

**PATIENT**

Foster Botia

**PRESENTING CLINICAL SIGNS**

History: Generalized body pain. Labs attached.

**SPECIES**

Canine

**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.

**BREED**

Shih Tzu

The residual prostate was uniform and measured 0.87 cm. The post prostatic urethra was unremarkable.

**SEX**

Neutered male

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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. Subtle cortical infarcts noted in the kidneys. The right kidney measured 4.7 cm. The left kidney measured 4.11 cm.

**AGE**

9 years

**WEIGHT**

21 lbs

**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 right adrenal gland measured 2.56 x 0.37 cm at the caudal pole and 0.32 cm at the cranial pole. The left adrenal gland measured 1.17 x 0.37 cm at the caudal pole and 0.35 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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 was noted.

**IMAGING PERFORMED BY**

Denise Bruno, LVT,  
RDMS

**HOSPITAL NAME**

Forest Hills Animal  
Clinic

**REFERRING VET**

Dr. Cortes

**Liver**

The **liver** was normal in size and contour. The gallbladder and common bile duct were unremarkable. There was no evidence of masses or significant disease.

**INVOICE**

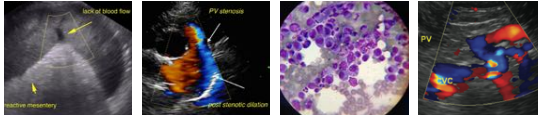
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**Gastrointestinal**

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.

**DATE**

12/19/22



**PATIENT**

**Pancreas**

Foster Botia

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**

**BREED**

Benign abdomen.

Shih Tzu

Renal cortical infarcts.

**SEX**

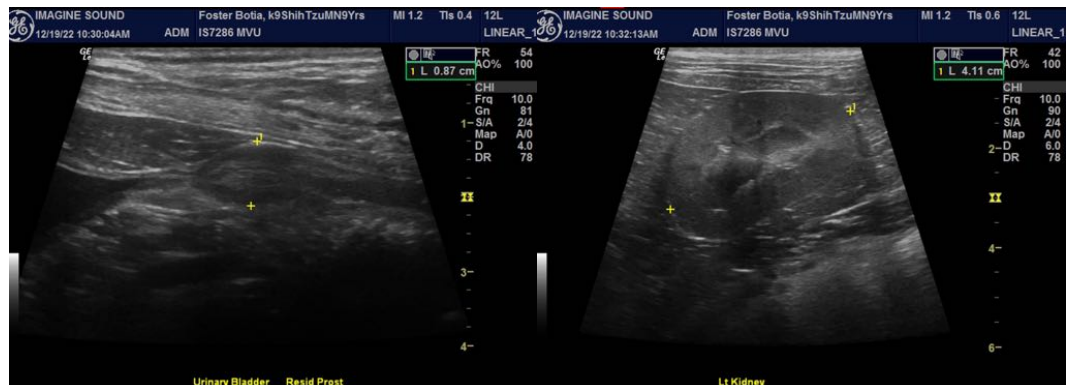
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Neutered male

There was no evidence of visceral disease responsible for pain in this patient. Referred back pain should be considered as a potential in this case. There was no evidence of visceral disease.

**AGE**

9 years



**WEIGHT**

21 lbs

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DABVP, Cert. IVUS

**IMAGING PERFORMED BY**

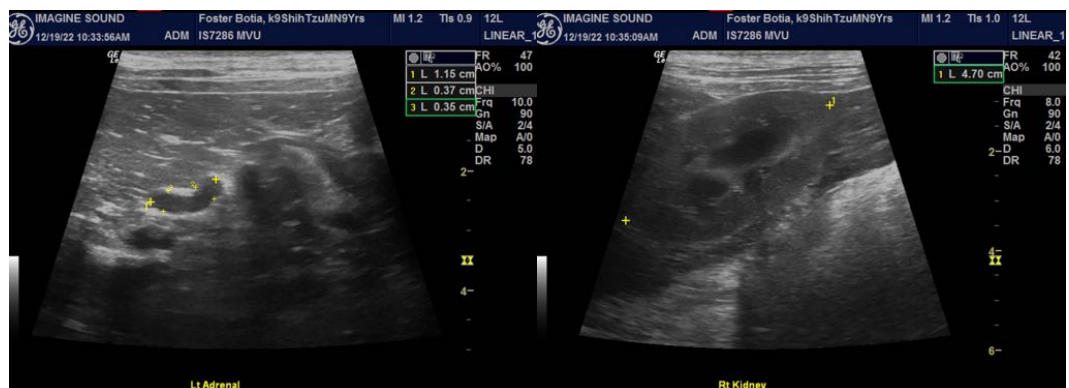
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**REFERRING VET**

Dr. Cortes

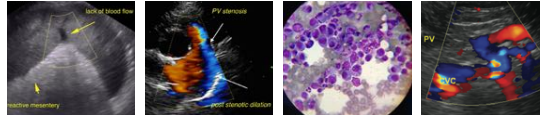


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**SPECIES**

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**BREED**

Shih Tzu

**SEX**

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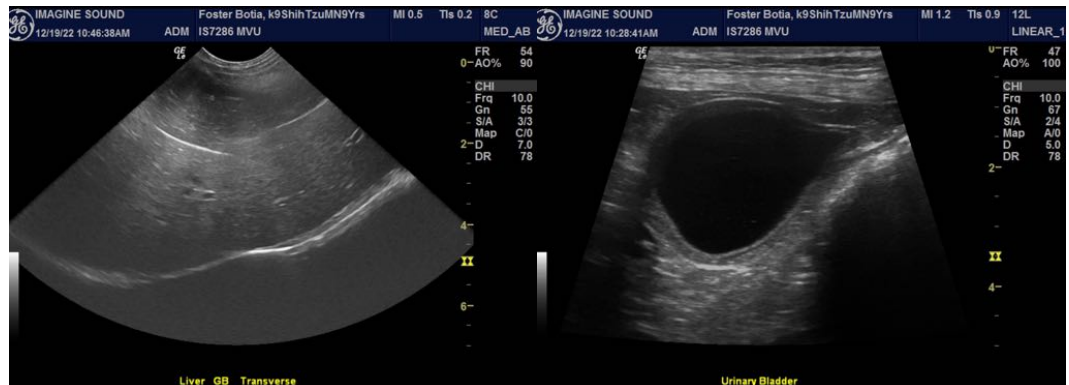
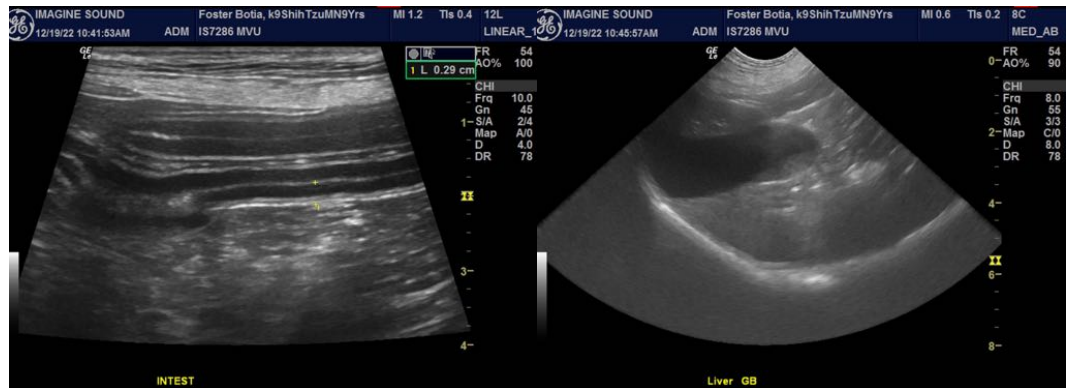
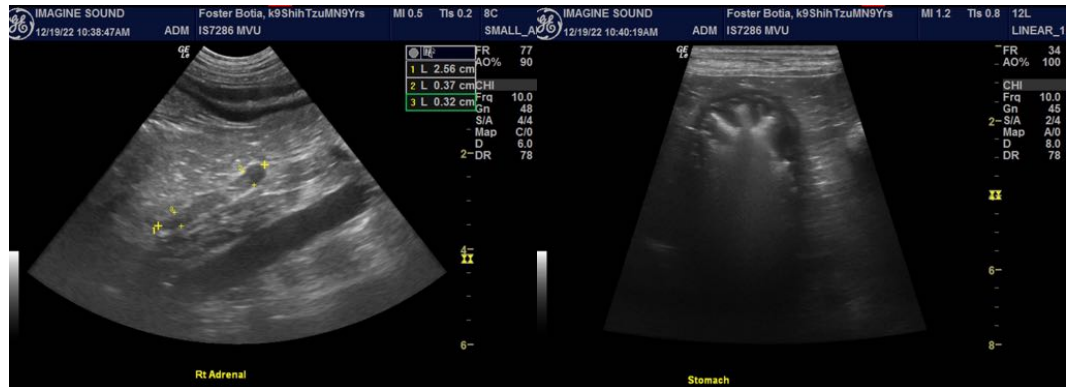
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com  
Eric.Lindquist@SonoPath.com