



PATIENT

Ellie Rose Smith

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

6 Years

WEIGHT

17.4

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Cristina Polit

HOSPITAL NAME

Sunset Animal Hospital

REFERRING VET

Dr. Cristina Polit

INVOICE

45503

DATE

2/26/23

PRESENTING CLINICAL SIGNS

Chronic diarrhea with inconsistent responses to Rx diets and medications

Abnormal PE/Chem/CBC/UA Results: CBC/chem: NSF Fecal: NPS (multiple) Baseline cortisol: 1.5

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** presented normal size and contour. Slight corticomedullary mineralizations noted. The right kidney measured 3.93 cm. The left kidney measured 4.39 cm.

Adrenal Glands

The **right adrenal gland** was flattened and isoechoic to surrounding fat, measuring 0.35 cm in width.

The **left adrenal gland** was flattened and isoechoic to surrounding fat, measuring 0.33 cm in width.

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 were noted.

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

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

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.



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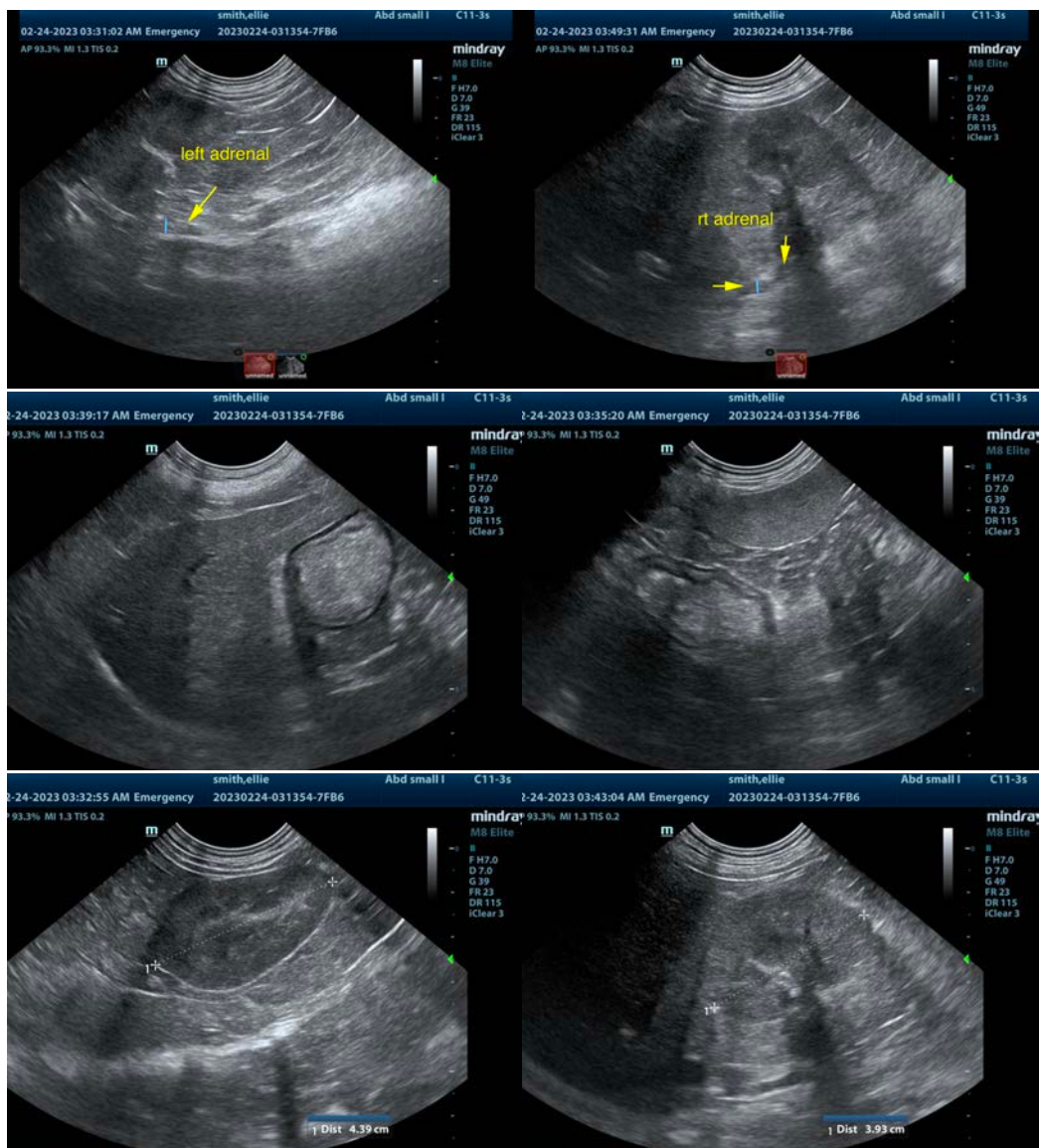
2/26/23

ULTRASONOGRAPHIC FINDINGS

- Structurally normal abdomen with subnormal adrenal size

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that baseline cortisol was subnormal, full ACTH stimulation would be recommended to assess for underlying Addison's that may be contributing or may be the underlying cause. If the patient is not Addisonian, a diet change to hydrolyzed diet may prove effective if not already performed. Fecal test, 24-hour NPO and reintroduction of hydrolyzed diet may prove effective. However, Addison's testing with full ACTH stimulation is recommended, given the adrenal presentation and clinical history.





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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.

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

info@SonoPath.com

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