



PATIENT

Lily Martin

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

3 Years

WEIGHT

12.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gudrun Gunther

HOSPITAL NAME

New Frontier AMC

REFERRING VET

Dr. Gudrun Gunther

INVOICE

35997

DATE

5/7/26

PRESENTING CLINICAL SIGNS

History: Episodic vomiting and anorexia. O is very concerned that she ate a rubber stopper approx. 1 cm diameter. No improvement on Carafate, Ondansetron.

Abnormal PE/Chem/CBC/UA Results: CBC - unremarkable CHEM - very mild elevation BUN 29 (7-27) mild hyperglobulinemia 4.7 no azotemia (Creatinine 1.1) UA - well concentrated - USG 1.050, inactive sediment.

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** were fairly normal to slightly subnormal in size with thickened irregular cortices and loss of corticomedullary definition and structure. Slight pyelectasia was noted. A cortical infarct was noted at the dorsal cortex of the right kidney. The right kidney measured 3.64 cm. The left kidney measured 3.65 cm. I'm concerned for primary renal dysplasia in this patient with secondary degenerative changes. All renal parameters should be monitored carefully.

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 1.58 cm x 0.26 cm at the cranial pole and 0.31 cm at the caudal pole. The right adrenal gland measured 1.5 cm x 1.0 cm at the cranial pole and 0.43 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 submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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

- Moderate degenerative right renal changes/mild to moderate in the left kidney- possible underlying primary renal dysplasia given the elevate BUN.
- Structurally unremarkable abdomen otherwise

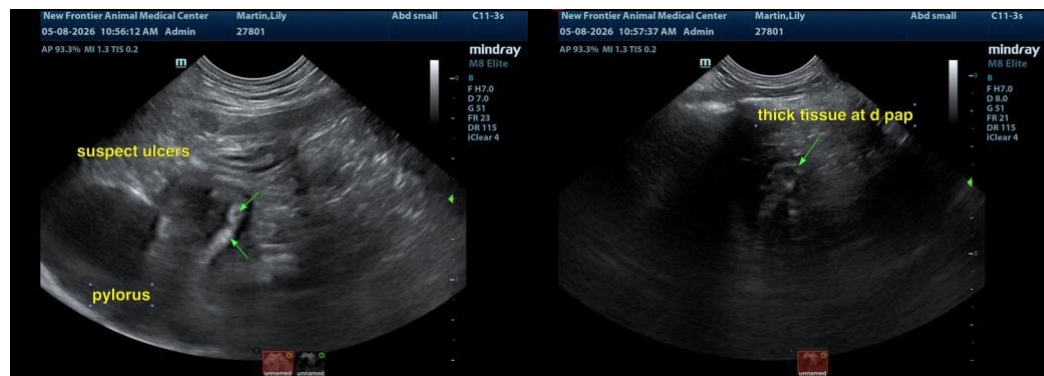
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend periodic monitoring of the urinary tract in this patient, as well as BUN, creatinine, urine specific gravity and any proteinuria given that no dysfunction is present at this time. Renal failure is not an issue, however, I am concerned about long term viability of the kidneys. Some mild level of renal dysplasia may be playing a role.

Addendum

On further imaging with zoom enhancement of the pyloric outflow, mucosal remodeling was present with strong potential for microulcerative changes. Also, at the level of the duodenal papilla, a 1.0 cm irregular tissue was noted at the duodenum. This may be a polyp or possible small embedded foreign structure yet not overtly obstructive.

I strongly recommend endoscopy in this patient, given the lack of response to therapy, to inspect the mucosa and upper duodenum and obtain appropriate biopsies. Neoplasia is not suspected.





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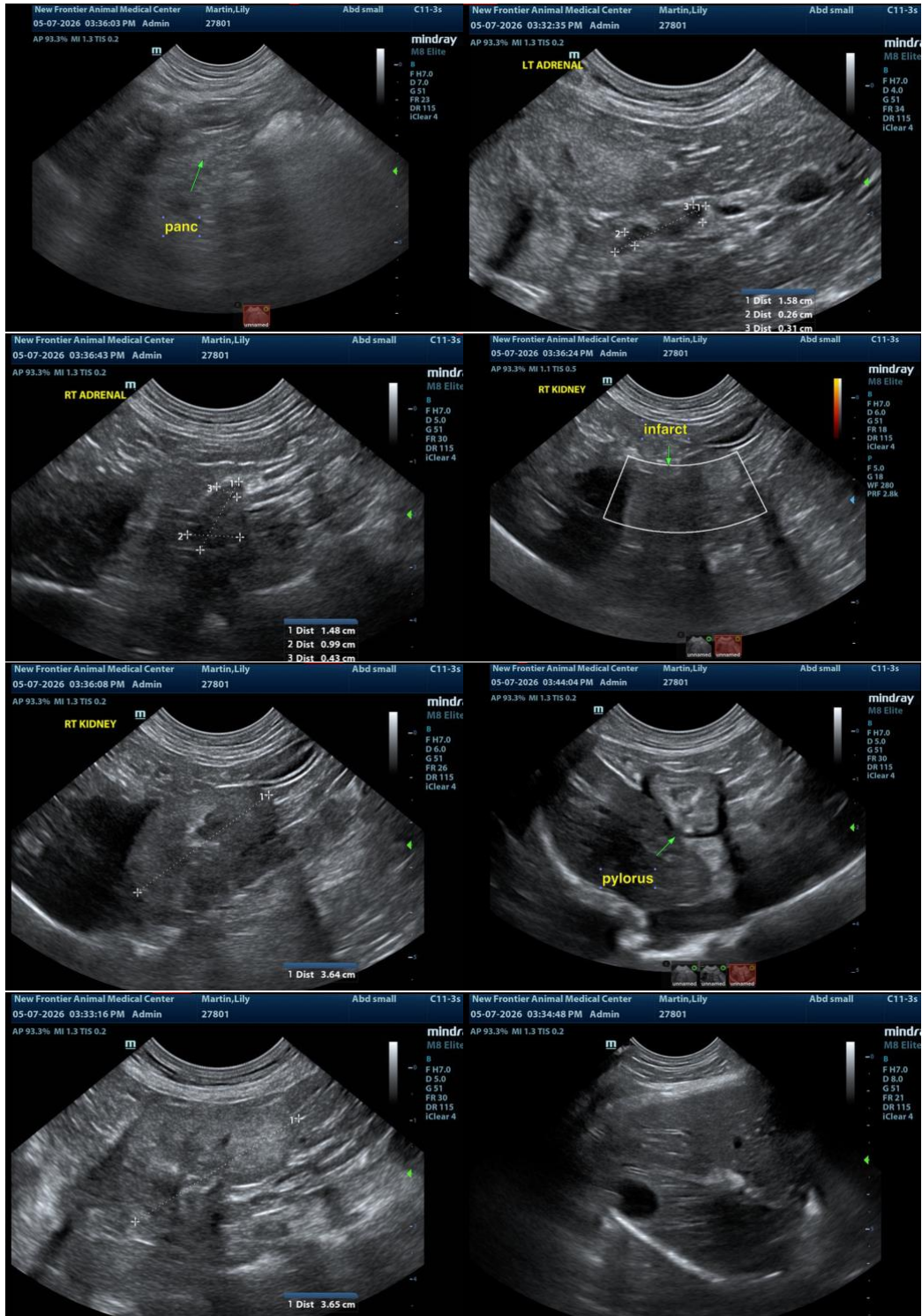
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The information and recommendations provided are based on the images presented by the referring



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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.

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