



PATIENT

Gracie Self

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

3.7 Years

WEIGHT

14.4

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP (CFM), Cert.
 IVUSS

IMAGING PERFORMED BY

Ginny Dodd DVM, D,
 ABVP-CFP

HOSPITAL NAME

West Lincoln
 Veterinary Hospital

REFERRING VET

Dr. Crystal Mitchem

INVOICE

74180

DATE

4/2/26

PRESENTING CLINICAL SIGNS

Cystotomy and urethrostomy (or urethrotomy) due to obstruction from struvite calculi, persistent hematuria 1.5 months since surgery.

Abnormal PE/Chem/CBC/UA Results: Bladder calculi- struvite on analysis Urine culture negative since surgery rads- no calculi seen UA- WBC TNTC, rbc TNTC, debris, USG 1.040

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a minor amount of sand. The cystourethral junction presented wall thickening up to 0.71 cm on the ventral and dorsal walls, continuing into the pelvic urethra.

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. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.79 cm with pyelectasia at 0.50 cm. The right kidney measured 3.67 cm with pyelectasia at 0.28 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. Left measured 1.23 cm x 0.33 cm at the caudal pole and 0.39 cm at the caudal pole. Right measured 0.50 cm at the cranial pole and 0.35 cm at the caudal pole.

Spleen

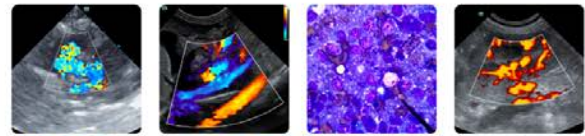
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

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.

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

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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.

BREED

Shih Tzu

ULTRASONOGRAPHIC FINDINGS

- Renal pyelectasia,
- Minor urinary bladder sand.
- Cystourethral junction thickening – May be owing to passage of calculi. However, emerging carcinoma is a potential.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

3.7 Years

Cystoscopy would be ideal in this patient. BRAF testing and cytospin of a free catch urine sample indicated. Medical management recommend and recheck sonogram after 6 weeks of diet change and management for any UTI. However, emerging carcinoma is a potential. Cystoscopy is strongly encouraged with mucosal biopsies to rule out underlying carcinoma. Prognosis is guarded.

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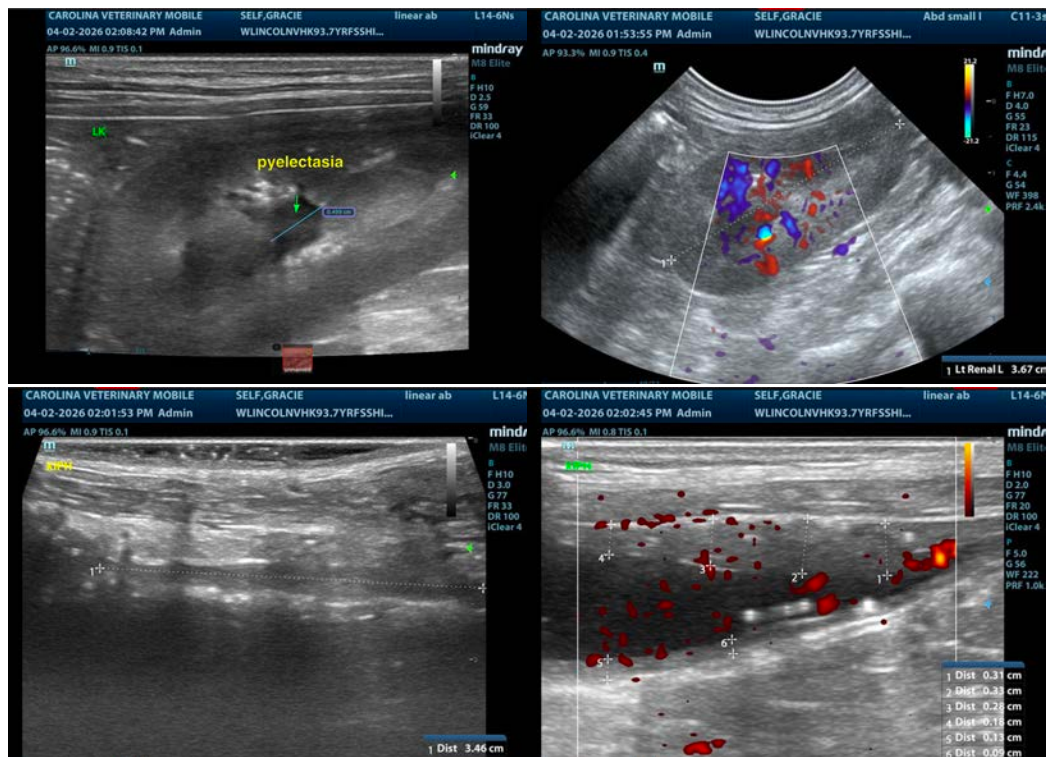
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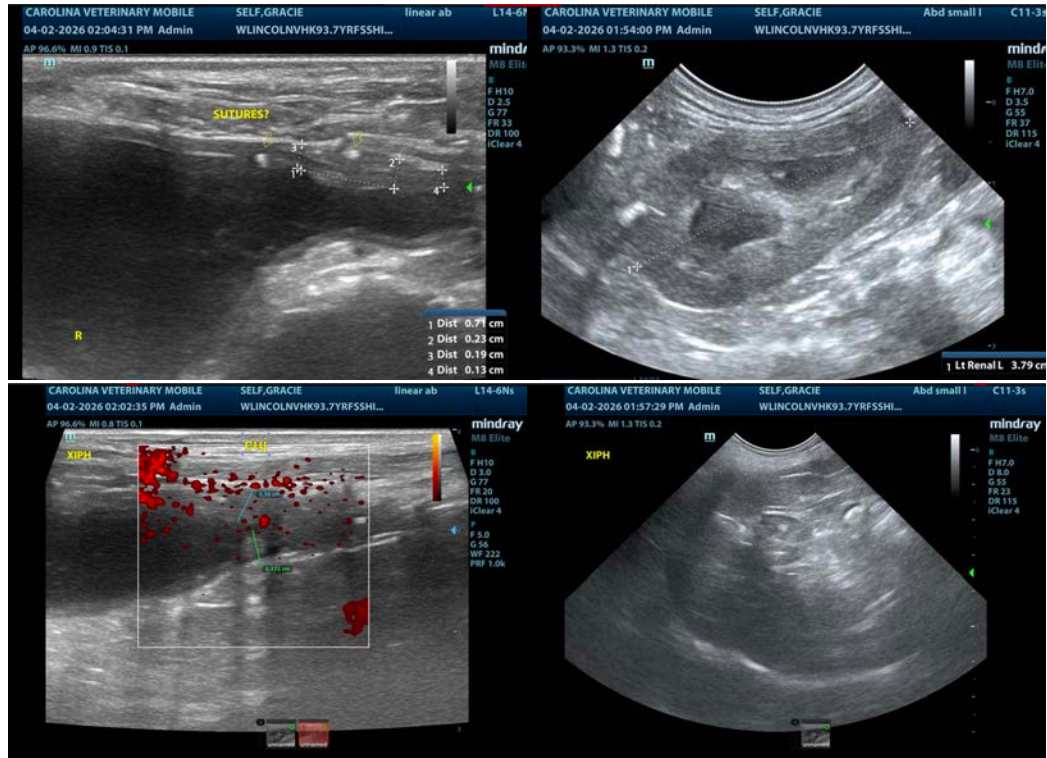
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com
info@SonoPath.com