



**PATIENT PRESENTING CLINICAL SIGNS**

Suki Straub Anorexic and abdominal pain last 48 hrs

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Mild elevation of ALP, TP, TBIL, and Amylase. Proteinuria on UA

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Shih Tzu 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.

**SEX**

Spayed Female

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. Slight mineralization noted. The right kidney measured 4.16 cm.

**AGE**

8 Years

**Adrenal Glands**

**WEIGHT**

6.5 kg

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 0.49 cm at the cranial pole and 0.42 cm at the caudal pole. The left adrenal gland measured 0.54 cm at the cranial pole and 0.40 cm at the caudal pole.

**INTERPRETED BY**

Eric Lindquist, DMV

**Spleen**

DABVP, Cert. IVUSS

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.

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

**Liver**

SAVE

The **liver** itself was uniform, slightly subnormal in size. Unremarkable parenchyma. The gallbladder was echogenic, consistent with fibrosis, 0.25 cm in thickness. Moderate gallbladder debris noted, yet not full mucocele formation. No evidence of portosystemic shunt. No evidence of common bile duct pathology.

**REFERRING VET**

**Gastrointestinal**

Dr. Alonso

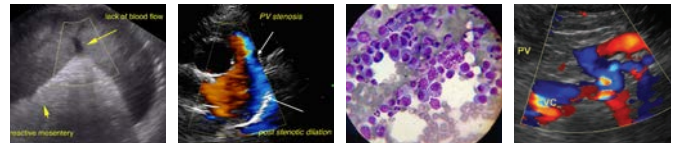
Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**INVOICE**

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**DATE**

12/24/22



**PATIENT**

**Pancreas**

Suki Straub

The **pancreas** revealed slight heterogeneous changes, yet fairly benign. No overt evidence of active inflammation. However, low-grade inflammation cannot be completely ruled out.

**SPECIES**

**ULTRASONOGRAPHIC FINDINGS**

Canine

- Acute hepatic insult with congested gallbladder, not to the level of mucocele formation
- Slight heterogeneous pancreatic changes, not significant in this patient
- Age related renal changes

**BREED**

Shih Tzu

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Cause of acute insult such as toxin exposure or Leptospirosis should be considered. Ursodiol therapy recommended. However, FNA of the liver warranted. Leptospirosis titers indicated. Ampicillin/Metronidazole and nutraceuticals all indicated. Recheck sonogram in 3-5 days if clinical signs are progressing. No evidence of neoplasia or surgical disease at this point.

Spayed Female

**AGE**

8 Years

**WEIGHT**

6.5 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

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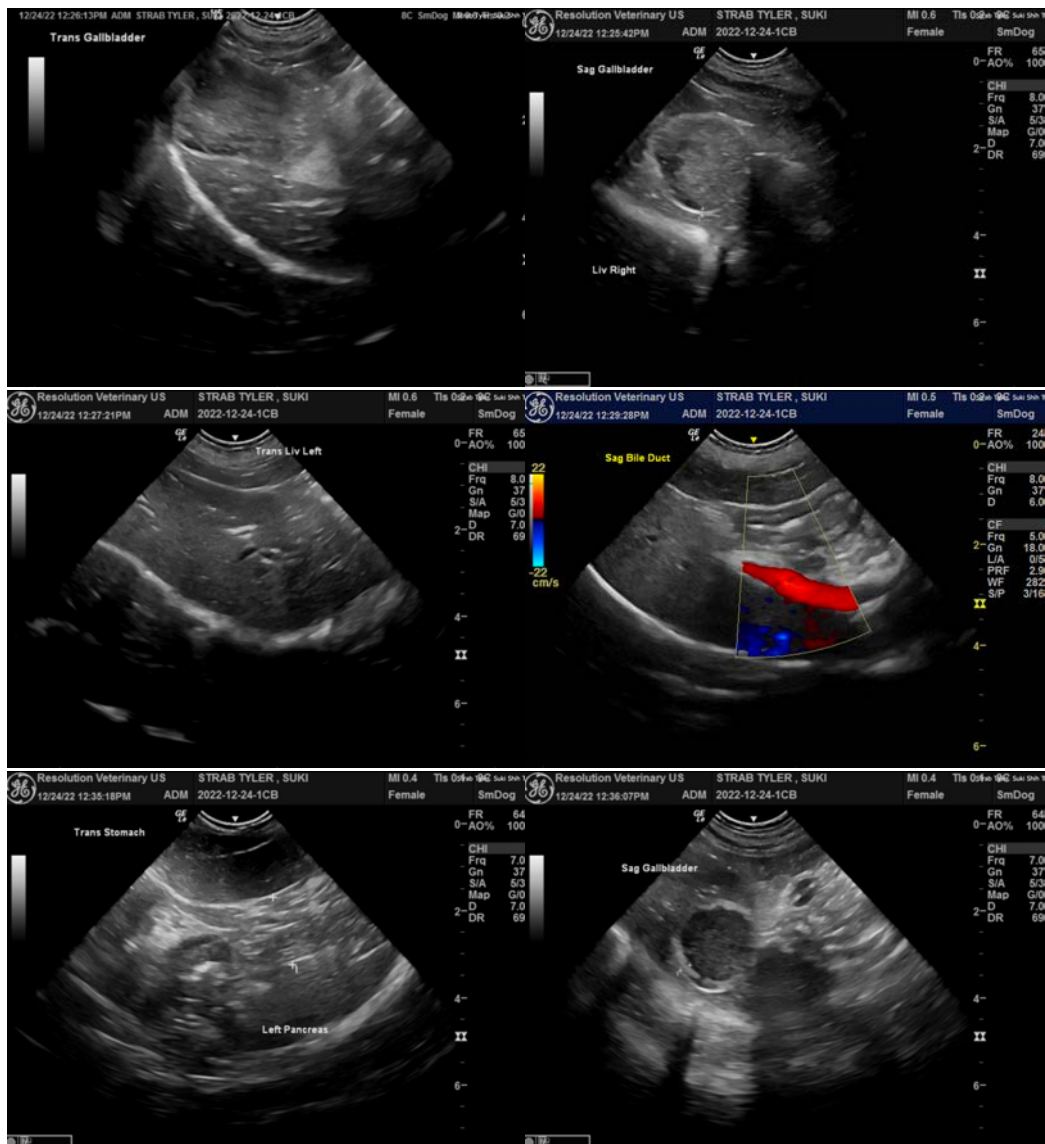
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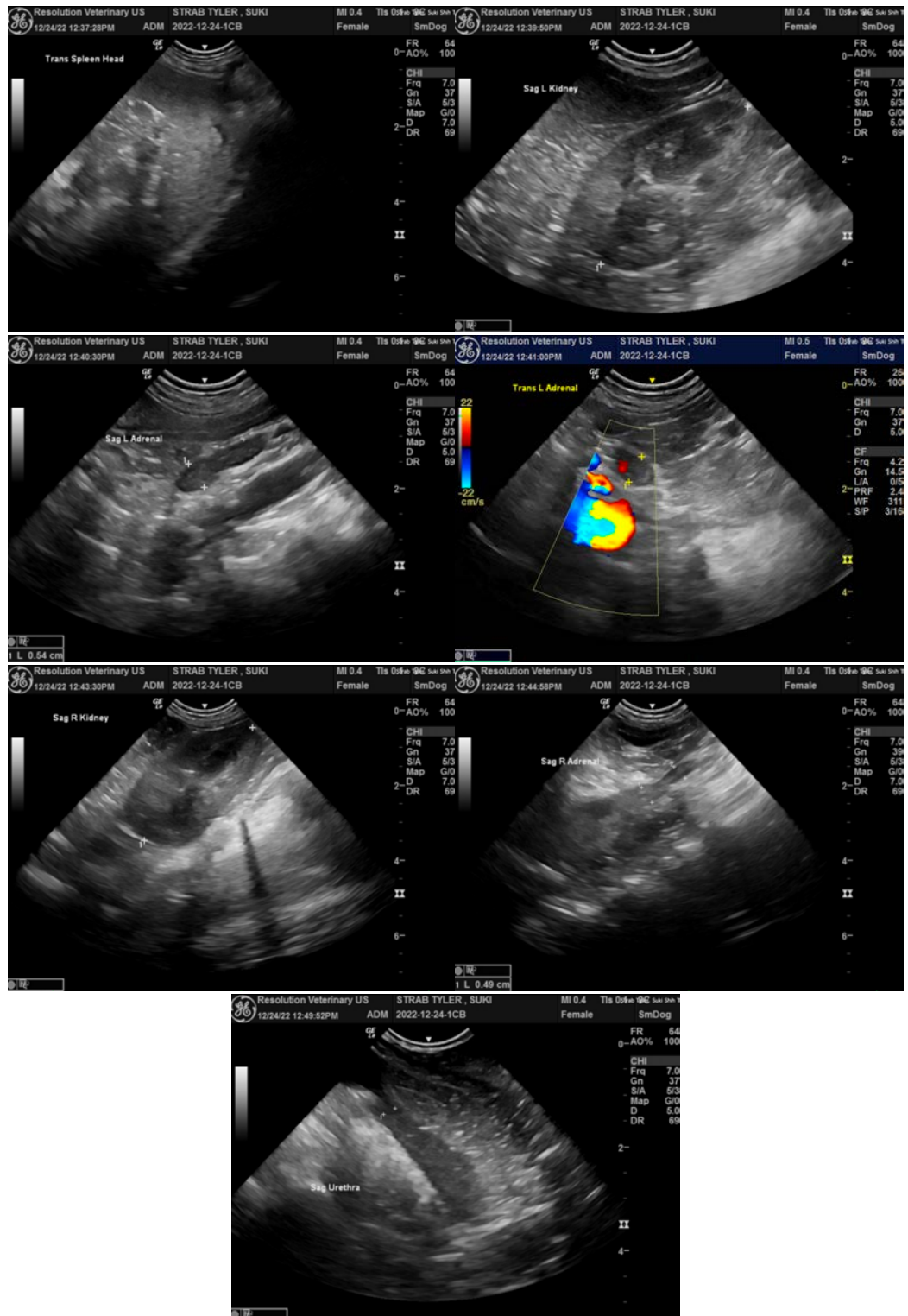
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



**PATIENT**

Suki Straub

can be of any further assistance please contact me.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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

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