



**PATIENT**

Junior Eilers

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Neutered Male

**AGE**

15 Years

**WEIGHT**

14.24 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Dorris

**HOSPITAL NAME**

County Line VC

**REFERRING VET**

Dr. Dorris

**INVOICE**

21600

**DATE**

3/13/23

**PRESENTING CLINICAL SIGNS**

History: Presents for eating less starting on Saturday, Sunday wasn't eating except a couple of treats and not wanting to eat this morning. Jaundice on exam, QAR, no fever B/W: ALT: >1000, ALP >993, GGT 93, Tbil 7.9 Chol 329, BUN 46.7, Crea 1.8, Phos 5.4

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed a minor amount of sand, measuring 1.5 cm. The prostate was uniform, measuring 0.7 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. Nonobstructive mineralization was present in the kidneys. The left kidney measured 2.9 cm. The right kidney measured 3.96 cm.

**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** revealed minor hepatic swelling and increased portal markings. A minor amount of gallbladder debris was noted, without mucocele formation.

**Gastrointestinal**

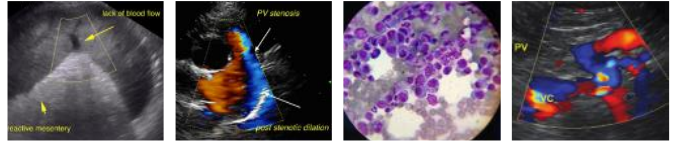
Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**Pancreas**

The right **pancreatic limb** was enlarged, irregular and hypoechoic with undulating contour, consistent with pronounced hyperplasia and pancreatitis with mild potential for underlying neoplasia. Age-related changes were noted otherwise.

**ULTRASONOGRAPHIC FINDINGS**

- Acute hepatic insult- Leptospirosis or similar should be considered
- Minor gallbladder debris, nonobstructive



**PATIENT**

Junior Eilers

- Chronic active pancreatitis with pancreatic hyperplasia possible
- Age-related renal changes with mineralization
- Minor urinary bladder sand

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound guided FNA of the liver is indicated. Leptospirosis titers is indicated. IV ampicillin is recommended. No evidence of posthepatic obstruction. Full urinary work up is warranted. No evidence or suspicion of neoplasia.

**BREED**

Shih Tzu

**SEX**

Neutered Male

**AGE**

15 Years

**WEIGHT**

14.24 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Dorris

**HOSPITAL NAME**

County Line VC

**REFERRING VET**

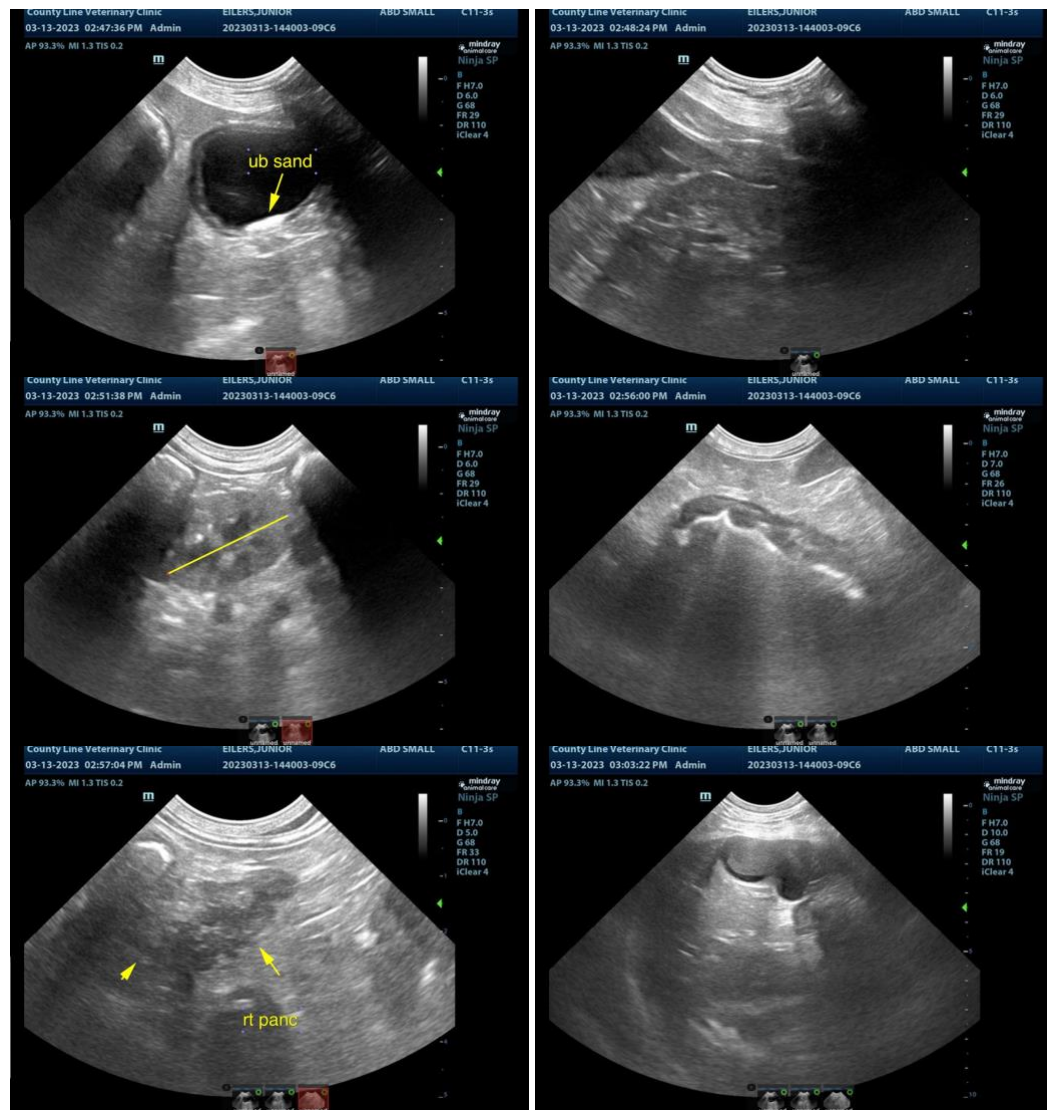
Dr. Dorris

**INVOICE**

21600

**DATE**

3/13/23





## PATIENT

Junior Eilers

## SPECIES

Canine

## BREED

Shih Tzu

## SEX

Neutered Male

## AGE

15 Years

## WEIGHT

14.24 Pounds

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Dorris

## HOSPITAL NAME

County Line VC

## REFERRING VET

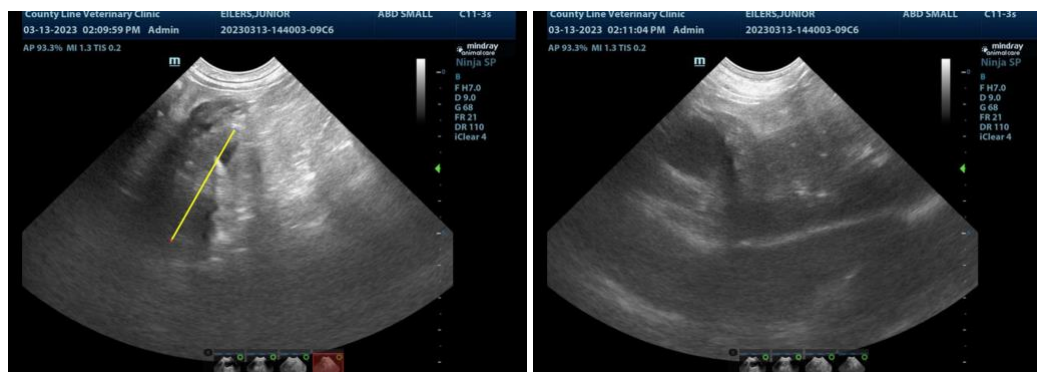
Dr. Dorris

## INVOICE

21600

## DATE

3/13/23



The information and recommendations provided are based on the images presented by the referring veterinarian. 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, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com