



PATIENT

Bella Lyman

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

9.5 Years

WEIGHT

11.5 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Harold Mike Beard

HOSPITAL NAME

Animal Care Veterinary
Center

REFERRING VET

Dr. Bradford

INVOICE

12107

DATE

11/05/25

PRESENTING CLINICAL SIGNS

Gastritis, vomiting, peritoneal effusion, hacking up white foam, pleural effusion, pancreatitis. This coincided with a dental procedure in September, and she has been ill since then.

Abnormal PE/Chem/CBC/UA Results: Ascites and pleural effusion. Chemistry Alk Phos 10, TBili 0.1, CBC WNL. Radiographs revealed mild pleural effusion, mild peritoneal effusion, given the location, pancreatitis is prioritized.

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 **kidneys** revealed subnormal size with normal structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. The left kidney measured 3.0 cm in length. The right kidney measured 3.4 cm in length.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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 passive 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 **gastrointestinal tract** revealed diffuse, hyperechoic fogging or overlay throughout the small intestine as well as areas of mucosal striations and speckling. This striation + fogging effect appeared to exclusively affect the mucosal layer with the submucosa, muscularis and serosa left in-tact. Reactive mesentery was present associated with the serosa indicative of active inflammation. This is most



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consistent with protein losing enteropathy/lymphangiectasia. Full thickness biopsies or endoscopy guided biopsies would be ideal to confirm. No obstructive disease or obvious suspicion of neoplasia.

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

Enhanced mesentery was noted throughout the mid abdomen. The free fluid in the abdomen was echogenic with nodular heterogenous omental changes.

The heart revealed normal volumes and contractility. No evidence of primary disease. Pleural effusion was noted throughout the diaphragm.

ULTRASONOGRAPHIC FINDINGS

- Volume contracted spleen.
- Age-related renal/hepatic changes.
- Mucosal fogging consistent with lymphangiectasia.
- Large amount of echogenic free fluid.
- Free fluid in the abdomen with concurrent pleural effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strong concern for carcinomatous, lymphomatosis or similar presentation given the dual cavity effusion. Assuming that the albumin levels are not less than 1.5, then a complicating factor such as dual cavity neoplasia is of strong concern. Pleurocentesis and abdominocentesis with immediate cytospin and slide preparation is recommended. If albumin levels are less than 1.5, then protein losing enteropathy, secondary effusions owing to poor oncotic pressure, could be considered, however, the effusion is significantly echogenic which would suggest an inflammatory or neoplastic component. Prognosis is extremely guarded depending upon cytology results. Plasma expansion is recommended in this patient given the volume contracted spleen and third spacing of fluid.



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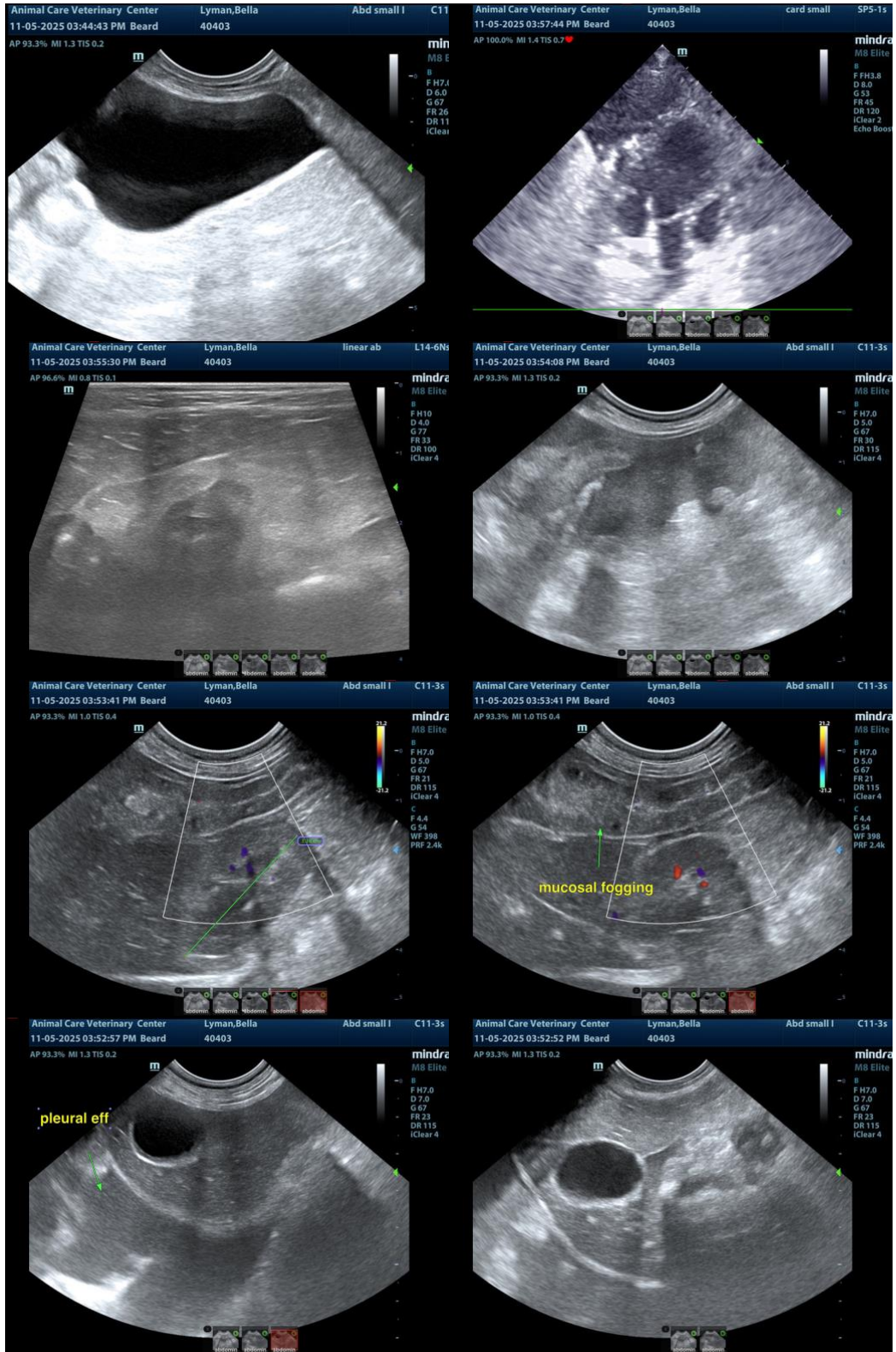
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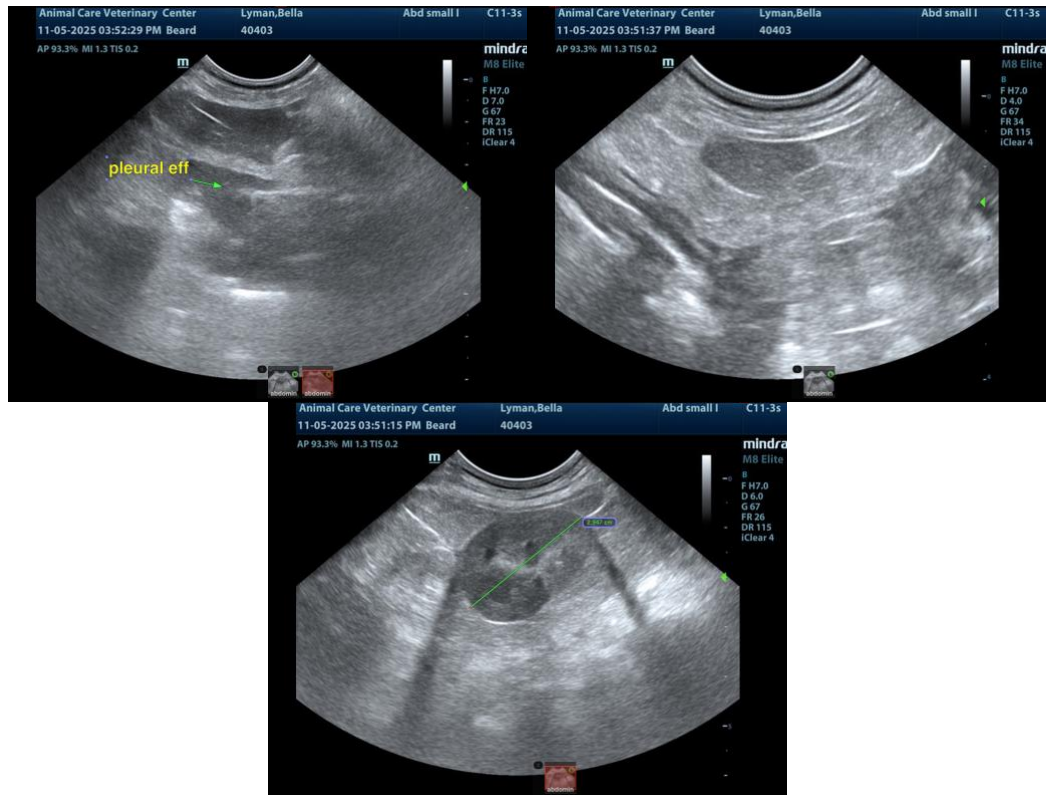
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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