



**PATIENT**

Humphrey Phillips

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Neutered male

**AGE**

14 yaers

**WEIGHT**

14.5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Green

**HOSPITAL NAME**

Stanglein VC

**REFERRING VET**

Dr. Green

**INVOICE**

31503

**DATE**

7/7/22

**PRESENTING CLINICAL SIGNS**

History: not eating for 1 week, being treated for UTI, some mild colitis, history of heart disease.  
Abnormal PE/Chem/CBC/UA Results: elevated ALT and ALKP... rads: ascites, liver seems brighter than normal... current meds: supposed to be on pimobendan and metronidazole but has not gotten meds for 4 days

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed minor apical ventral and apical dorsal thickening. However, a minimal amount of urine is present. This is consistent with chronic cystitis.

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. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.34 cm. The right kidney measured 4.4 cm.

**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 0.47 cm in width. The right adrenal gland measured 0.54 cm.

**Spleen**

The **spleen** was mildly irregular and slightly heterogenous with subtle, micronodular changes noted.

**Liver**

The **liver** was uniformly swollen with coarse architecture. The gallbladder and common bile duct were unremarkable other than minor gallbladder edema owing to ascites. The hepatic veins and vena cava were dilated. This is suggestive for passive congestion.

**Gastrointestinal**

The enhanced mesentery was adhered to much of the gastrointestinal tract, which demonstrated variable thickening. Portions of the GI tract were obscured by the surrounding, hyperechoic tissue.

**Pancreas**

The **pancreas** was obscured by hyperechoic, surrounding tissue.



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**Free Abdomen**

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Echogenic enhanced omentum was noted throughout the midabdomen. A large amount of ascites was present.

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**ULTRASONOGRAPHIC FINDINGS**

Largely passive congestion pattern with secondary ascites.

**SEX**

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Splenohepatic irregularities.

Age related renal changes.

Chronic cystitis bladder pattern.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

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I recommend an echocardiogram in this patient to assess for right sided failure causing ascites. An abdominocentesis and cytospin of the free fluid is indicated to assess for exfoliating neoplasia. 25-gauge FNA of the spleen and liver is warranted as a screening procedure to assess for exfoliating neoplasia such as mast cell disease, lymphomatosis or similar. However, an echocardiogram is recommended with a focus on tricuspid insufficiency velocities to assess for support for right-sided failure or assessment for caudal mediastinal disease that may be causing passive congestion as well as imaging of the pericardium and right auricle for obstructive disease. I am assuming that the albumin levels are normal or at least >1.5.

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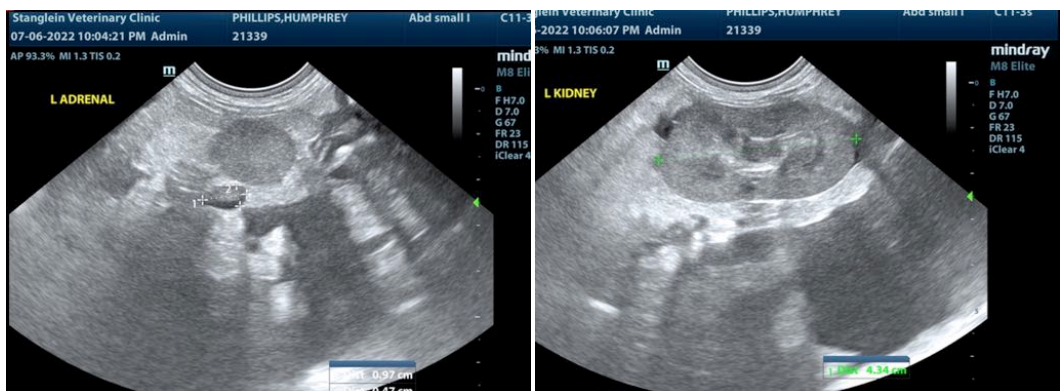
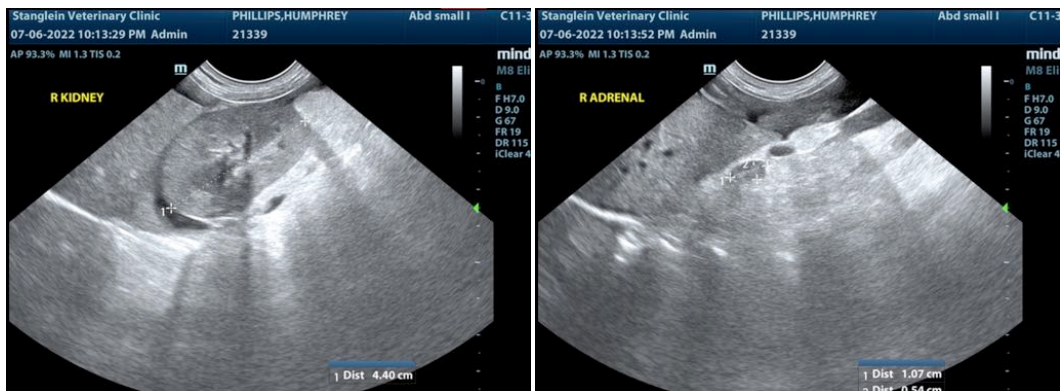
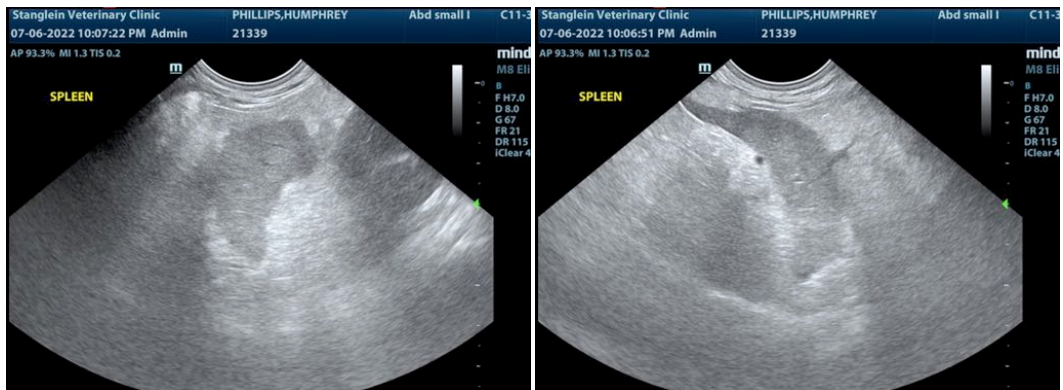
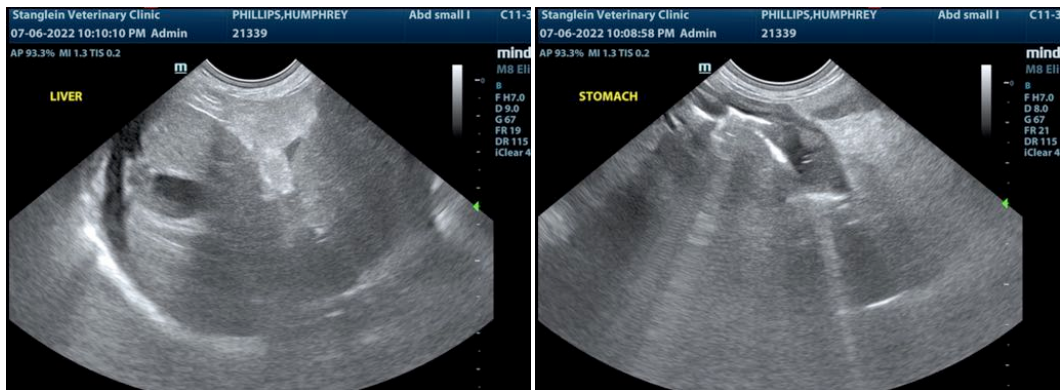
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Shih Tzu

**Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com**  
info@SonoPath.com

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