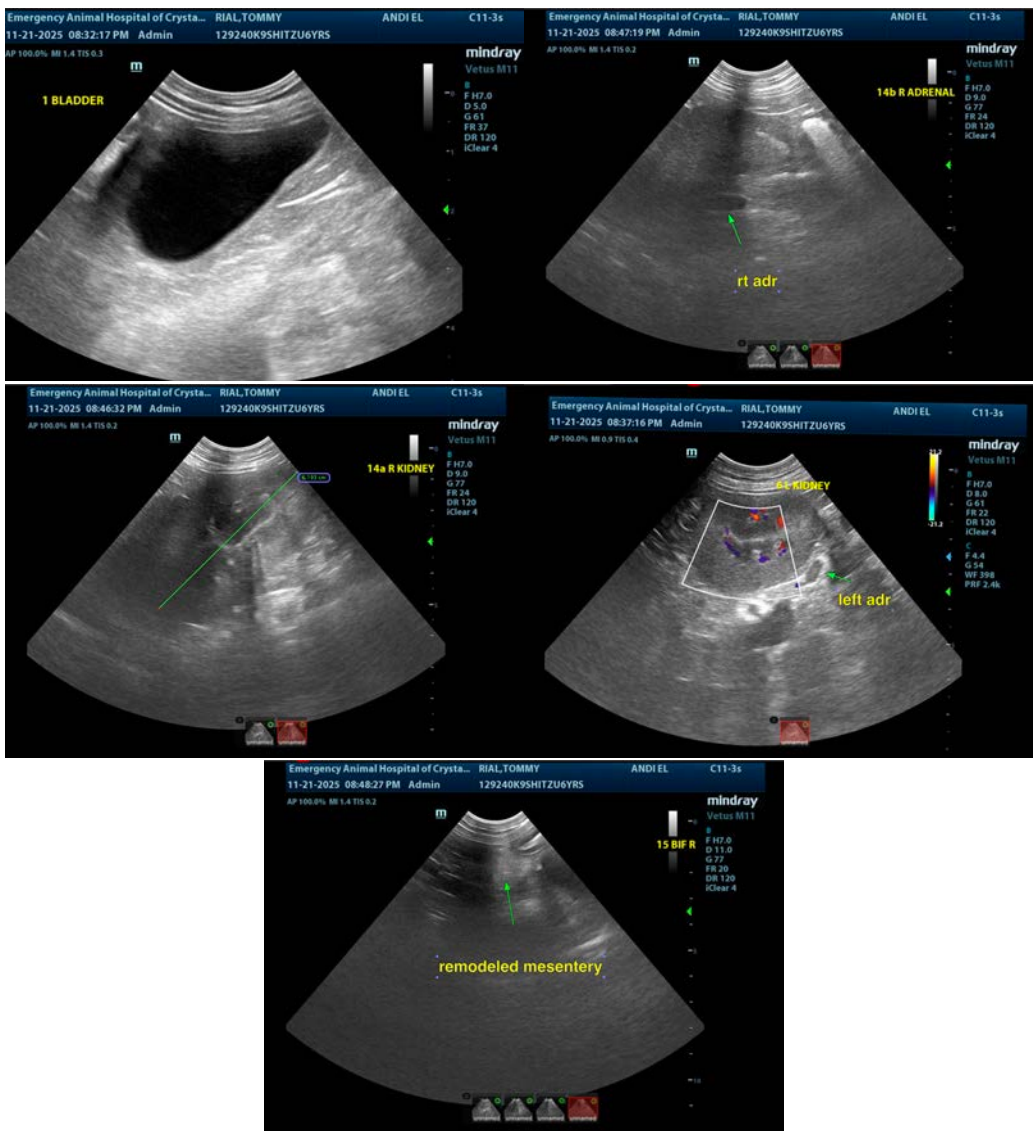
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,**  
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