



PATIENT

Abby Brennan

SPECIES

Canine

BREED

Shih Tzu X

SEX

Spayed Female

AGE

8 Years

WEIGHT

16 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ohad Barnea

HOSPITAL NAME

Tenafly Vet Center

REFERRING VET

Dr. Ohad Barnea

INVOICE

35470

DATE

2/4/22

PRESENTING CLINICAL SIGNS

ALP/LIVER ENZYME IS HIGH AT 1163 URINE SG IS 1.016 BP=160 ABBY DOES NOT SHOW SYMPTOMS OF CUSHING DZ AT HOME WE DISCUSSED WORK UP FOR EMERGENING CUSHING DZ AND PRIMARY LIVER DZ please see emailed lab work

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented sand or non-shadowing calculus measuring 5.0 mm.

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 kidneys measured 4.0 cm each. Slight pinpoint mineralization noted in both kidneys.

Adrenal Glands

The regions of the **adrenal glands** were 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 were 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. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable. No evidence of intrahepatic or extrahepatic shunting.

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.

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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ULTRASONOGRAPHIC FINDINGS

- Minor bladder sand
- Minor renal calculi – non-obstructive

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

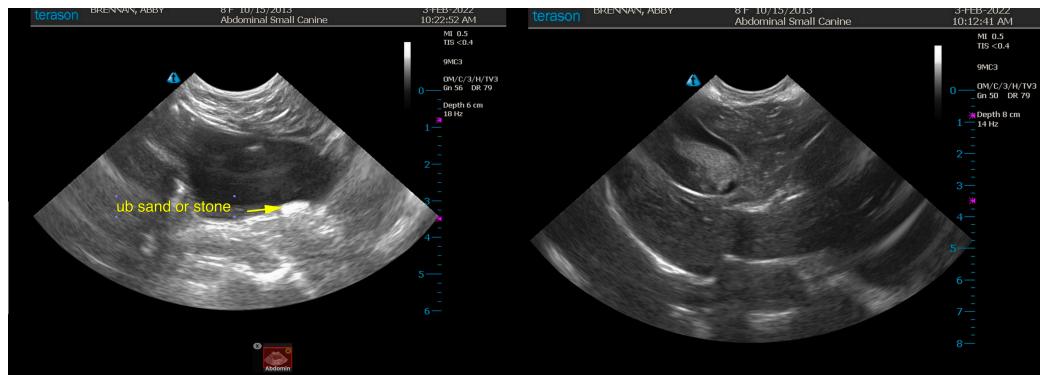
No evidence of portosystemic shunting. No evidence of adrenal disease. Urinary workup warranted. The bile acid elevation may have occurred owing to spontaneous gallbladder contraction. However, structurally the liver appears unremarkable. Portal hypoplasia/microvascular dysplasia is possible.

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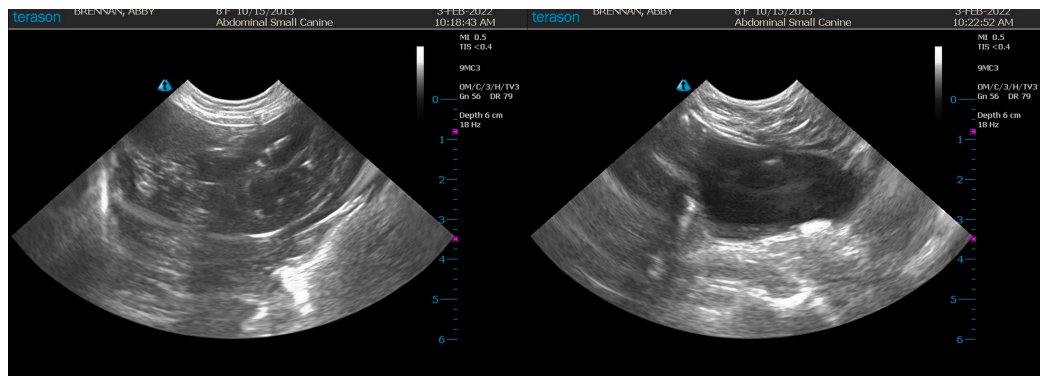


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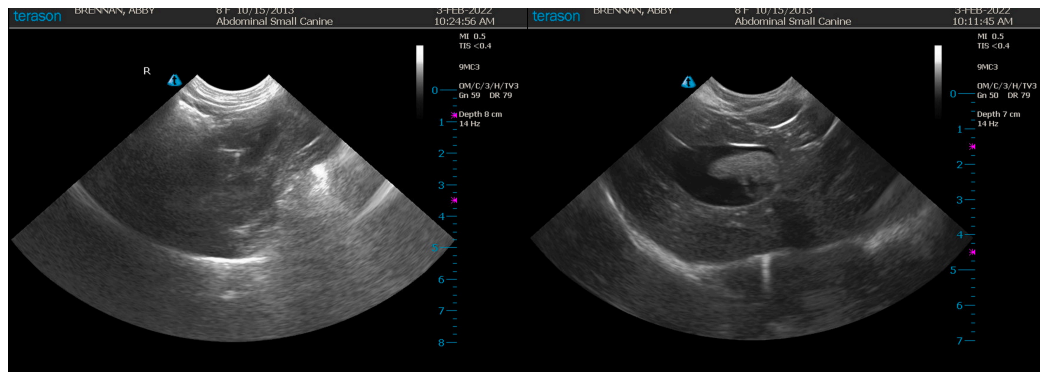


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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