



PATIENT

Shiny Harvey

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed female

AGE

6 years

WEIGHT

9.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

73472

DATE

3/13/26

PRESENTING CLINICAL SIGNS

- recheck prev u/s 3/11 Dog is doing great urinating well

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. 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 **right kidney** 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.26 cm with corticomedullary mineralization.

The **left kidney** was persistently enlarged with persistent hydronephrosis. The left kidney measured 5.7 cm in length. The hydronephrosis has progressed to 4.0 x 2.3 cm with pericapsular inflammatory pattern. Blood flow was minimal on power Doppler assessment of the left kidney. The left ureter revealed a stricture owing to a calculus that measured 0.8 cm. The calculus was lodged 2.0 cm distal from the left renal pelvis. Surgical intervention is essential.

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.

Spleen

The **spleen** revealed a mixed, hypoechoic nodule at the caudal pole. The nodule was expansive and irregular measuring 1.2 cm. A slight amount of free fluid was noted adjacent to the splenic nodule.

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.



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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.

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.

Heart

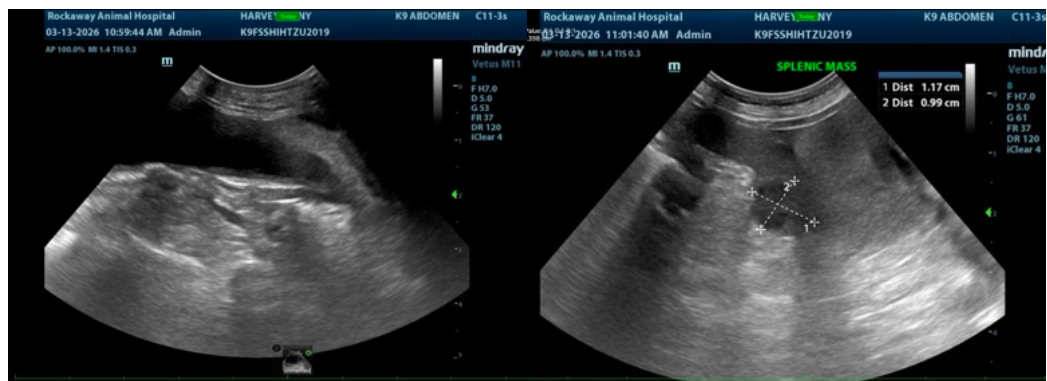
Rapid view of the heart revealed no evidence of pathology in the right auricle or pericardium.

ULTRASONOGRAPHIC FINDINGS

- Splenic nodule. Differentials include abscessation, emerging hemangiosarcoma, degenerative necrosis is also possible.
- Calculus noted in the left kidney.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The calculus in the left kidney is clearly visible given as the regional inflammation has diminished. Surgical intervention is essential with left ureterotomy and splenectomy. Left nephrectomy would be a judgement call at the time of surgery. However, there is likely still some value in maintaining the left kidney in this patient if the ureterotomy can be successful. Chest radiographs are warranted if not already performed prior to surgical intervention.





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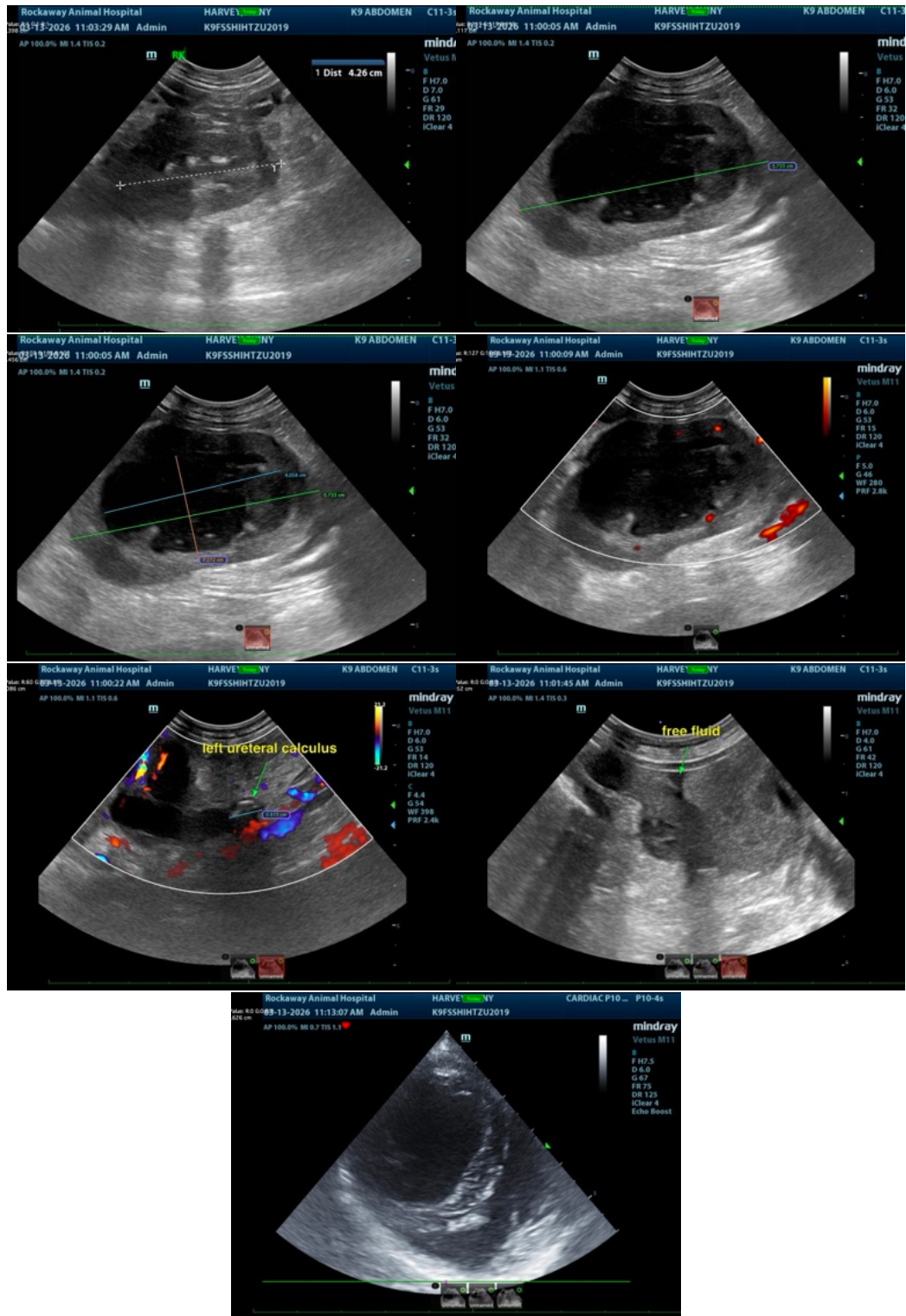
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The information and recommendations provided are based on the images presented by the



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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, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com