



PATIENT

Tee Tee Riser

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

14 Years

WEIGHT

5 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

McKnight 24 Hr AH

REFERRING VET

Dr. Malaguti

INVOICE

37921

DATE

5/25/22

PRESENTING CLINICAL SIGNS

Has had multiple syncope episodes last 2 days echocardiogram was non diagnostic for a heart based cause. Patient has a 5/6 murmur and will become tachycardic very easily. Concern about vaso-vagal reflex or adrenal tumour as cause

Abnormal PE/Chem/CBC/UA Results: Normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection.

Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra 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 left kidney measured 3.68 cm. The right kidney measured 3.68 cm. Pelvic mineralization noted.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 0.50 cm at the caudal pole and 0.51 cm at the cranial pole. An anechoic cyst was noted in the cranial pole of the right kidney measuring 1.58 cm. The left adrenal gland measured 0.44 cm at the caudal pole and 0.36 cm at the cranial pole.

Spleen

The **spleen** was not visualized owing to previous splenectomy.

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. 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. Portal vein to vena cava ratio was 1:1.

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.



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Pancreas

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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- Geriatric abdomen with minor renal mineralization and right renal cyst
- Structurally normal adrenal glands
- Minor excessive gallbladder debris

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely expected changes for this age and breed. No evidence of adrenal tumors. Ursodiol therapy warranted as a preventative. Given the patient history, holter monitor would be indicated in this patient as well as full CNS examination to assess for occult signs of CNS disease and/or CT with contrast of the brain.

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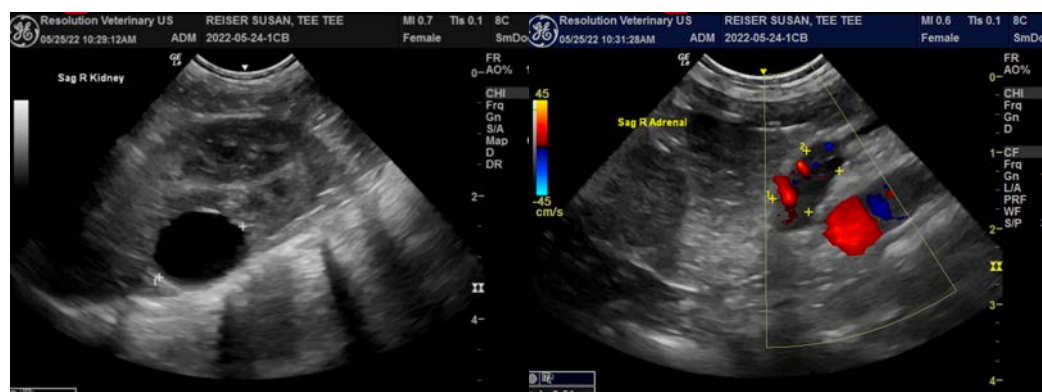
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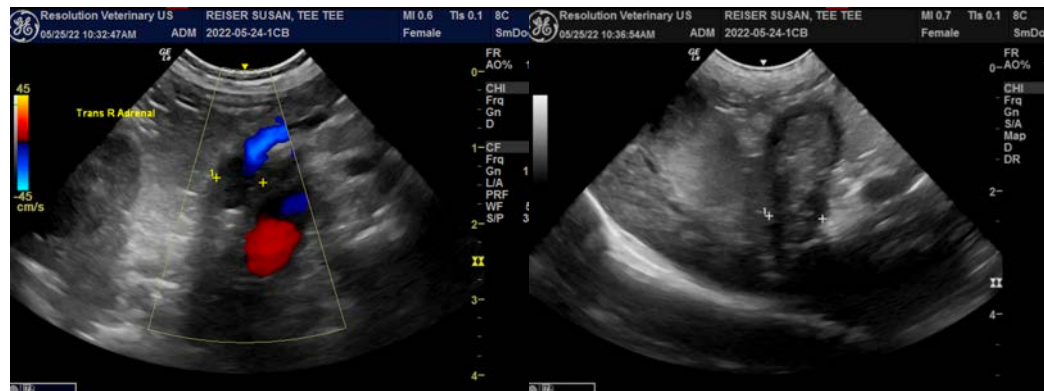
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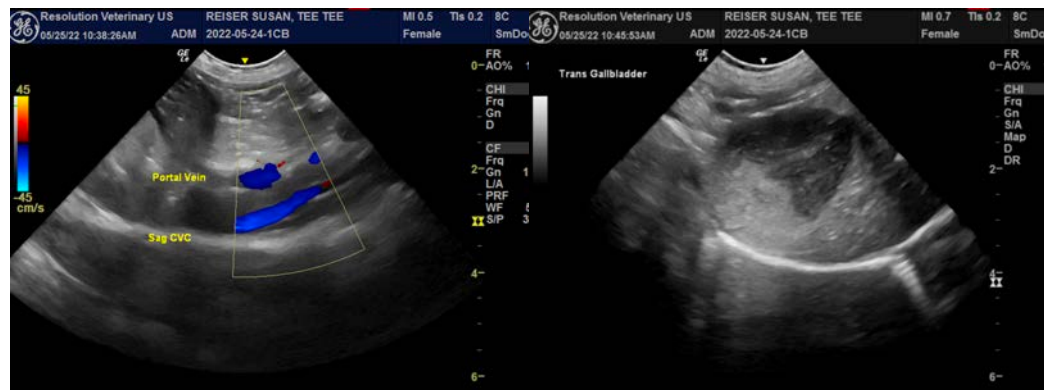
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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info@SonoPath.com

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