



PATIENT

Meko Rohrich

SPECIES

Canine

BREED

Shih Tzu

SEX

Male

AGE

1 year

WEIGHT

10.16 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Anleu

HOSPITAL NAME

Ellwood AH

REFERRING VET

Dr. Maro

INVOICE

74496

DATE

4/15/26

PRESENTING CLINICAL SIGNS

History: There were some red blood cells in urine collected 3/7/26. Completed ultrasound to check for renal dysplasia.

Abnormal PE/Chem/CBC/UA Results: Urinalysis 3/21/26 showed: 3+ Ammonium Mg Phosphate crystals present 2 + Protein

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 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. Slight pinpoint renal mineralization was noted. The right kidney measured 4.11 cm. The left kidney measured 3.58 cm.

The residual prostate was uniform and measured 1.28 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 1.3 x 0.3 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

The **liver** was subnormal in size with uniform parenchyma. The hepatic vascular volume appeared to be normal. There was no obvious intrahepatic shunts noted. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological



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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.

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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

Subnormal hepatic size.

Slight renal mineralization.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I cannot completely rule out extrahepatic shunting, but this is not suspected as intrahepatic vascular volume appeared normal. If the bile acids are elevated, then further imaging of the portal hilus with portal vein to vena cava ratio SDEP 13 and 14 would be appropriate. The patient may be passing very small calculi periodically as minimal mineralization was noted in the kidneys. There is no obstructive disease noted at the time of the sonogram.

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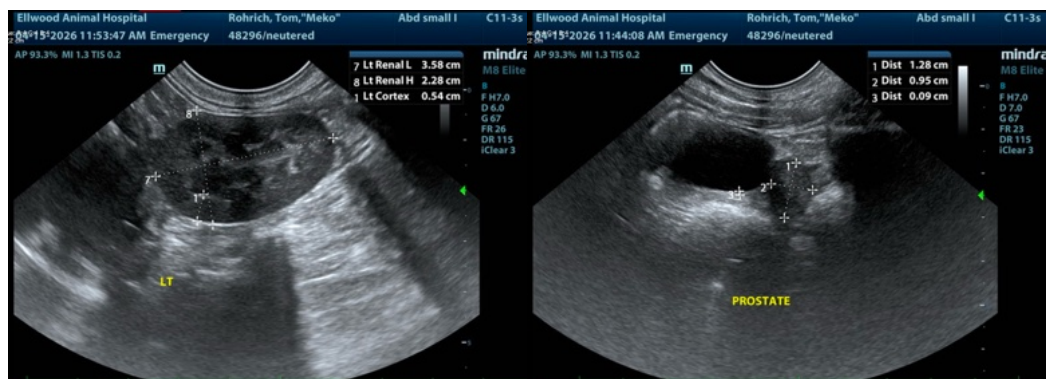
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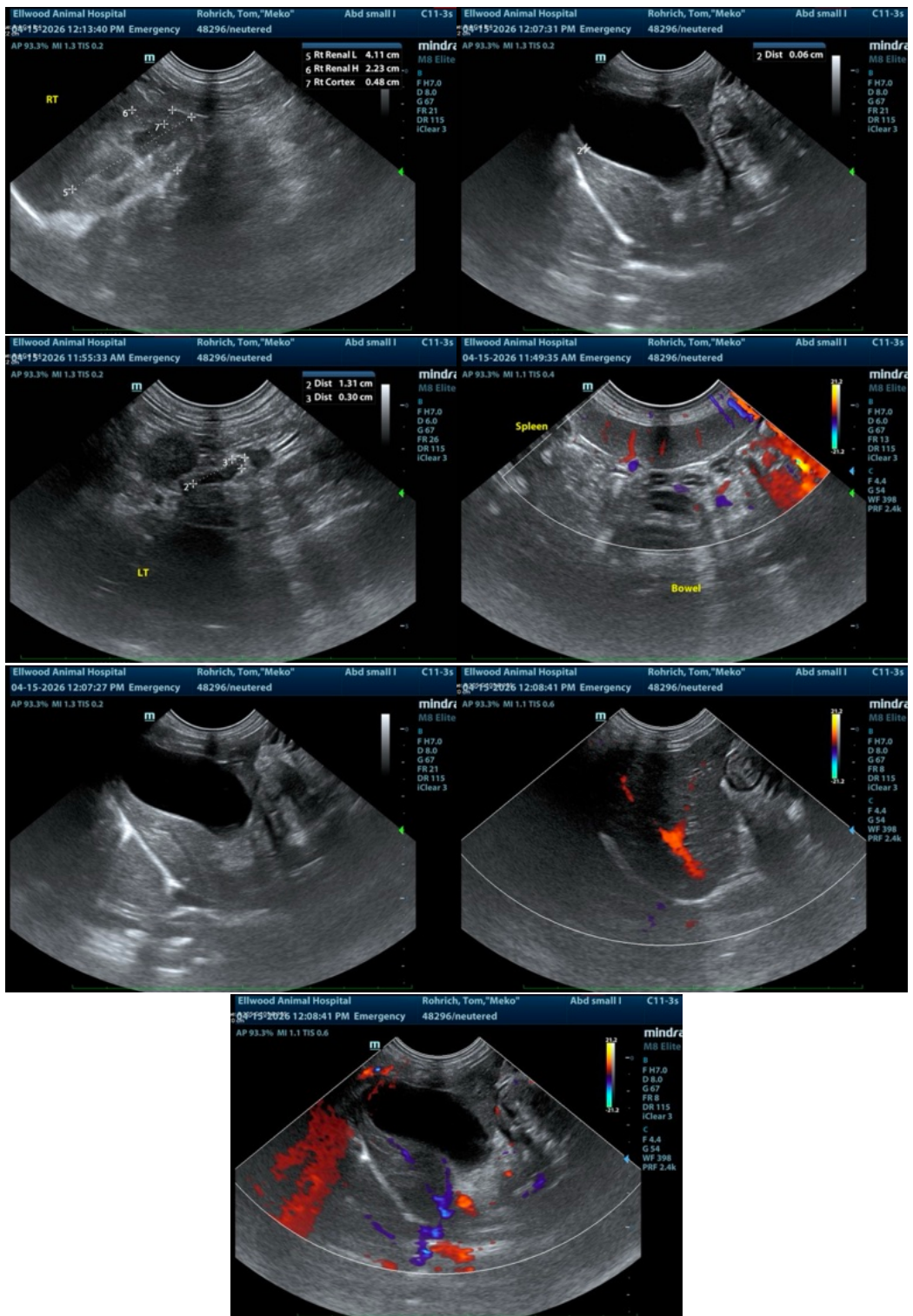
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com