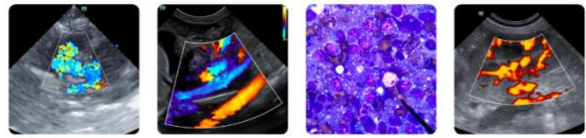


SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Daisy Pottieger

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

11 Years 8 Months

WEIGHT

11 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Wasserman

HOSPITAL NAME

Animal Wellness World

REFERRING VET

Dr. Wasserman

INVOICE

16380

DATE

06/05/26

PRESENTING CLINICAL SIGNS

Patient presents with an approximately 8–10 month history of waxing and waning anorexia, vomiting, and abnormal bowel movements. Owner reports the patient ate little to nothing this morning; however, the stomach appears large and full on sonographic evaluation today. Feces today were reportedly described by the owner as dark externally with lighter coloration internally. KeyScreen PCR testing is pending. Bloodwork attached below. Patient has a history of ACVIM Stage B2 MMVD and was previously prescribed Pimobendan, which has since been discontinued by the owner due to difficulty administering oral medications secondary to anorexia. Patient is not currently receiving heartworm prevention. Owner reports routine administration of metronidazole at home at an unspecified dosage and frequency. Patient is also hypothyroid and reportedly well managed. Post-pill T4 and baseline cortisol were within normal limits in 2/2026. Patient additionally has chronic corneal edema and exophthalmos OU and is currently being treated with ketorolac tromethamine ophthalmic solution 0.5% for corneal endothelial degeneration diagnosed by an ophthalmologist. Purpose of sonogram: evaluate for neoplastic criteria, evidence of chronic pancreatitis, or other sonographic causes of the patient's chronic signs.

Physical Examination / Clinical Findings: Moderate to severe dental disease noted. Grade 3/6 left-sided systolic heart murmur auscultated. No crackles or wheezes appreciated on thoracic auscultation. Patient was very anxious during examination and sedation was deferred today. Laboratory Findings: CBC performed today demonstrated leukocytosis (WBC 25.9 K/µL) characterized by neutrophilia (15.3 K/µL), lymphocytosis (7.1 K/µL), and monocytosis (2.0 K/µL). Thrombocytosis also noted (PLT 624 K/µL). BUN mildly elevated at 34 mg/dL and reportedly historically elevated/stable. Chemistry profile and electrolytes otherwise within normal limits. URSG free catch was 1.043. On cytology, no wbc's seen. Bacteria seen but contamination from urine stain. No complaint of UTI signs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

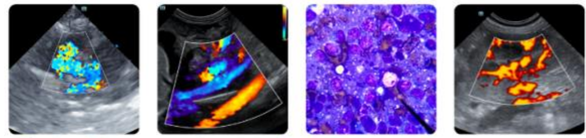
The **urinary bladder**, trigone, and pelvic urethra to a depth of 3.0 cm presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized, and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. 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 mild 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 left kidney measured 3.26 cm in length. The right kidney measured 3.7 cm in length.

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 0.39 cm width at the caudal pole and 0.24 cm width at the cranial pole. The right adrenal gland measured 0.50 cm width.

Spleen



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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 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

The **gastrointestinal tract** presented considerable gastric artifact due to the presence of ingesta. This did not permit thorough evaluation of portions of the gastric and upper intestinal structure. No overt abnormality was seen in the visualized tissue, however. The pylorus was patent yet some retention of ingesta was present. This is consistent with a post-prandial presentation within a few hours of mealtime. If the prandial temporal interval does not fit the case history, and the patient presents a history of post-prandial vomiting, this could indicate a delayed upper gastrointestinal outflow due to primary or secondary pyloric hypertrophy, upper GI infiltrative disease, motor deficits, or a non-visualized foreign body. A prudent approach would be to rescan this patient at 24 hour NPO status to further review the non-visible regions if stomach primarily as well as assess any delayed outflow issue. The small intestine revealed minor thickening with muscularis thickening. Transit of chyme appeared to be normal.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild 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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

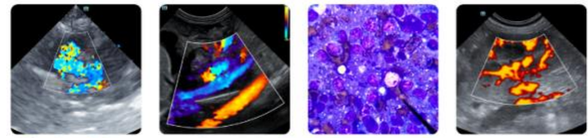
Free Abdomen

The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. The lymph nodes measured up to 0.71 cm.

ULTRASONOGRAPHIC FINDINGS

- Full stomach- postprandial type presentation with minor intestinal thickening.
- Age-related abdominal changes otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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If patient was not NPO, delayed outflow or soft foreign matter is a concern. Given the patient's history and the GI presentation, chronic inflammatory bowel is likely. Parasite management and diet change are indicated. Endoscopy could also be considered for further definition. If patient was not NPO, then recheck sonogram of the upper GI tract at full NPO status would be recommended.

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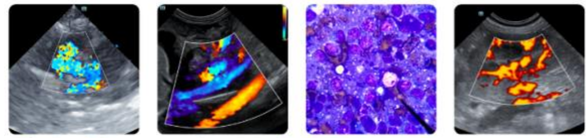

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Educational Teleconsultation Services™

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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