

PATIENT

Chewie Pillay

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

11

WEIGHT

15.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sandra Jimenez

HOSPITAL NAME

Bramer AH

REFERRING VET

Dr. Sandra Jimenez

INVOICE

35710

DATE

4/23/26

PRESENTING CLINICAL SIGNS

History: Sudden collapse with now a total of 5 known episodes. Initially began in early 2025 where it seemed to coincide with Nexgard timing - we suspected it might be correlated and discontinued this preventative switching to topical revolution. Recently Chewie has now had two episodes in one day where he is described to get very excited (barks, pants, runs) and suddenly makes a "gag" sound then goes lateral while still breathing, stiffens all limbs and neck extension, no nystagmus for a few seconds then gets up seems disoriented for under 3 seconds then resumes activity as if nothing has happened.

He is dog reactive and will startle with even the sound of a collar and has developed storm phobias - owner gives gabapentin 100mg BID as needed for stress. He is eating Royal Canin Low Fat G

Abnormal PE/Chem/CBC/UA Results: Feb 2024 CBC/Chem: ALP 454 U/L Dec 2024 : CBC/Chem/T4: ALP 749 U/L (23-212) Mid 2025: heart murmur grade 2/6 Feb 2026 CBC/Chem/T4/T3/TSH: Platelets 414 K/uL (148-282), ALP 903 U/L (5-160), T4 0.8 ug/dL (1-4), Free T4 0.7ng/dL , cTSH 0.21 proBNP: 515 pmol/L (0-900) Radiographs performed (in Feb and April 2026)- overall appear unremarkable with no cardiomegaly or tracheal collapse or abnormalities to lung fields. Periodontal disease grade 3. UTD on all vaccines (lepto, DA2PPV, RV, Bord).

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. The residual prostate measured 1.0 cm.

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 left kidney measured 4.1 cm. The right kidney measured 4.3 cm.

Adrenal Glands

The gross regions of the **adrenal glands** were imaged with no evidence of masses; however, the adrenals were not overtly visualized.

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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but



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likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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.

Pancreas

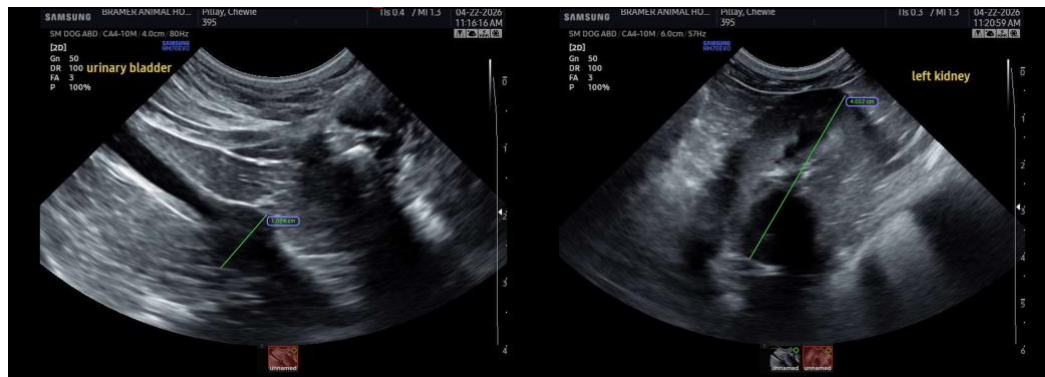
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Age-related hepatic changes.
- Adrenal glands not overtly visualized, no evidence of masses

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend Holter monitor in this patient to ensure paroxysmal arrhythmic disease is not present, Serial blood pressure is warranted if not already performed, and full CNS examination +/- skull CT if any abnormalities are noted. Further imaging under sedation of the adrenals would be ideal as acoustic attenuation was an issue. Holter monitors may be obtained from our office.





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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.

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