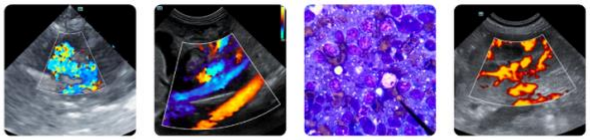


PATIENT

Tiaotiao Wang

SPECIES

Canine

BREED

Mini Poodle

SEX

Spayed Female

AGE

10

WEIGHT

8

INTERPRETED BY

Eric Lindquist, DMV, DABVP (Canine & Feline), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Shen Li

HOSPITAL NAME

Dr. Shen L VSi

REFERRING VET

Dr. Shen Li

INVOICE

37371

DATE

6/5/26

PRESENTING CLINICAL SIGNS

History: hx of gall bladder sludge on regular US monitor. Recent bolding on caudal neck, intermittent ear infection. Mild weight gain.

Abnormal PE/Chem/CBC/UA Results: CBC, chem, lytes, T4, UA normal Na 148, K 5.4, NA:K 27. Baseline cortisol in April is normal at 4.8

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction (mild in the left kidney/moderate in the right kidney). The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex. Multiple nonobstructive calculi were noted in both kidneys. The pelvic calculus in the right kidney measured 0.57 cm. The left kidney measured 3.9 cm. The right kidney measured 3.4 cm. Slight pyelectasia was noted.

Adrenal Glands

The **left adrenal gland** was 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 1.1 cm x 0.44 cm at the caudal pole and 0.38 cm at the cranial pole.

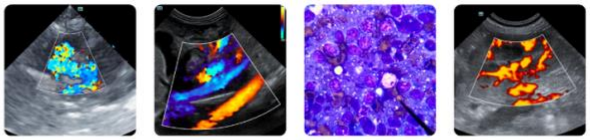
The region of the **right adrenal gland** revealed no evident pathology.

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 mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some mild excessive congealed bile, not to the level of mucocele formation, however, ursodiol therapy is indicted.



PATIENT

Tiaotiao Wang

SPECIES

Canine

BREED

Mini Poodle

SEX

Spayed Female

AGE

10

WEIGHT

8

INTERPRETED BY

Eric Lindquist, DMV, DABVP (Canine & Feline), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Shen Li

HOSPITAL NAME

Dr. Shen L VSi

REFERRING VET

Dr. Shen Li

INVOICE

37371

DATE

6/5/26

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.

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

- Mild degenerative left renal changes, moderate degenerative right renal changes with nephrolithiasis
- Mild excessive congealed gallbladder bile, not to the level of mucocele formation, however, ursodiol therapy is indicted.
- Age-related hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gallbladder motility study would be ideal.

Gall Bladder Motility Study

Preparation:

- Fast the dog for 12 hours before the test to ensure gallbladder is full.
- Obtain baseline ultrasonographic long axis measurements of gallbladder size in SDEP 11 & SDEP 12 positions. Long axis apex to neck, short axis at widest point.

Meal Administration

- Feed a high-fat test meal A/D diet (Hills) (*High Fat/ High Protein*)

Post-Prandial Imaging

- Perform repeat ultrasound prior to feeding (Time 0) and then at 15 & 30 minutes post-meal.
- Re-measure gallbladder volume and assess for contraction.

No change or enlargement: Possible stasis, dyskinesia, mucocele risk, or obstruction.

PATIENT

Tiaotiao Wang

SPECIES

Canine

BREED

Mini Poodle

SEX

Spayed Female

AGE

10

WEIGHT

8

INTERPRETED BY

Eric Lindquist, DMV, DABVP (Canine & Feline), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Shen Li

HOSPITAL NAME

Dr. Shen L VSi

REFERRING VET

Dr. Shen Li

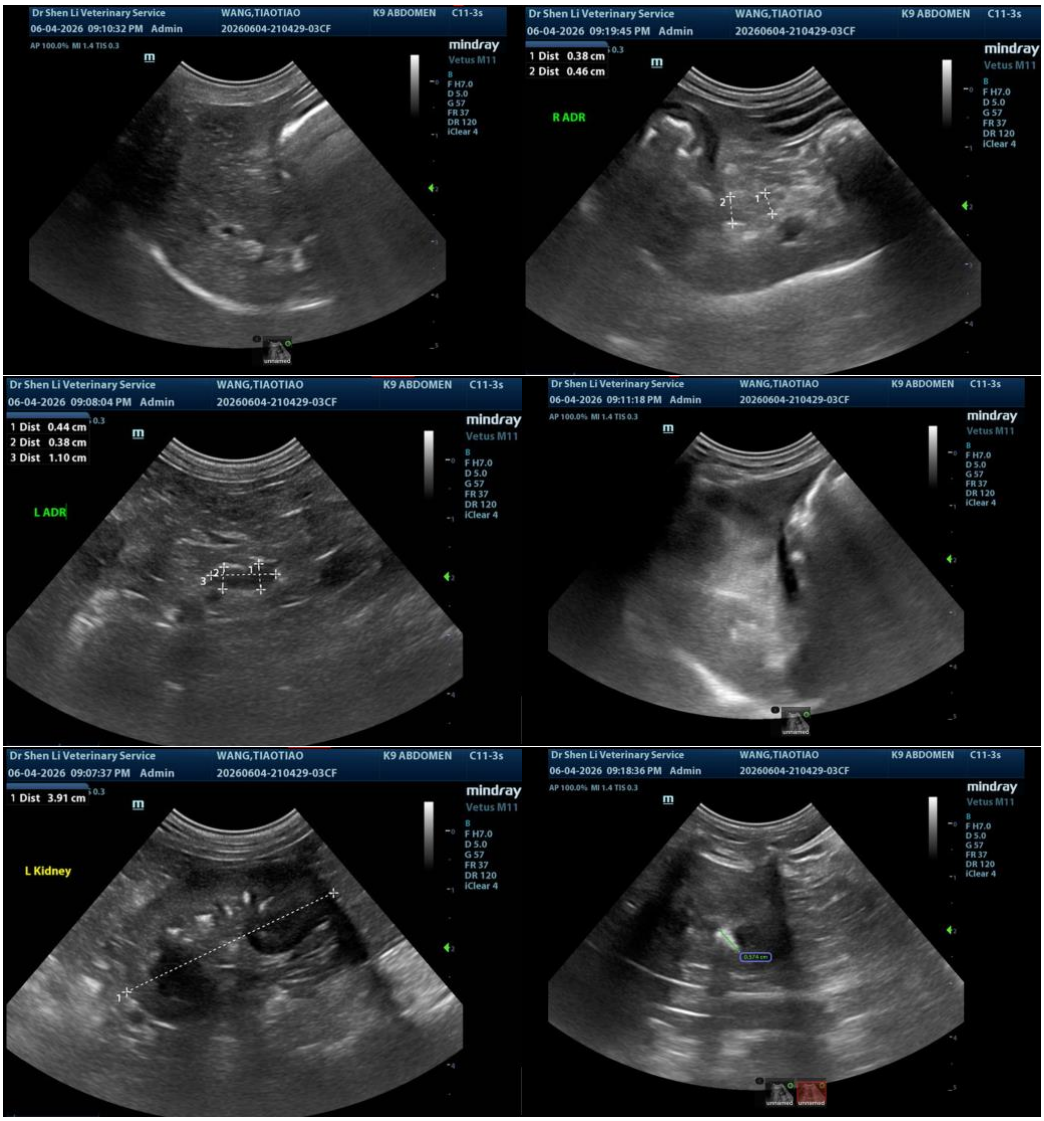
INVOICE

37371

DATE

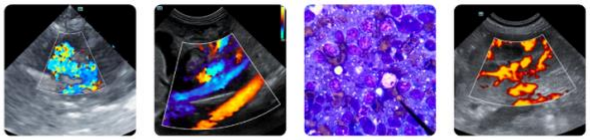
6/5/26

SonoPath is currently conducting a study for publication on this subject and contributions of image sets following this protocol are appreciated. Info@sonopath.com for more information.



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™

SonoPath.com info@sonopath.com 1.800.838.4268



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Tiaotiao Wang

SPECIES

Canine

BREED

Mini Poodle

SEX

Spayed Female

AGE

10

WEIGHT

8

INTERPRETED BY

Eric Lindquist, DMV, DABVP (Canine & Feline), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Shen Li

HOSPITAL NAME

Dr. Shen L VSi

REFERRING VET

Dr. Shen Li

INVOICE

37371

DATE

6/5/26

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