



**PATIENT**

Zeus Hockensmith

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Neutered Male

**AGE**

13.5

**WEIGHT**

2.8 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Laura de Cordon

**HOSPITAL NAME**

Mason Dixon Animal  
Emergency Hospital

**REFERRING VET**

Dr. Laura de Cordon

**INVOICE**

46494

**DATE**

4/7/23

**PRESENTING CLINICAL SIGNS**

P recently started a new diet for skin issues about a month ago to a freeze dried food, p has been vomiting and lethargic since last night, o says p couldn't have gotten into anything, p straining to have a BM, p drinking a little bit of water, not eating since last night

**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 **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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.75 cm. The left kidney measured 3.5 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 1.74 cm x 0.42 cm at the caudal pole and 0.45 cm at the cranial pole. The right adrenal gland measured 1.75 cm x 0.60 cm at the cranial pole and 0.40 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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Minor areas of mineralization noted. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The **gallbladder** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

**Gastrointestinal**

Thick **gastric** wall noted without loss of detail. There were minor areas of luminal fluid noted throughout the GI tract. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable. Reactive mesentery noted around the gastrointestinal tract. No evidence of foreign body.



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**Pancreas**

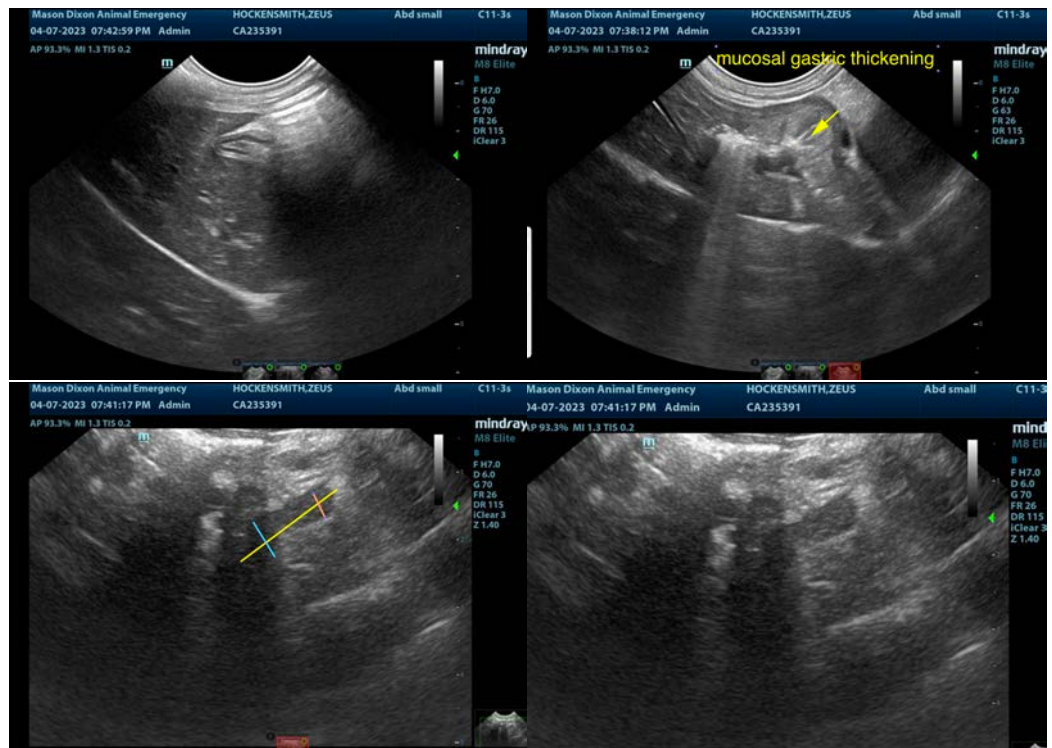
The **pancreas** presented minor heterogeneous parenchymal changes. No evidence of masses. Inflammatory changes are likely minor.

**ULTRASONOGRAPHIC FINDINGS**

- Gastroenteritis pattern with reactive mesentery
- Heterogeneous pancreas
- Age related renal changes
- Age related hepatic changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Treatment for gastroenteritis should prove effective in this patient.





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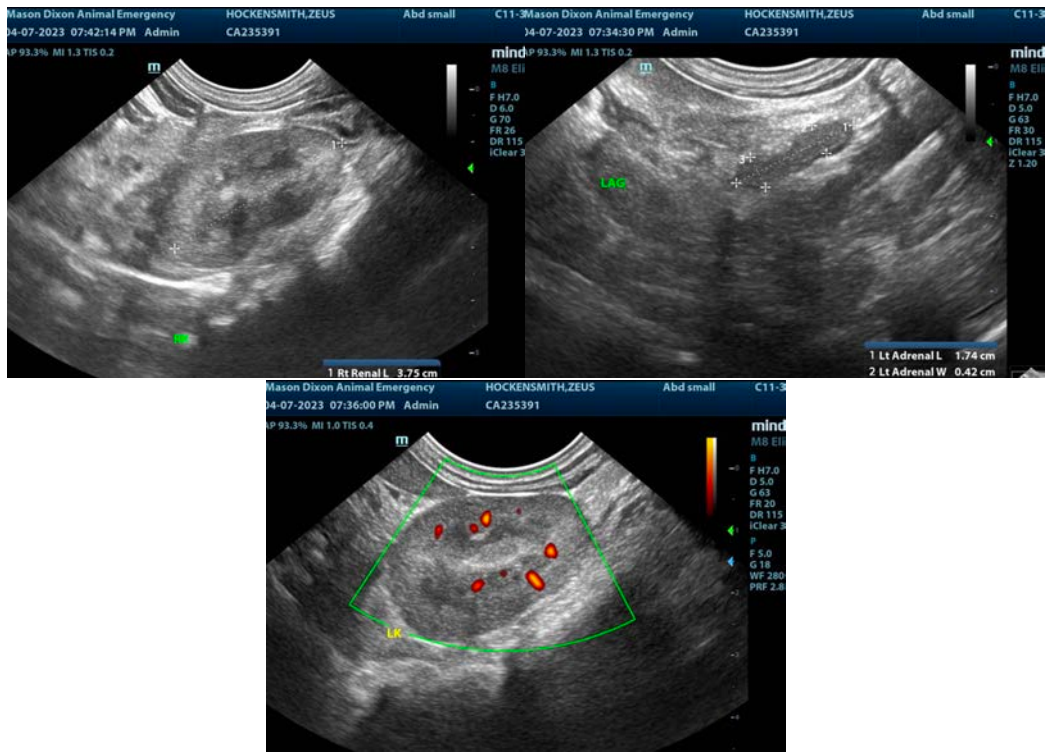
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)