



**PATIENT**

Bradley Newman

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Spayed Female

**AGE**

14 years

**WEIGHT**

8.8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

M Kermendy CVT

**HOSPITAL NAME**

Wauwatosa Vet

**REFERRING VET**

Dr. Haynes

**INVOICE**

99270

**DATE**

4/13/22

**PRESENTING CLINICAL SIGNS**

Recent history of ataxia and cervical spinal discomfort. Moderate lymphocytosis and mild leukocytosis present on hematology. screening for evidence of abdominal neoplasia as a potential cause of hematology elevations.

Abnormal PE/Chem/CBC/UA Results: WBC=20.94 (5.05-16.76) lymphs=15.41 (1.05-5.1) Chem panel WNL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 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 right kidney measured 3.82 cm. The left kidney measured 3.72 cm.

**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. The left adrenal gland measured 1.82 x 0.29 cm at the caudal pole and 0.33 cm at the cranial pole. The right adrenal gland measured 0.5 cm.

**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**

Portions of the **liver** in this patient appeared to be herniated into the thoracic cavity. This is likely congenital. There was no evidence of inflammation noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal.



**PATIENT**

**Gastrointestinal**

Bradley Newman

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.

**SPECIES**

Canine

**BREED**

Shih Tzu

**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.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

Suspect diaphragmatic hernia of the liver.

**AGE**

14 years

Other abdominal changes would be consistent with age related changes.

**WEIGHT**

8.8 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA is recommended to confirm. Interruption of the diaphragm appeared to be present, but could not be completely confirmed. FNA of the thoracic density is recommended from an intercostal approach to confirm this is liver tissue as opposed to hepatization of the lung lobe. However, no entrapped air was noted that would suggest lung origin. This may represent a sliding hernia. There was no evidence of abdominal neoplasia. I recommend reassessment of any prior chest radiographs in this patient as to whether this is a potential congenital lesion that may be sliding or causing irritation as opposed to a newly developed spontaneous lesion.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

M Kermendy CVT

**HOSPITAL NAME**

Wauwatosa Vet

**REFERRING VET**

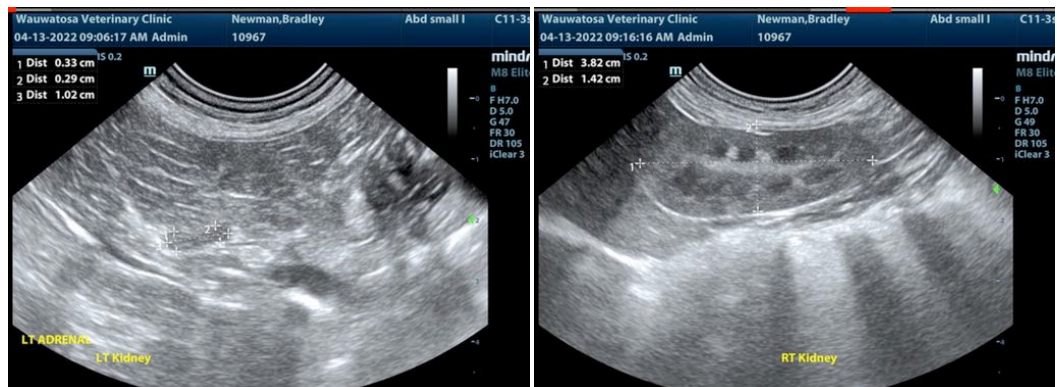
Dr. Haynes

**INVOICE**

99270

**DATE**

4/13/22





**PATIENT**

Bradley Newman

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Spayed Female

**AGE**

14 years

**WEIGHT**

8.8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

M Kermendy CVT

**HOSPITAL NAME**

Wauwatosa Vet

**REFERRING VET**

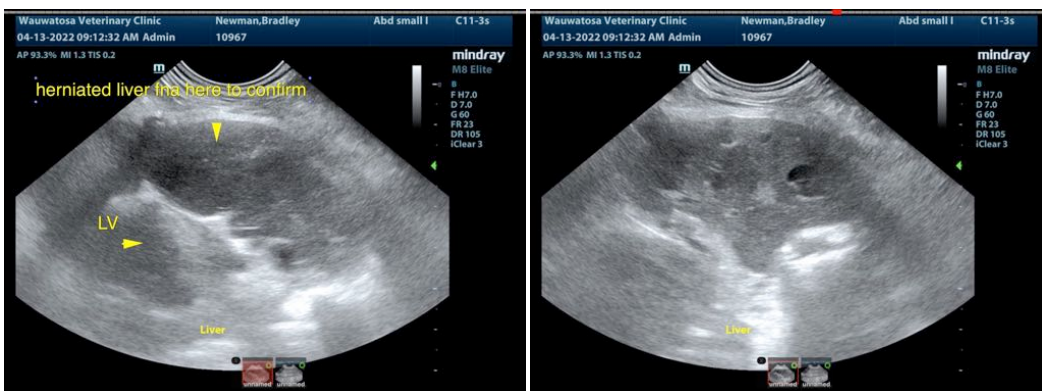
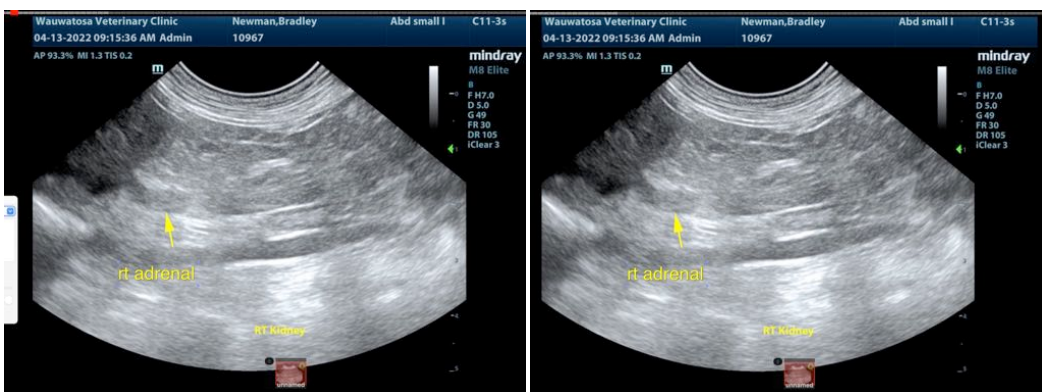
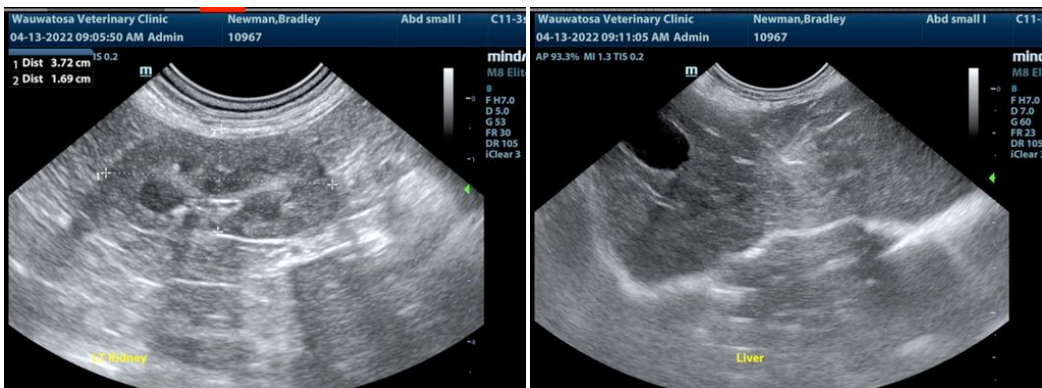
Dr. Haynes

**INVOICE**

99270

**DATE**

4/13/22



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.

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.



**PATIENT**

Bradley Newman

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

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Spayed Female

**AGE**

14 years

**WEIGHT**

8.8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

M Kermendy CVT

**HOSPITAL NAME**

Wauwatosa Vet

**REFERRING VET**

Dr. Haynes

**INVOICE**

99270

**DATE**

4/13/22