



**PATIENT**

Benson Everett

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Male

**AGE**

11 Years

**WEIGHT**

6 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Kalenius

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Emily Kalenius

**INVOICE**

17924

**DATE**

11/8/22

**PRESENTING CLINICAL SIGNS**

History: Patient had a sudden onset of vomiting. Patient vomited 3 times of yellow foam. Patient did eat some garlic nann bread earlier in the evening. Patient has a hx of seizure (2 possible episodes) but has never been on seizure medication. Preliminary labs showed elevated Alt

Abnormal PE/Chem/CBC/UA Results: Alt was 1705 @ 4am on 11/8

**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. Iliac trifurcation was unremarkable.

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 4.0 cm. Blood flow appeared to be normal on color flow assessment.

**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 1.43 cm x 0.53 cm at the cranial pole and 0.48 cm at the caudal pole. The right adrenal gland measured 1.45 cm x 0.57 cm at the cranial pole and 0.45 cm at the caudal pole.

**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** was structurally unremarkable with a hyperechoic nodule in the left cranial liver (nondisruptive) most consistent with lipogranuloma or nodular hyperplasia. The gallbladder and common bile duct were unremarkable. The portal vein to vena cava ratio was 1:1, measuring 5.0 mm each.

**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.



**PATIENT**

**Pancreas**

Benson Everett

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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

- Structurally unremarkable liver with subjectively benign nodule, acute hepatic insult suspected

**BREED**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Shih Tzu

Coagulation panel, leptospirosis titers, hepatic FNA and bile acid profile are all indicated. Ampicillin, Metronidazole or similar, IV fluid support, nutraceuticals and GI protectants are all indicated. If seizures continue, then CT with contrast is indicated. No evidence of portosystemic shunting. Leptospirosis or toxin exposure are primary concerns.

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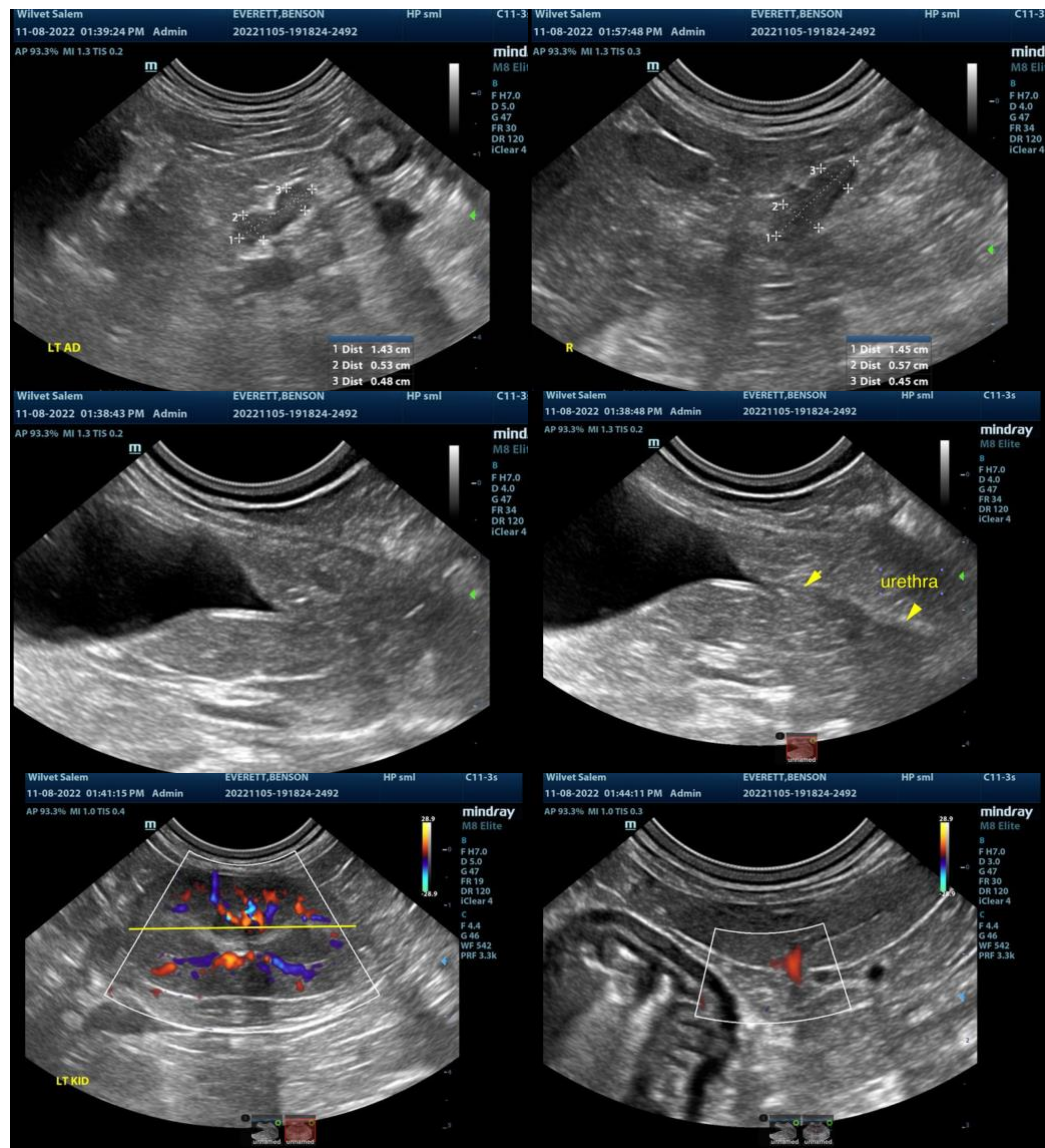
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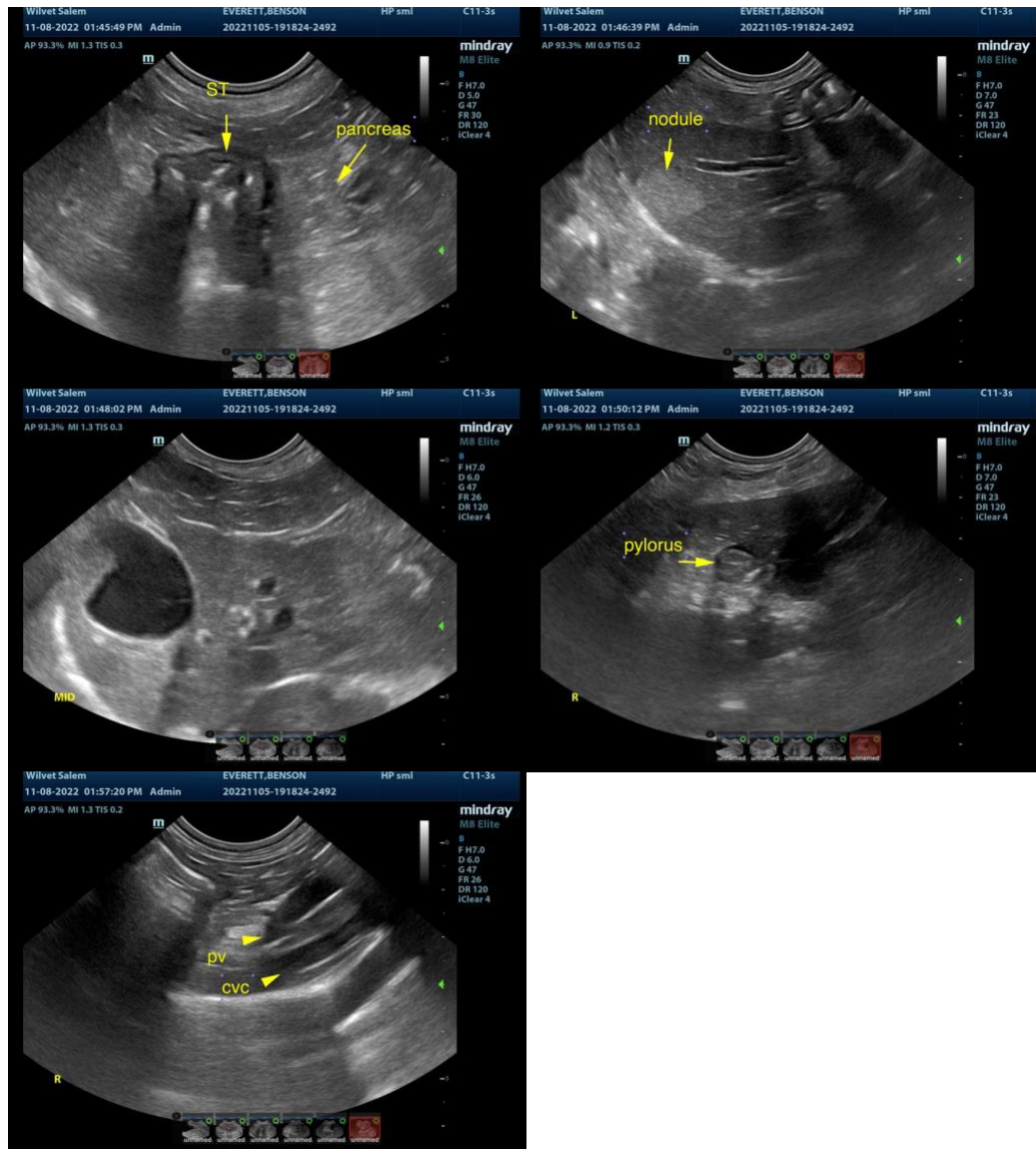
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com