



PATIENT

Teddy Kennedy
Schwartz

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Neutered male

AGE

12 years

WEIGHT

16.6 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez, CVT

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

Dr. Ng

INVOICE

96537

DATE

3/1/22

PRESENTING CLINICAL SIGNS

Grade 5/6 systolic murmur. Heavy breathing episodes. Better with trial of Lasix @ referral. Hepatomegaly, uroliths. Current meds: Vetmedin 1.875 mgs BID (was on Gabapentin), Lasix 7 mgs BID (discontinued by owner).
Abnormal PE/Chem/CBC/UA Results: WBC 25.7, neutrophils 21.9, monocytes 1.44, ALT > 1000, ALP 1,375, chol. 444. U/A: USG 1.032, 3+ protein.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed calculi that measured up to 0.75 cm. Grouping of calculi measured 1.5 cm and was non-obstructive at the time of the sonogram.

The residual prostate measured 0.92 cm.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralization was noted in the kidneys. The right kidney measured 4.5 cm. The left kidney measured 4.19 cm.

Adrenal Glands

Both **adrenal glands** were slightly swollen with slight mineralization. The left adrenal gland measured 1.98 x 0.67 cm at the caudal pole and 0.73 cm at the cranial pole. The right adrenal gland measured 1.75 x 0.73 cm at the caudal pole and 0.6 cm at the cranial pole.

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 was noted.

Liver

The **liver** revealed multi-focal, hyperechoic nodules in the mid liver measuring 1.2 cm. The left lateral liver measured 1.6 cm with mildly increased portal markings. Nodular hyperplasia liver pattern was noted. The gallbladder wall had thickened echogenicity.



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Gastrointestinal

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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.

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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

Chronic inflammatory hepatopathy is likely.

AGE

12 years

Adrenal swelling.

Bladder calculi.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no overt evidence of neoplasia. FNA of the liver nodules can be considered, yet subjectively they appear benign. Cystotomy, stone analysis and culture is warranted. The urine specific gravity is well concentrated; therefore, overt Cushing's is unlikely; however, atypical Cushing's is a potential given the adrenal swelling. Given the ALT elevations subacute on chronic inflammatory hepatopathy is likely. Leptospirosis titers are warranted. FNA of the liver is recommended. Blood pressure measurements are warranted if not already performed.

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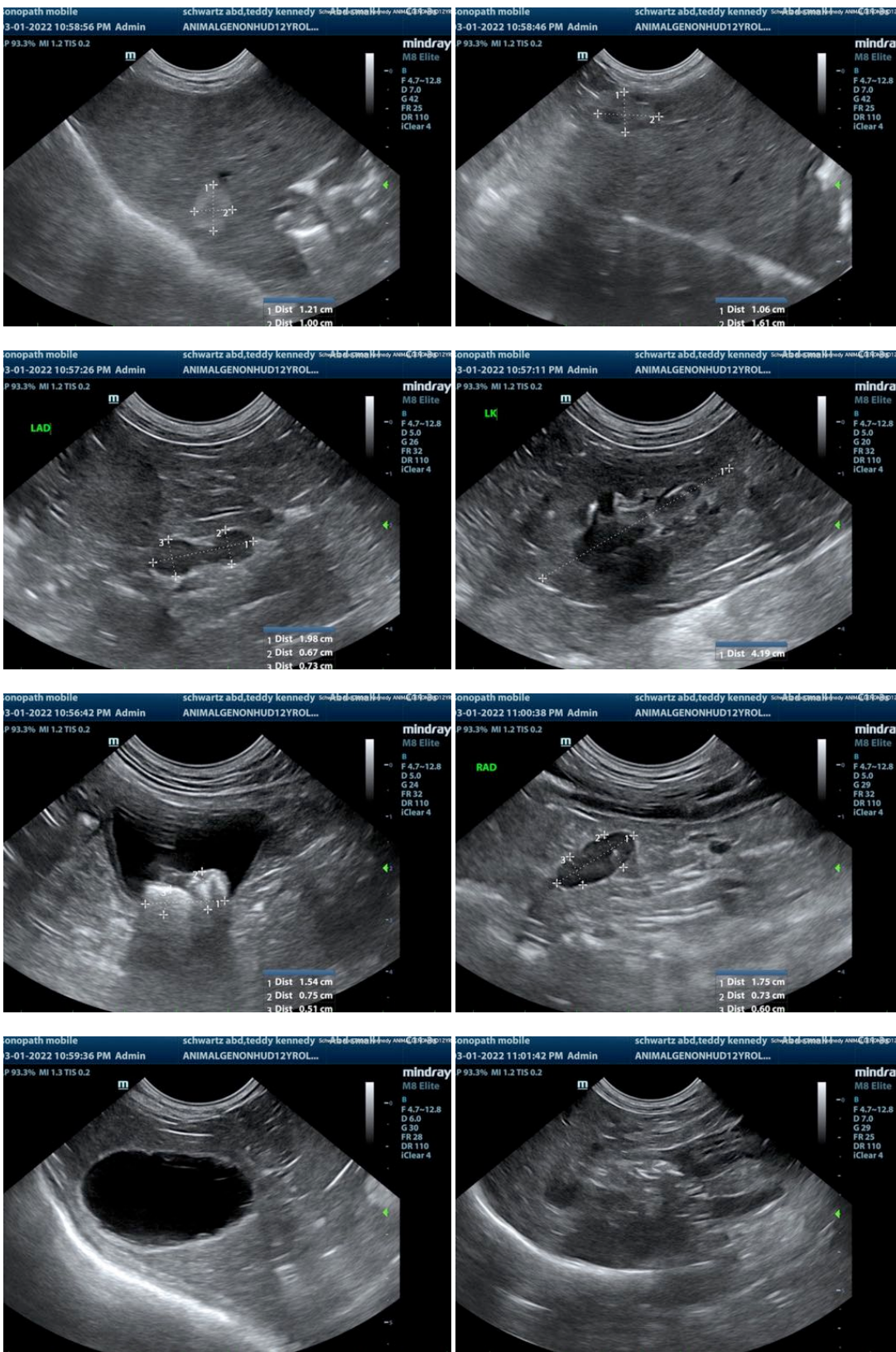
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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

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Info@SonoPath.com

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