



## PATIENT

Molly Horner

## SPECIES

Canine

## BREED

Shih Tzu

## SEX

Spayed female

## AGE

14 years

## WEIGHT

7.2 kgs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Cassandra Van  
Nieuwal, DVM

## HOSPITAL NAME

Animal Emergency  
Hospital Volusia

## REFERRING VET

Dr. VanNieuwal

## INVOICE

69654

## DATE

12/30/25

## PRESENTING CLINICAL SIGNS

History: patient presented for having diarrhea and decreased appetite owner took to another ER on the 26th, no improvement and patient not eating anymore patient known to get table food; patient has been having picky appetite the last few months and owner has changed food frequently due to this

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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. Slight mineralization was noted. The left and right kidney measured 4.0 cm.

### Adrenal Glands

The **left adrenal gland** was 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 0.7 cm. The **region of the right adrenal gland** appeared unremarkable.

### 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.

### Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. Gallbladder polyps and mild striating bile was noted.



**PATIENT**

**Gastrointestinal**

Molly Horner

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.

**SPECIES**

Canine

**BREED**

**Pancreas**

Shih Tzu

The **pancreas** revealed mixed hypoechoic and hyperechoic changes. Subxiphoid palpation is warranted. Enhanced mesentery was noted. This is suggestive for potential pancreatitis.

**SEX**

Spayed female

**AGE**

14 years

**ULTRASONOGRAPHIC FINDINGS**

Geriatric abdomen with heterogenous pancreas and hepatic remodeling. Suspect chronic active, low-grade pancreatitis.

**WEIGHT**

7.2 kgs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Subxiphoid palpation is warranted. There was no evidence of other disease. Other causes of hyporexia such as orthopedic pain/spinal pain, thoracic or CNS disease should all be considered.

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Cassandra Van Nieuwal, DVM

**HOSPITAL NAME**

Animal Emergency Hospital Volusia

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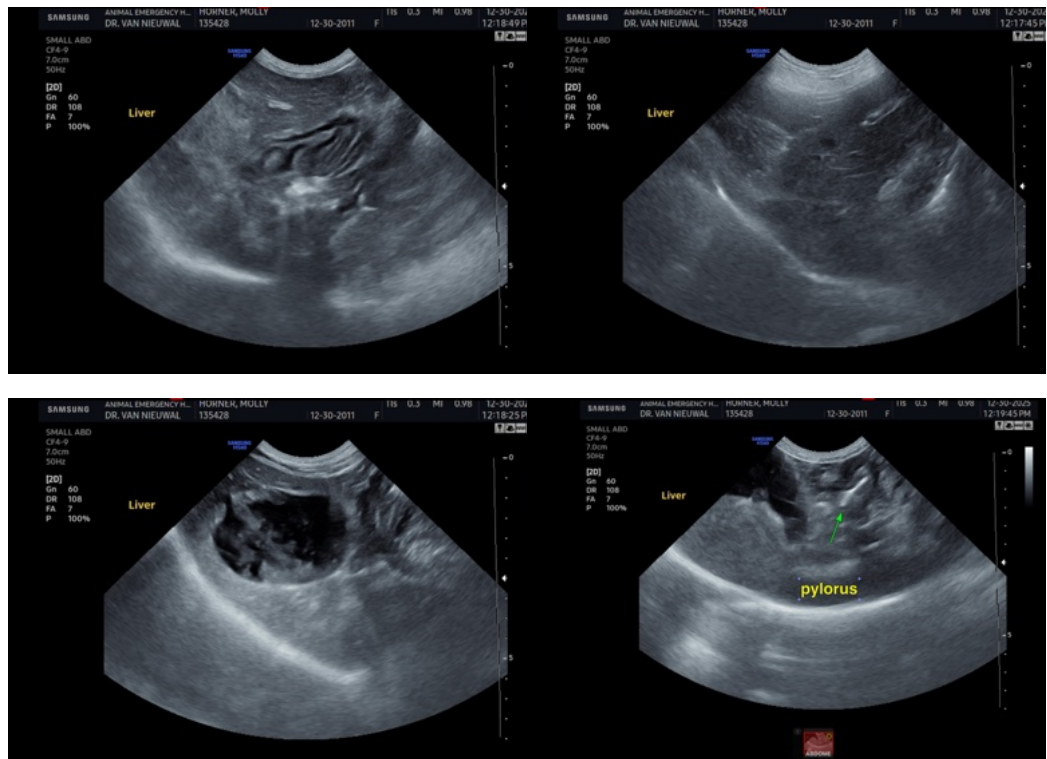
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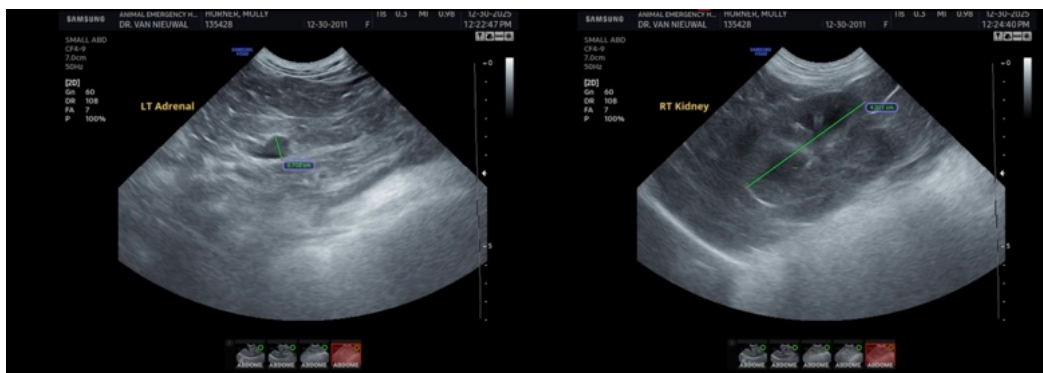
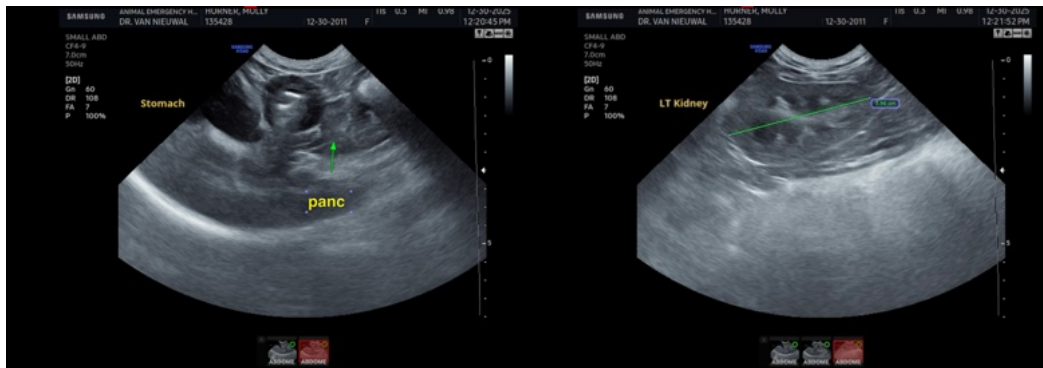
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)