



PATIENT

Reagan Gaughan

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

15 ½ Years

WEIGHT

7 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Mike Beard, DVM

HOSPITAL NAME

West Prince AH

REFERRING VET

Mike Beard, DVM

INVOICE

12736

DATE

8/25/21

PRESENTING CLINICAL SIGNS

History: Cognitive disorder - restless, irritable, discontented, esp. at night. Previously dx'd IBD and OA.
Abnormal PE/Chem/CBC/UA Results: Chemistry - increased SAP, GGT, BUN, Ca, K. CBC - increased platelet count, hypothyroidism. UA pending. Radiographs - very mild cardiomegaly, full colon, areas of thickened bowel.

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 3.0 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 mild to moderate 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. Mineralization was present in the kidneys. The left kidney measured 4.0 cm. The right kidney measured 3.0 cm.

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 0.5 cm.

The **right adrenal gland** was slightly heterogeneous and slightly irregular at the cranial pole.

Spleen

The **spleen** revealed hyperechoic lipogranulomatous changes. Folding of the spleen was noted.

Liver

The **liver** was slightly subnormal in size. Mild increased portal markings were noted consistent with chronic inflammation. No overt evidence of portosystemic shunting. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** presented minor amount of luminal fluid. Wall structure was unremarkable. The small intestine and colon were unremarkable.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some minor parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related



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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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ULTRASONOGRAPHIC FINDINGS

- Stable geriatric abdomen
- Stomach, minor amount of luminal fluid
- Mild inflammatory hepatopathy liver pattern
- Spleen, hyperechoic lipogranulomatous changes
- Right adrenal gland, slightly heterogeneous and slightly irregular

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I do not feel that any of the abdominal presentation is responsible for the clinical signs. Brain CT may be the best option in this patient given the clinical history. FNA of the liver could be considered for further definition of the enzyme elevations, however, subjectively appears benign and largely expected for this age and breed.

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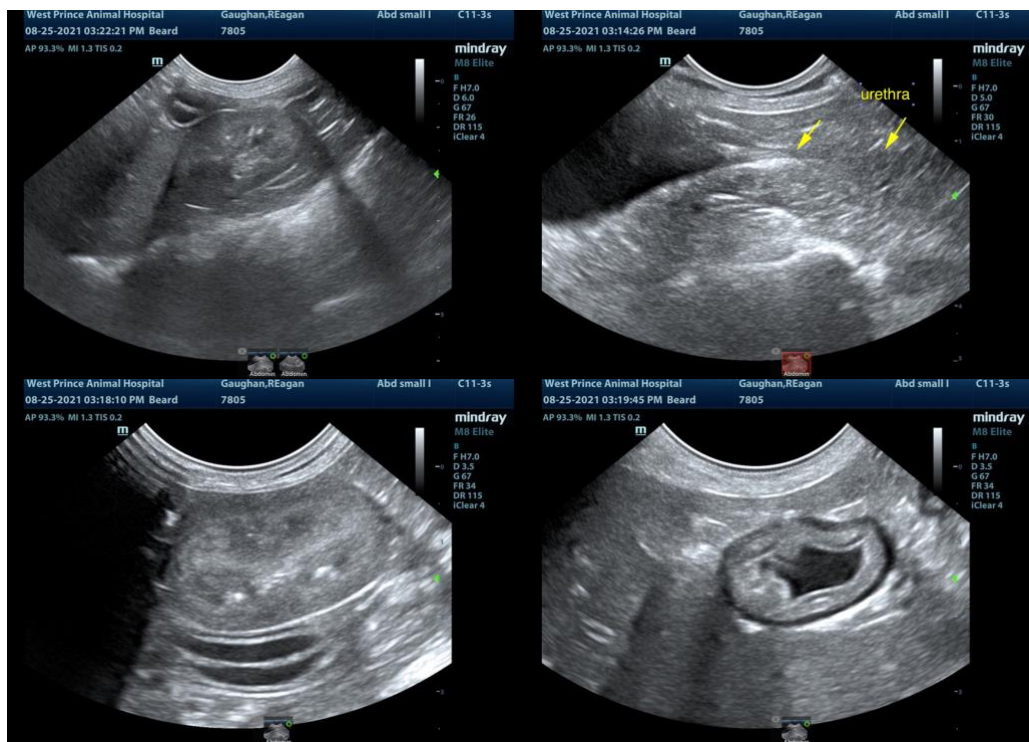
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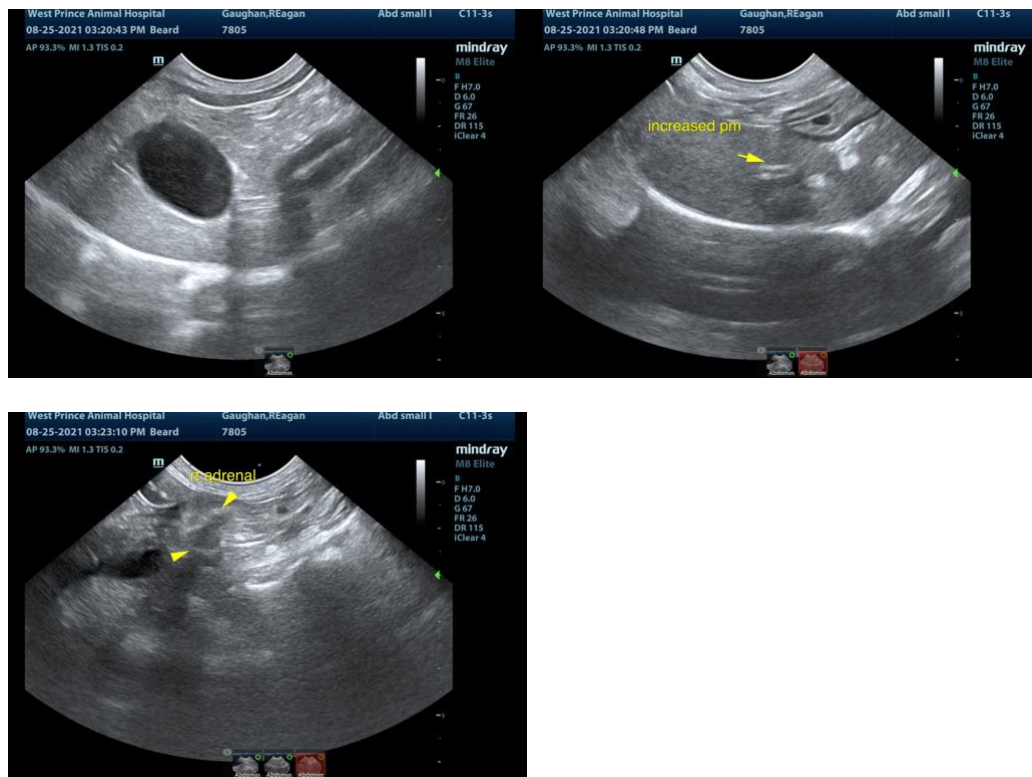
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com