



PATIENT

Kingston Dix

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered male

AGE

9 years

WEIGHT

7.62 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Manes

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Manes

INVOICE

77892

DATE

5/24/26

PRESENTING CLINICAL SIGNS

History: P has reported history of GI issues and chronic hepatitis being managed by OVRA (Oregon Veterinary Referral Associates). P was on prednisone but tapered off ~1 month ago. P is now on Budesonide. P presented for 1 day history of hematemesis with no known FB ingestion. Goal of AUS is to look for GI ulceration or mass/neoplasia as possible cause for hematemesis.

P is currently on Ursodiol, Apoquel, and Budesonide.

CBC: Reticulocytes 152.2 (H), Neutrophils 12.55 (H), Platelets 547 (H), Plateletcrit 0.61 (H)

CHEM: ALT 247 (H), ALP 361 (H)

Cortisol <0.50

PT: 14.0s

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 was noted. Ureteral papillae were normal.

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 right kidney measured 4.3 cm. The left kidney measured 3.8 cm.

The residual prostate was uniform and measured 1.0 cm.

Adrenal Glands

The **adrenal glands** were flattened, yet this may be owing to cortisone therapy. The right adrenal gland measured 0.4 cm. The left adrenal gland measured 0.3 cm.

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 was noted.

Liver

The **liver** revealed coarse architecture with mildly increased portal markings. The liver was normal in size. The gallbladder and common bile duct were unremarkable. No pathological hepatic



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **gastric** wall revealed mucosal remodeling and empty lumen. The submucosa, muscularis and serosa all appeared unremarkable.

Pancreas

Hyperechoic changes were noted in the **pancreas**. This is consistent with remodeling and history of pancreatitis, possible low grade inflammation.

ULTRASONOGRAPHIC FINDINGS

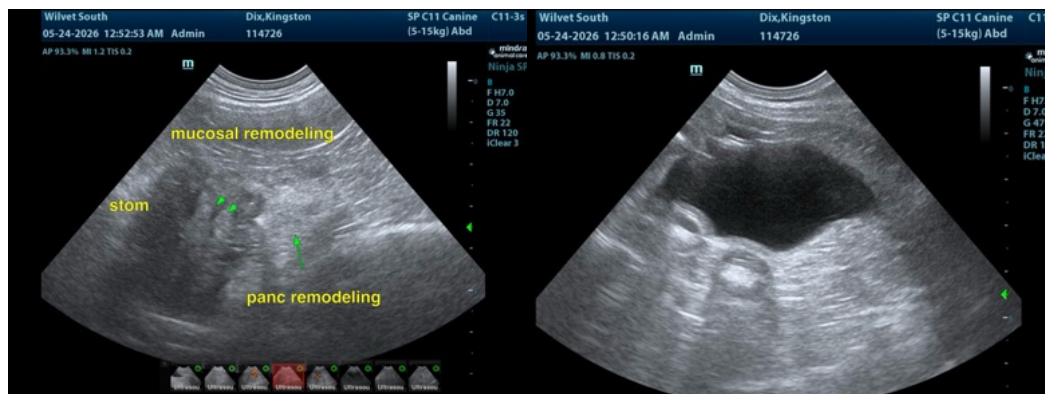
Ulcerative gastritis pattern with mucosal remodeling, no penetrating ulcers noted.

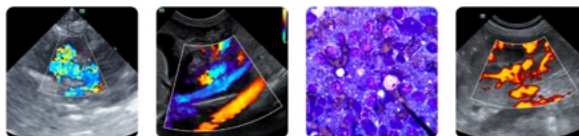
Mild, chronic inflammatory hepatopathy with minor remodeling.

Chronic pancreatic changes with remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Helicobacter type protocol such as the following could be considered. Endoscopy with mucosal biopsies should be considered. The hepatic changes appear to be fairly mild. There was no evidence of cirrhosis noted at this time.





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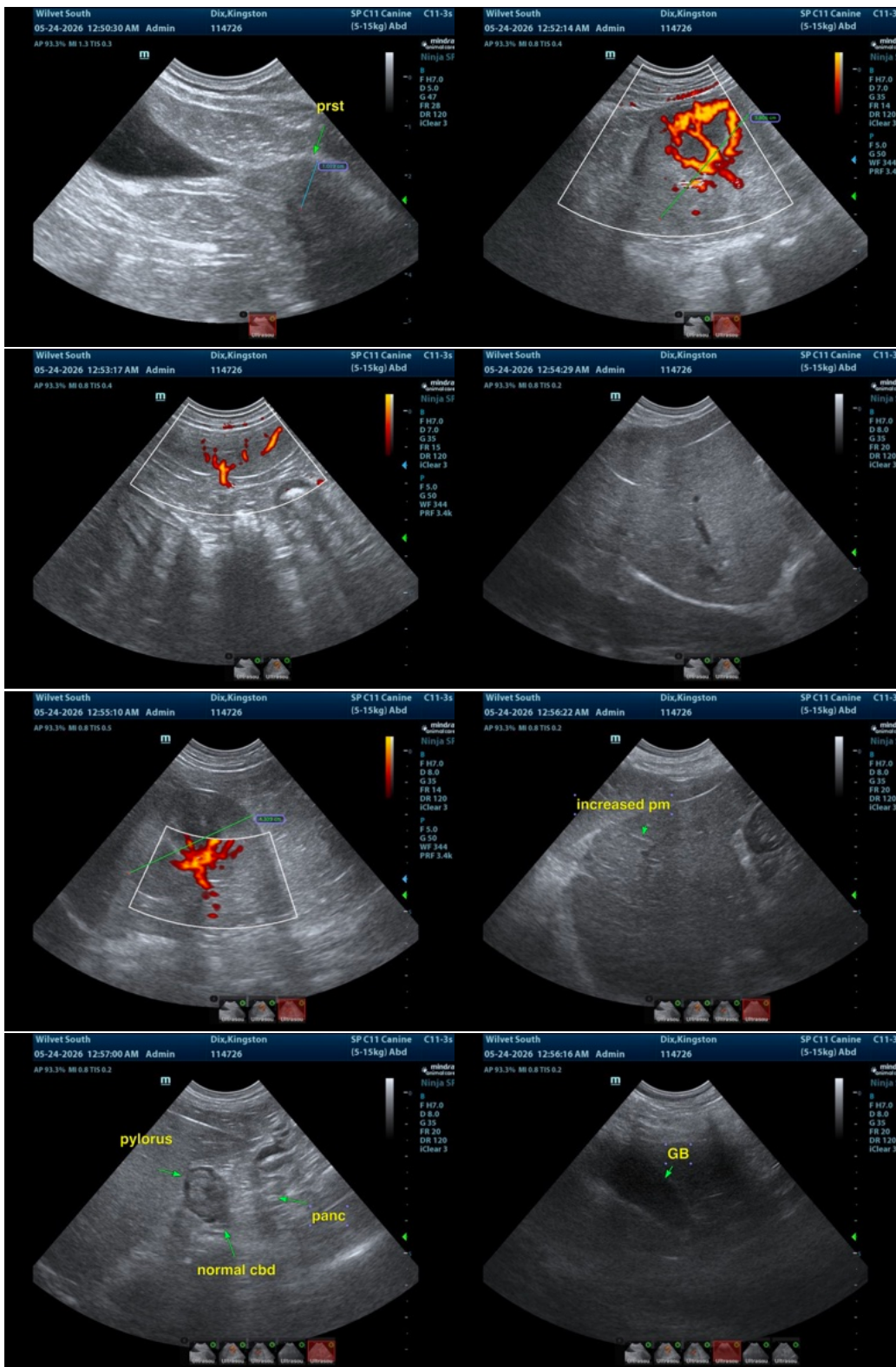
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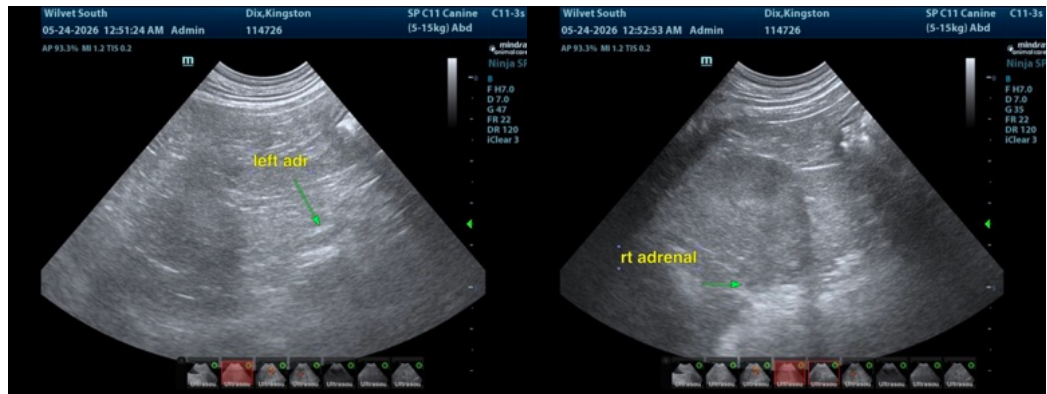
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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