



PATIENT

Max Ngo

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Neutered Male

AGE

6 Years

WEIGHT

8.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Fish Creek Emergency

REFERRING VET

Dr. Armstrong

INVOICE

12594

DATE

12/05/25

PRESENTING CLINICAL SIGNS

7 days of vomiting and diarrhea (hematochezia). Enlarged Peripheral LN.

Abnormal PE/Chem/CBC/UA Results: BW NSF

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.

Sublumbar **lymph nodes** were visualized measuring up to 2.2 cm x 1.17 cm.

The residual **prostate** was uniform measuring 1.5 cm.

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 4.22 cm in length. The right kidney measured 4.3 cm in length.

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 0.59 cm width at the caudal pole and 0.40 cm width at the cranial pole. The right adrenal gland measured 0.59 cm width at the cranial pole and 0.57 cm width at the caudal pole.

Spleen

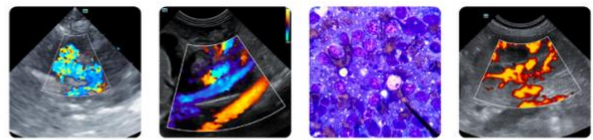
The **spleen** was folded upon itself with upper limits of normal in size. Micronodular parenchymal changes were noted with potential emerging round cell neoplasia versus splenitis or hyperplasia.

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.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed areas of spastic small intestine and minor fluid filled gastric lumen. Some minor granular shadowing material was noted in the stomach. Epigastric lymph nodes were visualized measuring 0.86 cm x 0.30 cm. Jejunal lymph nodes were also present which



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presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. Jejunal lymph nodes measured up to 1.0 cm. The colonic wall was also thickened.

Pancreas

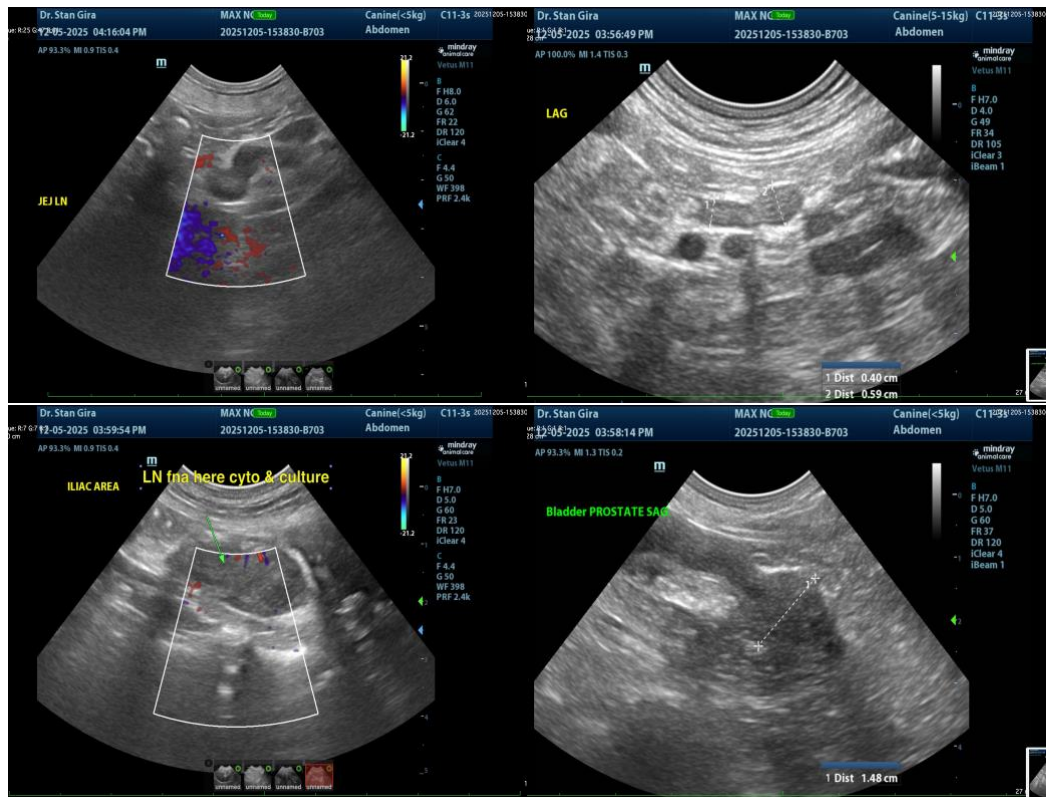
The **pancreas** revealed slightly enlarged pancreatic lymph nodes which presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. The lymph nodes measured 1.15 cm x 0.75 cm.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic lymphadenopathy.
- Gastroenteritis with slight granular gastric material.
- Multifocal lymphadenopathy reactive patterns.
- Folded spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend ultrasound guided FNA of the accessible lymph nodes and spleen to ensure an emerging neoplastic process is not present. Culture of the accessible lymph nodes is recommended. Mesenteric or sublumbal/iliac nodes are likely the most accessible for FNA. Prognosis is guarded depending upon cytology results as to round cell neoplasia versus lymphadenitis.





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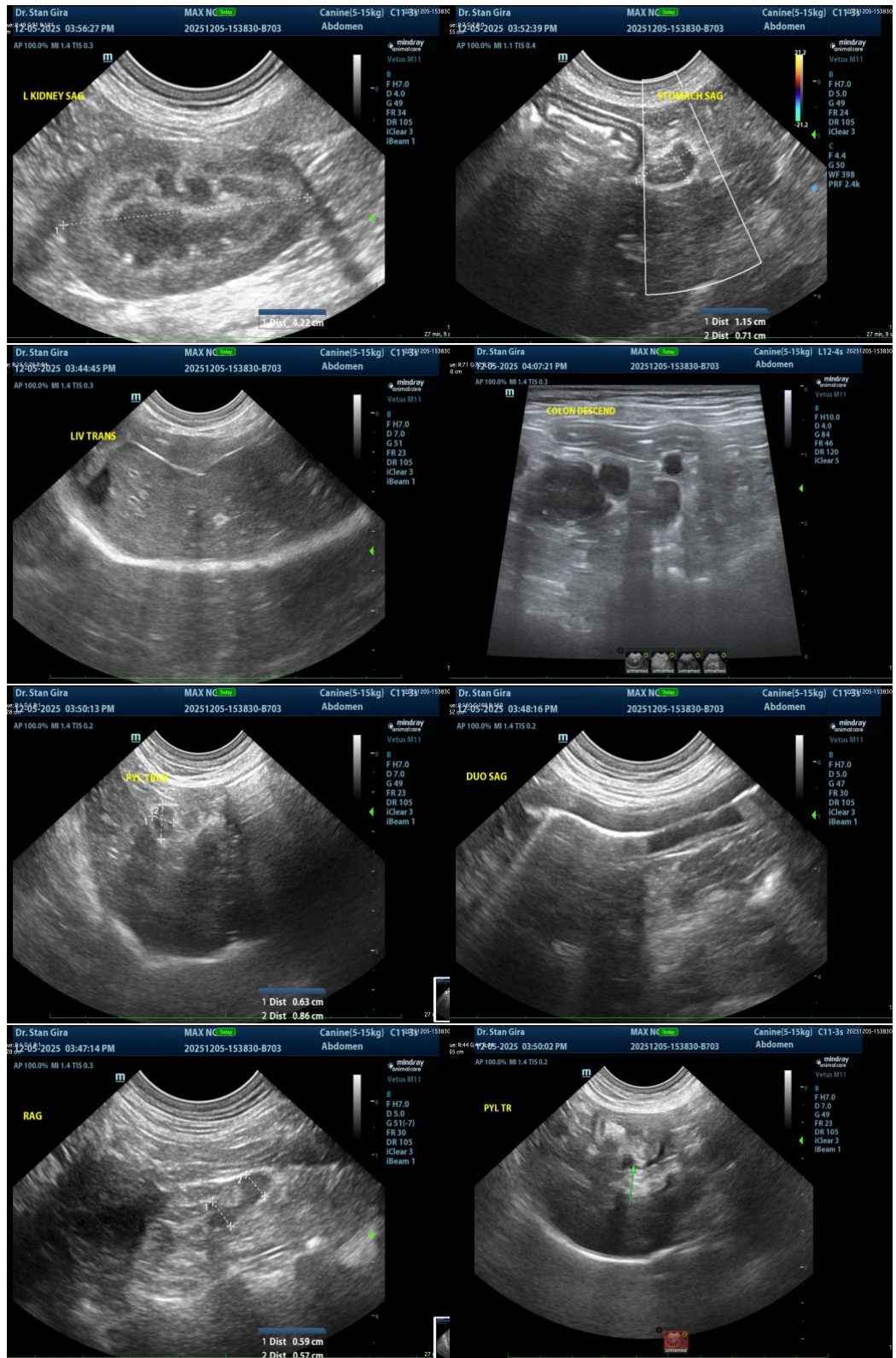
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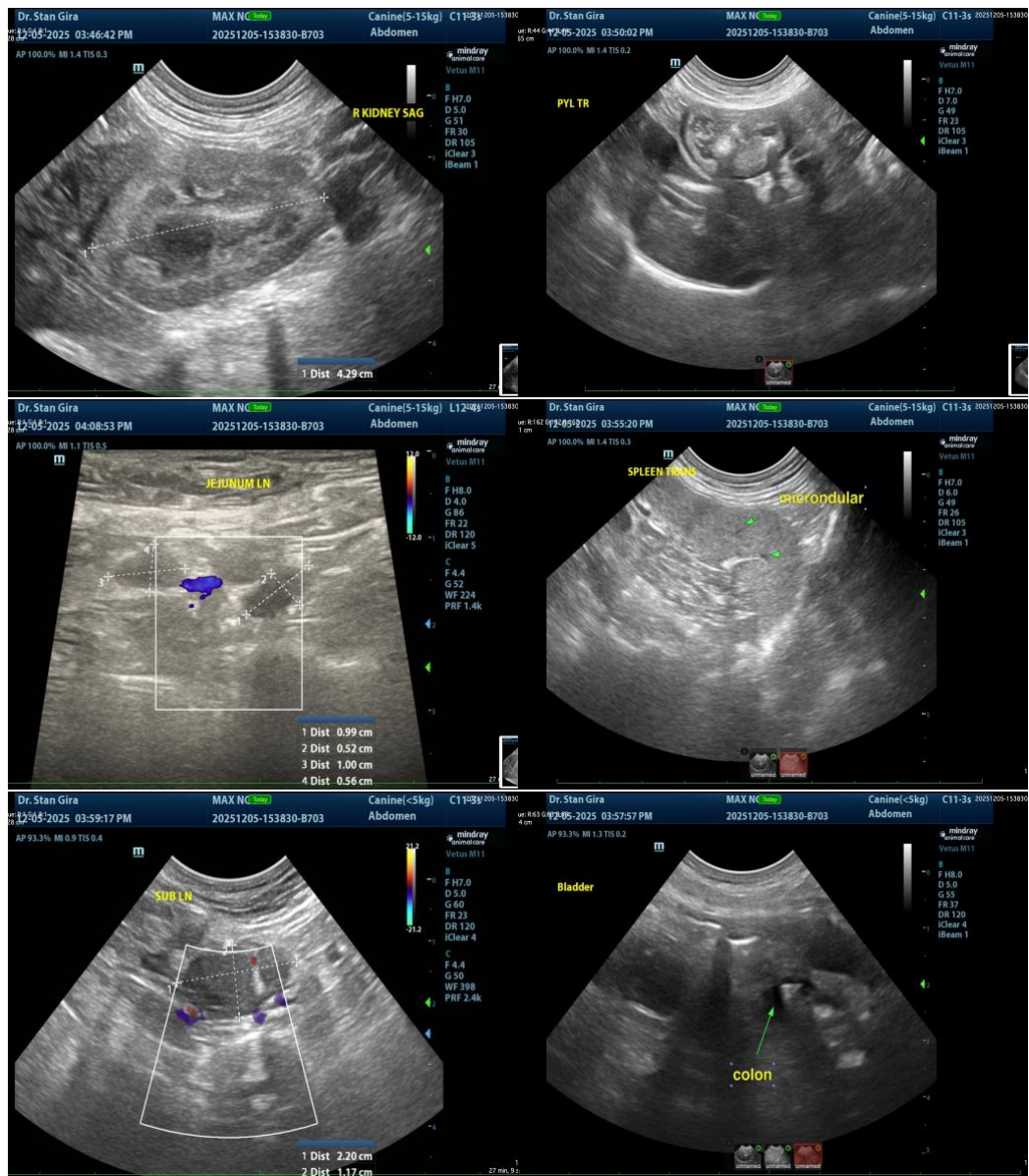
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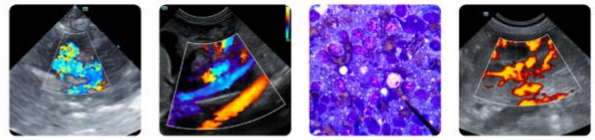
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

info@SonoPath.com



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