

## PATIENT

Titus Eppard

## SPECIES

Canine

## BREED

Havanese

## SEX

MN

## AGE

14yr

## WEIGHT

10.88lb

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUS

## IMAGING PERFORMED BY

Janel Schietzelt, DVM

## HOSPITAL NAME

Dreaming Summit  
Animal Hospital

## REFERRING VET

Janel Schietzelt, DVM

## INVOICE

24159

## DATE

03/10/2026

## PRESENTING CLINICAL SIGNS

- 2 weeks of progressive lethargy, reduced appetite to anorexia, occasional vomiting
- Hx of grade 3/6 heart murmur (stable) on Vetmedin
- Hx of KCS- managed on tacrolimus/cyclosporine eye drops
- Hx of hypothyroidism managed on levothyroxine
- Mildly elevated ALP (labs included)
- Dermatitis
- No PU/PD
- Grade 4/4 periodontal disease
- Abnormal PE/Chem/CBC/UA Results: -BUN 47 -ALP 200 -T4 normal range on levothyroxine -4DX and coccidiomycosis (valley fever) testing negative

## 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 was noted. Ureteral papillae were normal.

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. Mild age related pinpoint mineralization was present.

The left kidney measured 3.34 cm.

The right kidney measured 3.17 cm.

The residual prostate measured 0.6 cm. The pre and post-prostatic urethra was unremarkable.

### Adrenal Glands

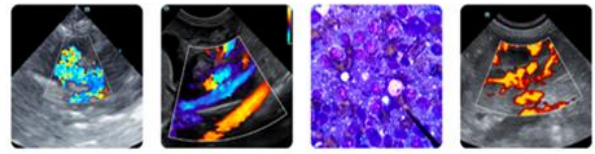
Both adrenal glands were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Minor heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease.

The right adrenal gland measured 0.53 cm caudal x 1.2 cranial.

The left adrenal gland measured 1.45 cm x 0.39 cm cranial x 0.46 cm caudal.

### 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



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congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

**Liver**

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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. Gallbladder calculi was noted, a grouping of which measured 1.9 by 0.8 cm. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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**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.

**SEX**

MN

**Pancreas**

**AGE**

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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**

- Structurally unremarkable geriatric abdomen
- Non-obstructive choleliths
- Age related renal changes with slight mineralizations

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DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of cause of lethargy or poor appetite. Orthopedic pain could be considered as pain related hyporexia may be playing a role. No evidence of clinically significant abdominal disease. Ursodiol therapy could be considered to attempt to dissolve the gallbladder calculi.

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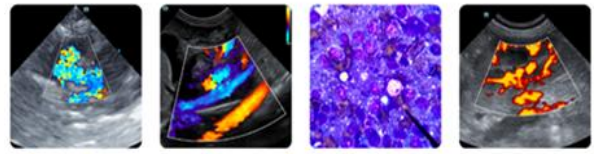
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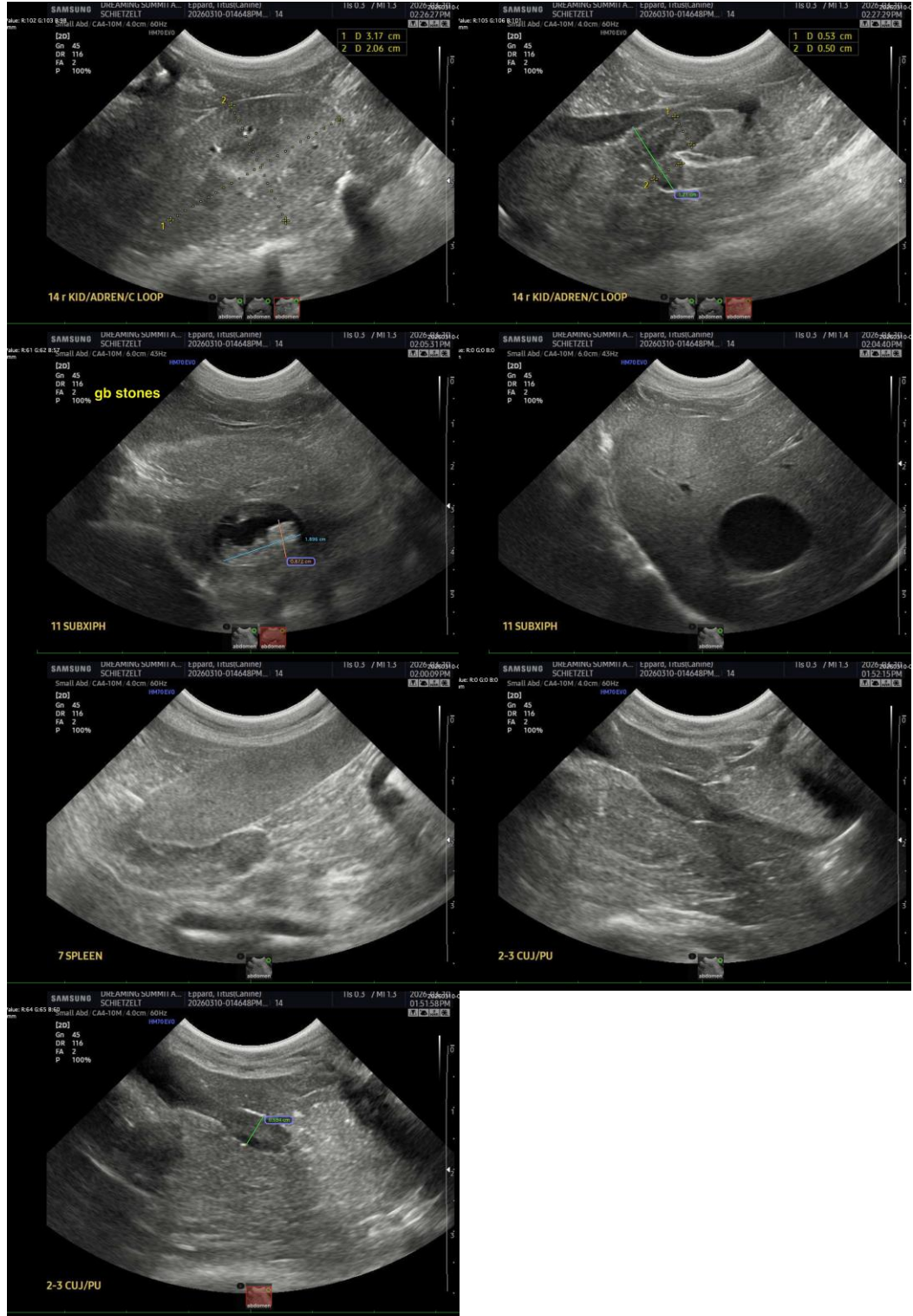
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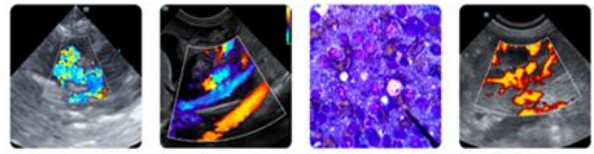
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Havanese

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