



PATIENT

Kira Diaz

SPECIES

Canine

BREED

Shih Tzu

SEX

Female Intact

AGE

12 weeks

WEIGHT

0.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Mayra Fonseca

INVOICE

10926

DATE

12/11/2025

PRESENTING CLINICAL SIGNS

Pt presented as a referral for an abdominal ultrasound to evaluate hx of lethargy, vomiting/diarrhea, anemia and severe hypoglycemia. Pt had two seizures 4 days ago and a blood transfusion 3 days ago due to severe anemia at rDVM. Pt also has history of intestinal parasites (Hooks). On going glucose test at rDVM.

Abnormal PE/Chem/CBC/UA Results: CBC- microcytic hypochromic anemia (HCT 18.8%); mild neutrophilia/monocytosis; thrombocytopenia resolved CHEM- mild hypoglycemia, normal BUN (previously increased), low CREA, hyphosphatemia, hypoalbuminemia/proteinemia unchanged, increased ALT but better, ALKP/GGT worsen; hyperbilirubinemia resolved - Parvo Test Negative

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 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. Left kidney measures 3.03 cm, and the right kidney measures 3.1 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. Left adrenal measures 0.86 cm x 0.33 cm at the cranial pole and 0.3 cm at the caudal pole. Right adrenal measures 1.3 cm x 0.4 cm at the cranial pole and 0.27 cm at the caudal pole.

Spleen

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

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. No evidence of portosystemic shunting. Portal vein to vena cava ratio is 1:1.

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



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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.

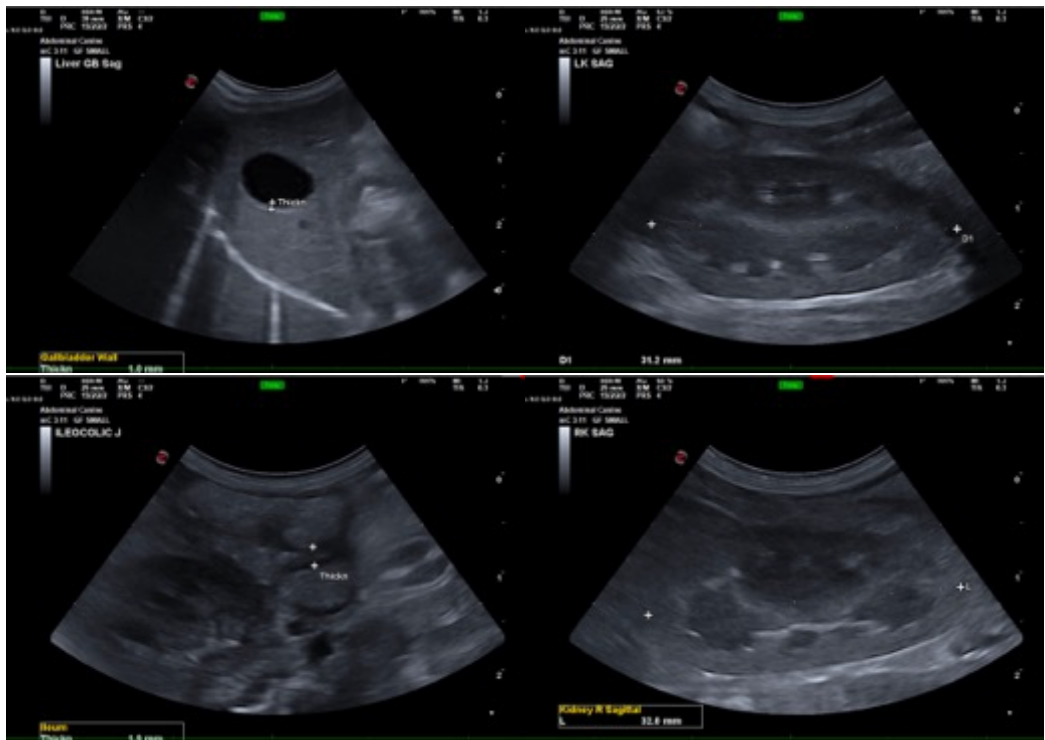
ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Structurally normal liver. No evidence of portosystemic shunting.

Recommend skull CT in this patient to assess for CNS disease given the seizure activity, unless the hypoglycemia is a persistent issue. CBC path review warranted and management for parasites. However, no evidence of portosystemic shunting or visceral disease directly related to the seizure activity.





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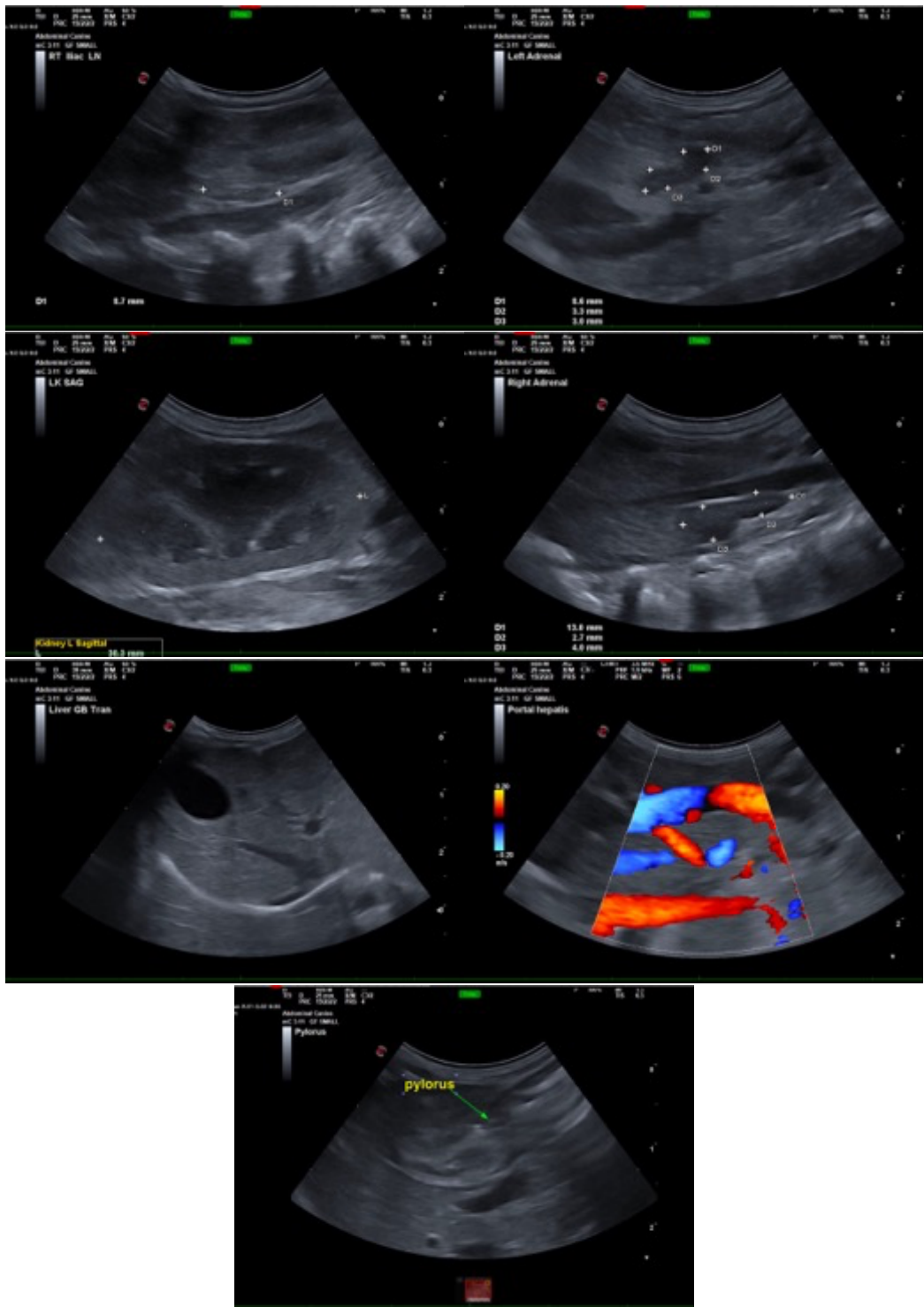
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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