



## PATIENT

Kramer Smith

## SPECIES

Canine

## BREED

Shih Tzu

## SEX

Neutered male

## AGE

10 years

## WEIGHT

6.2 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Danielle Jaspar, RVT

## HOSPITAL NAME

Orchard VC

## REFERRING VET

Dr. DeWalt

## INVOICE

68400

## DATE

11/6/25

## PRESENTING CLINICAL SIGNS

History: Patient ADR for a few days. Seems uncomfortable, restless, panting/drooling more. More lethargic, not wanting to go for walks. Decreased appetite. One episode of vomiting.  
Abnormal PE/Chem/CBC/UA Results: Leukocytosis, neutrophilia Phos: 5.2 (1.9-5.0) TP: 88 (55/76) Glob: 52 (20-36) ALT: 435(0-120) ALP: 821 (0-140) GGT: 17 (0-14) Amylase 2442 (100-1500) Lipase >1000 (0-225) Sodium 153 (141-152) Potassium: 3.6 (3.8-5.3) Chloride 100 (102-120)

## 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 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 4.6 cm. The right kidney measured 4.5 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 0.78 cm at the caudal pole and 0.52 cm at the cranial pole. The right adrenal gland measured 1.0 cm at the cranial pole and 0.5 cm at the caudal pole.

### Spleen

The **spleen** revealed a hypoechoic nodule at the cranial pole of the spleen measuring 0.7 cm.

### Liver

The **liver** revealed multi-focal, nodular changes. The liver had irregular contour and mild hepatic swelling was noted. The gallbladder was unremarkable.



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## Gastrointestinal

The **stomach** was over distended with fluid. Gastric stasis was noted. The gastric wall was unremarkable. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

## Pancreas

The left **pancreatic** limb was hypoechoic with irregular parenchyma. This region measured 1.5 x 1.0 cm in the left base. The right limb of the pancreas was hypoechoic with irregular parenchyma. FNA of the pancreas is indicated. Regional hyperechoic inflammation was noted with tethering of the upper duodenum.

## ULTRASONOGRAPHIC FINDINGS

- Splenic nodule. Differentials include hyperplasia, emerging round cell neoplasia, hemangiosarcoma and necrosis or abscessation is technically possible.
- Pancreatitis pattern with potential underlying pancreatic neoplasia.
- Undefined hepatic nodules.
- Delayed outflow is noted owing to pancreatic inflammation and envelopment of the upper duodenum.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the spleen, pancreas and liver are all indicated for further definition, cytology and culture. Treatment for pancreatitis and delayed gastric outflow is warranted in the meantime. A recheck sonogram is recommended in a week to ensure adequate resolution or earlier if there is clinical decline.





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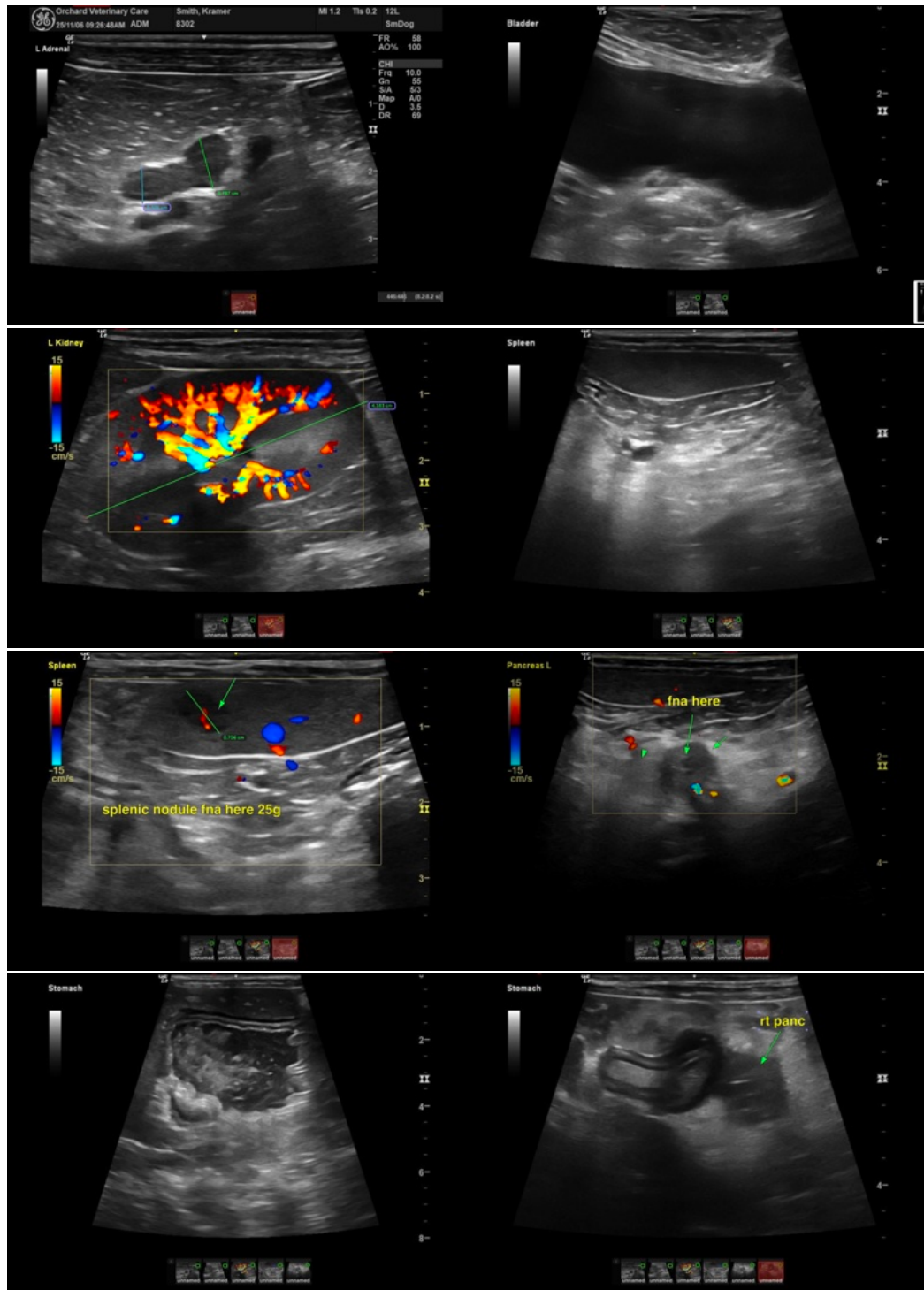
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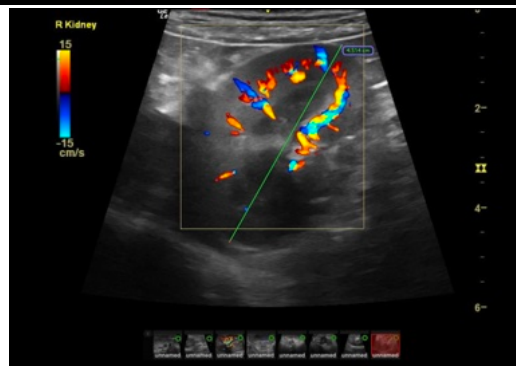
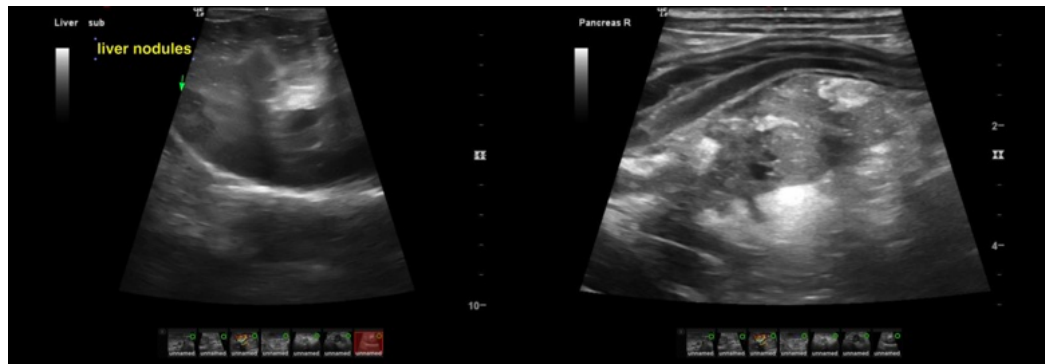
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)