



PATIENT

Bandit Beaudet

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Neutered Male

AGE

5 Years

WEIGHT

6 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gudrun Gunther

HOSPITAL NAME

New Frontier Animal
Medical Center

REFERRING VET

Dr. Gudrun Gunther

INVOICE

15361

DATE

04/22/26

PRESENTING CLINICAL SIGNS

Persistent lethargy and hyporexia. Recheck scan for kidney/spleen contusion

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 were noted. Ureteral papillae were normal.

The **right kidney** 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 3.8 cm in length.

The **left kidney** revealed mild enlargement and irregular contour with pericapsular inflammatory pattern. The left kidney measured X3.57 cm in length.

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 1.44 cm x 0.26 cm width at the cranial pole and 0.30 cm width at the caudal pole. The right adrenal gland measured 1.52 cm x 0.41 cm width at the cranial pole and 0.39 cm width 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** revealed slight increased portal markings. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastrointestinal tract** presented considerable gastric artifact due to the presence of ingesta. This did not permit thorough evaluation of portions of the gastric and upper intestinal structure. No overt abnormality was seen in the visualized tissue, however. This is consistent with a post-prandial presentation within a few hours of mealtime. If the prandial temporal interval does not fit the case history, and the patient presents a history of post-prandial vomiting, this could indicate a delayed upper gastrointestinal outflow due to primary or secondary pyloric hypertrophy, upper GI infiltrative disease, motor deficits, or a non-visualized foreign body. A prudent approach would be to rescan this



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patient at 24 hour NPO status to further review the non-visible regions if stomach primarily as well as assess any delayed outflow issue. The small intestine and colon were unremarkable. Transit of chyme in the small intestine appeared to be occurring.

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Canine

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.

BREED

Shih Tzu Mix

ULTRASONOGRAPHIC FINDINGS

SEX

- Nephritis pattern of the left kidney. Cannot rule out underlying emerging neoplasia.
- Full stomach.

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

5 Years

Coagulation panel and 25-gauge FNA of the left kidney is indicated. Full urinalysis is warranted to assess for any inflammatory sediment of infection. The splenic contusion noted on the prior sonogram appears to be improved, yet there is still inflammation around the spleen. The free fluid on the prior sonogram appears to be resolved. Recommend continuation of pain management and broad-spectrum antibiotics and supportive care.

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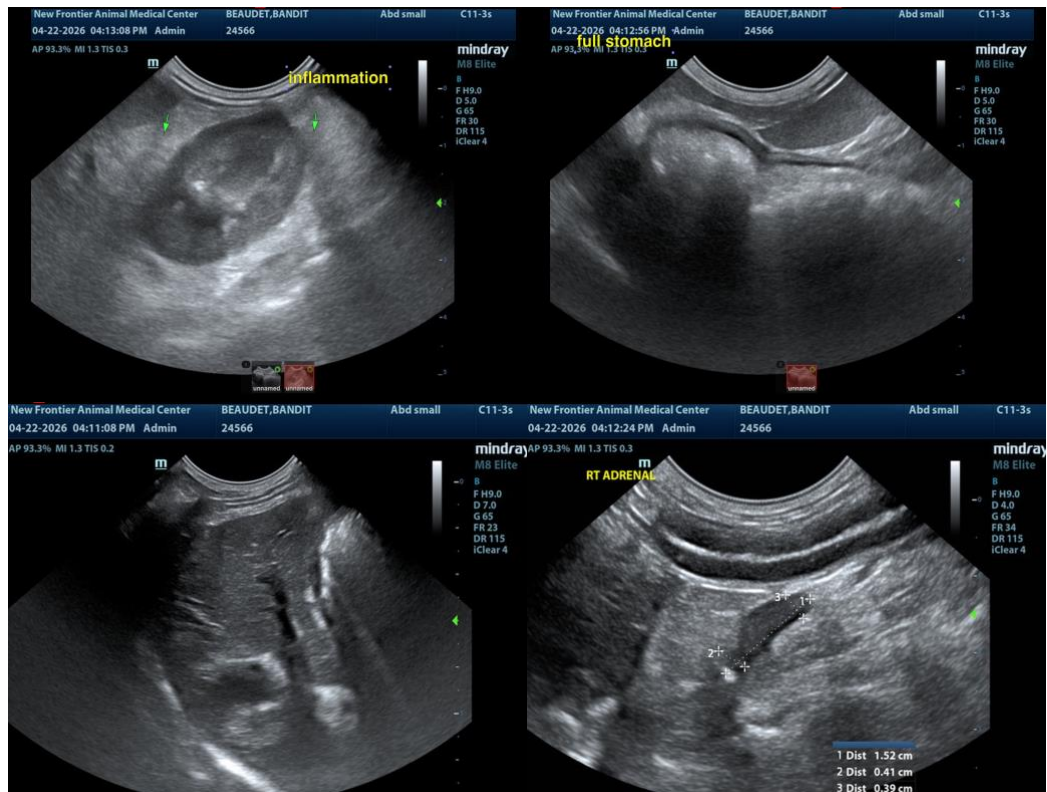
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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