



PATIENT

Puppy Hiller

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered male

AGE

11 years

WEIGHT

10 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. de Cordon

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

REFERRING VET

Dr. de Cordon

INVOICE

46424

DATE

8/4/23

PRESENTING CLINICAL SIGNS

History: O noted several days of progressed lethargy and decreased water intake. Received Rimadyl 2 days ago because O was concerned about mobility issues

Abnormal PE/Chem/CBC/UA Results: Spot Lactate 3.9 and elevated ALT, GGT, ALKP, mild hypercalcemia

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. A trace amount of calculi/sand was noted. No evidence of inflammatory or neoplastic changes was 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 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. Non-obstructive mineralization was noted. The left kidney measured 4.8 cm. The right kidney measured 4.7 cm. Blood flow to the kidneys appeared to be adequate on power Doppler assessment.

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 0.6 cm. The right adrenal gland measured 0.58 cm at the cranial pole and 0.6 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 was 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.



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Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

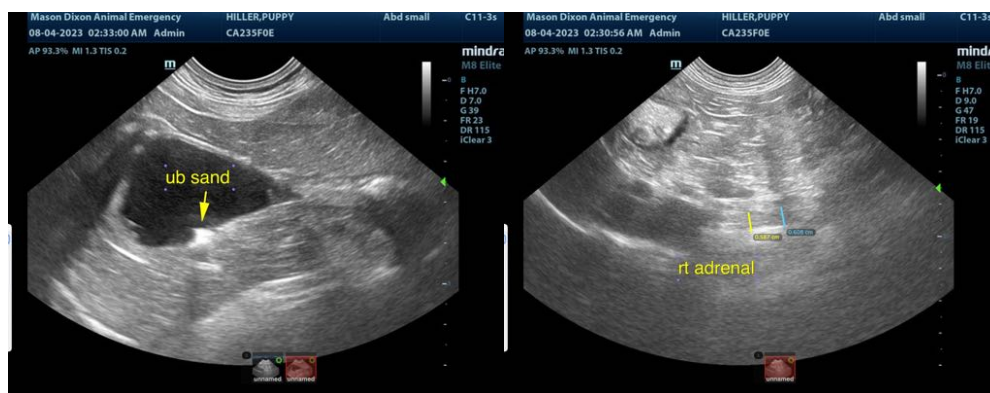
ULTRASONOGRAPHIC FINDINGS

Geriatric abdomen.

Bladder calculi/sand.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of visceral pathology related to the clinical signs. The patient is likely passing calculi from the kidneys to the bladder periodically. If the clinical signs were episodic then nephrolith passage may have been the issue, yet no obstructive disease was noted at this time. The patient should not be overtly clinical at this time if that was the case as the calculus appear to be present in the bladder and non-obstructive. Therefore, they should not be causing any clinical signs.





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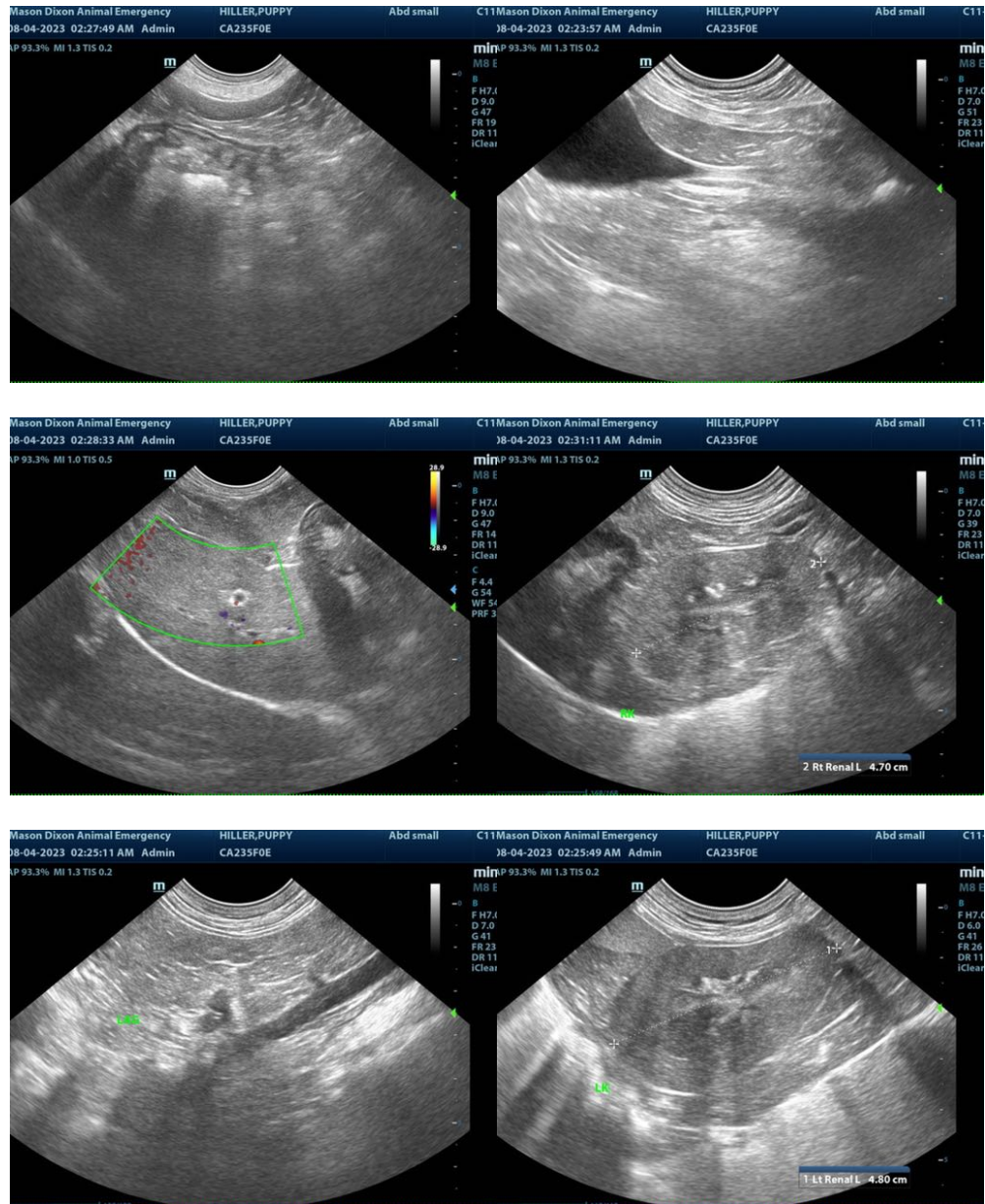
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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