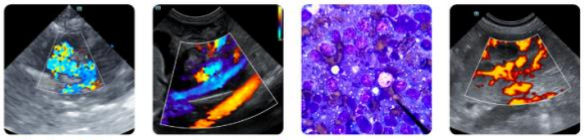

PATIENT

Annie Heckaman

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

7 Years

WEIGHT

15.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessie Evoniuk

HOSPITAL NAME

State Avenue Vet Clinic

REFERRING VET

Dr. Jessie Evoniuk

INVOICE

16051

DATE

05/11/26

PRESENTING CLINICAL SIGNS

Presents for vomiting, abdominal discomfort, hindlimb pain, restlessness, and reluctance to move since 2026-05-10. Vomiting: Multiple episodes of yellow bile after ingesting homemade peanut butter and oatmeal treats on 2026-05-09. Abdominal discomfort, restlessness, vocalizing, and reluctance to move noted since onset. Defecation: Normal stools; no diarrhea. Urination: Normal; no hematuria observed. Appetite: Night eater; did not observe eating or drinking last night. Activity: Reluctant to walk unless accompanied; unable to get comfortable; kicking out hindlimbs. Previous medical history: Cystotomy for urolithiasis approximately 2 years ago; stones removed, no recurrence since. Chronic mild left hindlimb discomfort historically, more sensitive post-grooming. Medication administered at home: 81 mg aspirin PO once, no effect. No current medications.

Abnormal PE/Chem/CBC/UA Results: Quiet, tired, ambulatory with encouragement, Guarded, splinting, discomfort on abdominal palpation, Left hindlimb: marked discomfort on extension, resists full range of motion, Mild kyphosis, not typical for patient ALP 321, ALT 218, Glucose 119

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. A trace amount of sand was noted in the urinary bladder.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. Dystrophic mineralization was noted and non-obstructive at this time. The left kidney measured 3.9 cm in length. The right kidney measured 4.1 cm in length. The largest calculus measured 0.31 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 0.40 cm width. The right adrenal gland measured 0.40 cm width.

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. A minor amount of retention of ingesta was noted in the stomach.

Pancreas

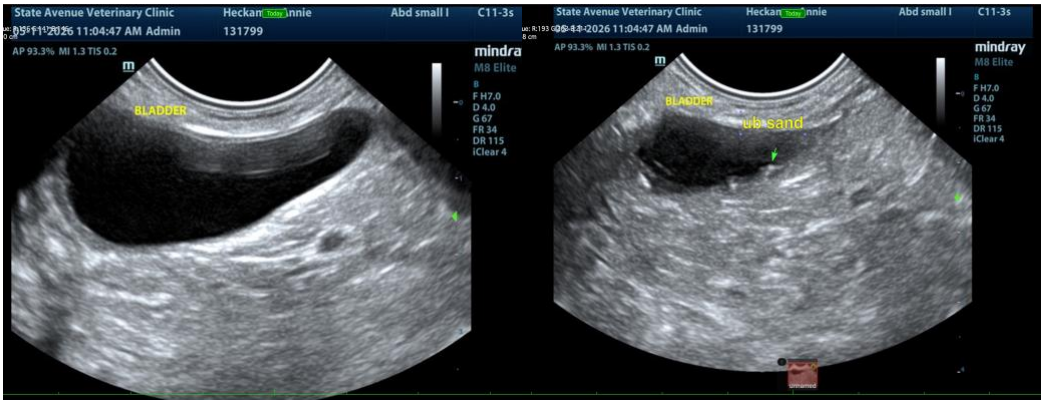
The **pancreas** revealed minor heterogenous parenchymal changes in the right and left limbs. Potential low-grade inflammation or history of inflammation is likely. The right limb of the pancreas was particularly irregular with enhanced mesentery. A more dramatic area of pancreatic inflammation with hyperechoic fat was noted, enveloping the upper duodenum.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific low-grade inflammatory hepatopathy.
- Acute on chronic pancreatitis.
- Age-related renal changes with mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

24-hour NPO, GI protectants, plasma expanders/IV fluid support, broad spectrum antibiotics, pain management are all indicated. Recheck sonogram in 48 to 72 hours.



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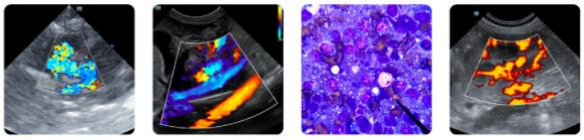

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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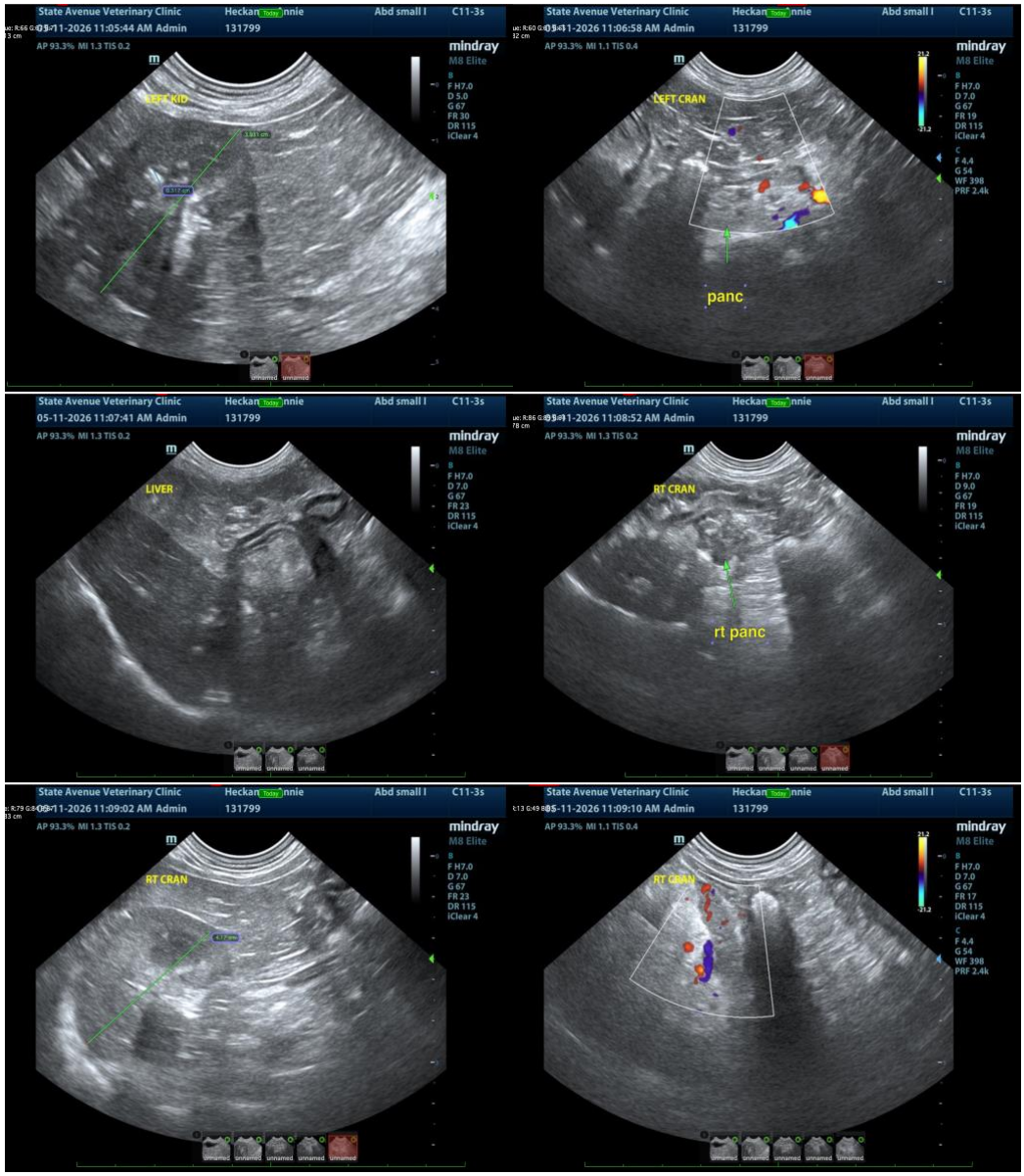


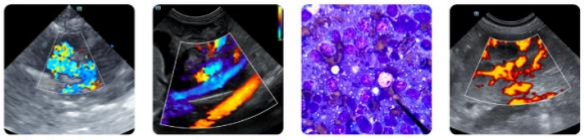
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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