



PATIENT

Cece Lingat

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed female

AGE

13 years

WEIGHT

8.6 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Petzoic VC

REFERRING VET

Dr. Poffenroth

INVOICE

74842

DATE

4/25/26

PRESENTING CLINICAL SIGNS

History: Presented to ER early this morning - inappetence, ADR
Hemoabdomen confirmed
Patient receiving IVF and blood transfusion during scan.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was thickened, yet empty. There was no overt calculi or masses noted, yet this would best be examined with mild luminal repletion.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Calculi was noted in both kidneys. The left kidney measured 4.1 cm. The right kidney measured 4.4 cm.

Adrenal Glands

The left **adrenal gland** revealed a focal, expansive nodule that measured 1.1 cm at the cranial pole and 0.49 cm at the caudal pole. The right adrenal gland was uniform and measured 0.53 cm at the cranial pole and 0.48 cm at the caudal pole.

Spleen

The **spleen** was slightly irregular and mildly heterogenous.

Liver

The **liver** revealed multiple, mixed, hypoechoic masses with nodular changes were noted throughout the liver. One

mass measured 2.16 x 2.5 cm. A moderate amount of free fluid was noted in the abdomen. The primary mass could not be ascertained. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

Gastrointestinal

The **gastrointestinal tract** revealed diffuse, hyperechoic fogging or overlay throughout the small intestine as well as areas of mucosal striations and speckling. This striation + fogging effect appeared to



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exclusively affect the mucosal layer with the submucosa, muscularis and serosa left in-tact. Reactive mesentery was present associated with the serosa indicative of active inflammation. This is most consistent with protein losing enteropathy/lymphangectasia. Full thickness biopsies or endoscopy guided biopsies would be ideal to confirm. No obstructive disease or obvious suspicion of neoplasia.

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.

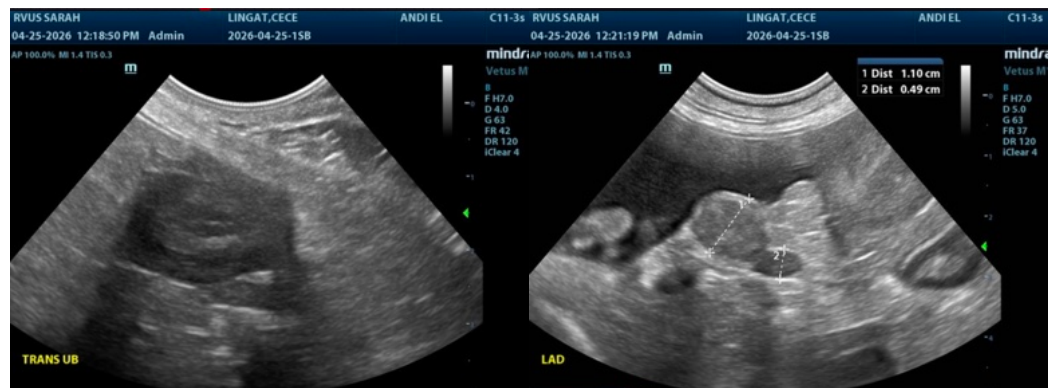
ULTRASONOGRAPHIC FINDINGS

This is most consistent with multi-focal, hepatic neoplastic pattern with secondary hemoabdomen. Hemangiosarcoma or carcinoma is possible.

Mucosal fogging, not a clinical issue in this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prognosis is poor. Humane euthanasia should be considered in this patient.





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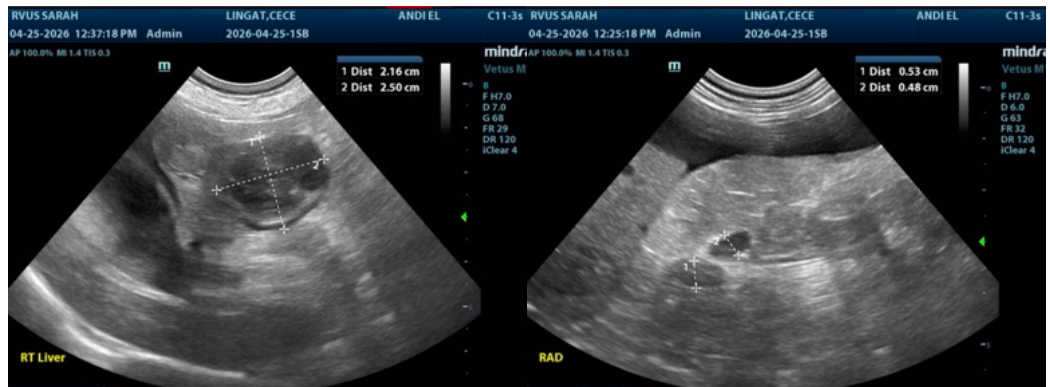
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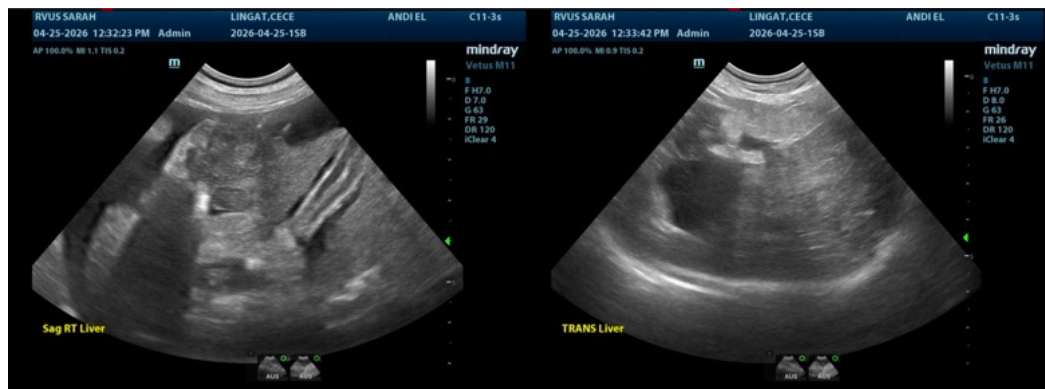
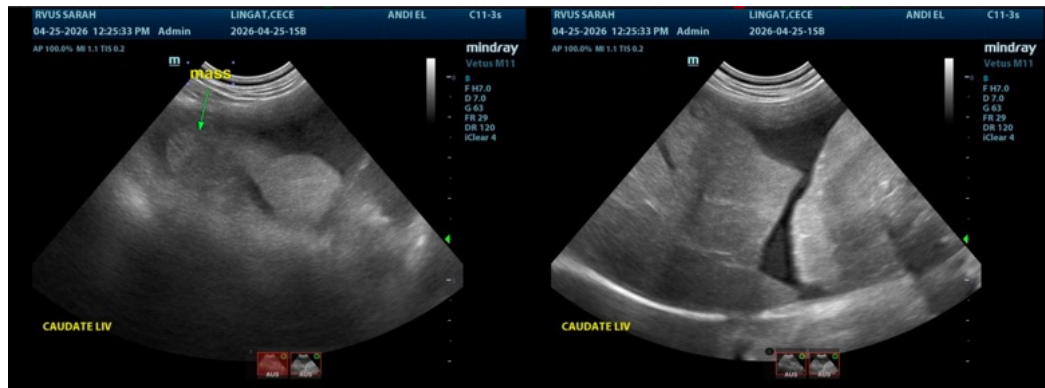
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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