



PATIENT

Boo Reihl

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

11 Years

WEIGHT

16 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Samuel Gabriel

HOSPITAL NAME

Central Jersey AH

REFERRING VET

Dr. Gabriel

INVOICE

17495

DATE

9/30/22

PRESENTING CLINICAL SIGNS

History: has constant mild alp, alt elevation in the last 3 blood works owner said there is mild increase in drinking and urination and thinning of hair , has hx of bladder stone removal and currently on c/d diet

Abnormal PE/Chem/CBC/UA Results: chem : alp (408) , alt (142), triglycride(619),cholesterol (424) tt4 : wnl low dex suppression test : normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

A minimal amount of urine was present in the **urinary bladder**.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 4.0 cm. The right kidney measured 4.0 cm.

Adrenal Glands

The **left adrenal gland** was subnormal in size, measuring 3.0 mm.

The **right adrenal gland** was subnormal in size, measuring 3.0 mm.

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 moderate 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

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.



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Pancreas

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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.

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ULTRASONOGRAPHIC FINDINGS

- Subnormal adrenal size
- Age-related renal and hepatic changes
- Minimal amount of urine present in the bladder
- Unremarkable abdomen otherwise

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening for Addisons is warranted given the subnormal adrenal size with baseline cortisol. Other causes of endocrinopathy should be considered, such as hypothyroidism. Otherwise, no evidence of visceral disease is present.

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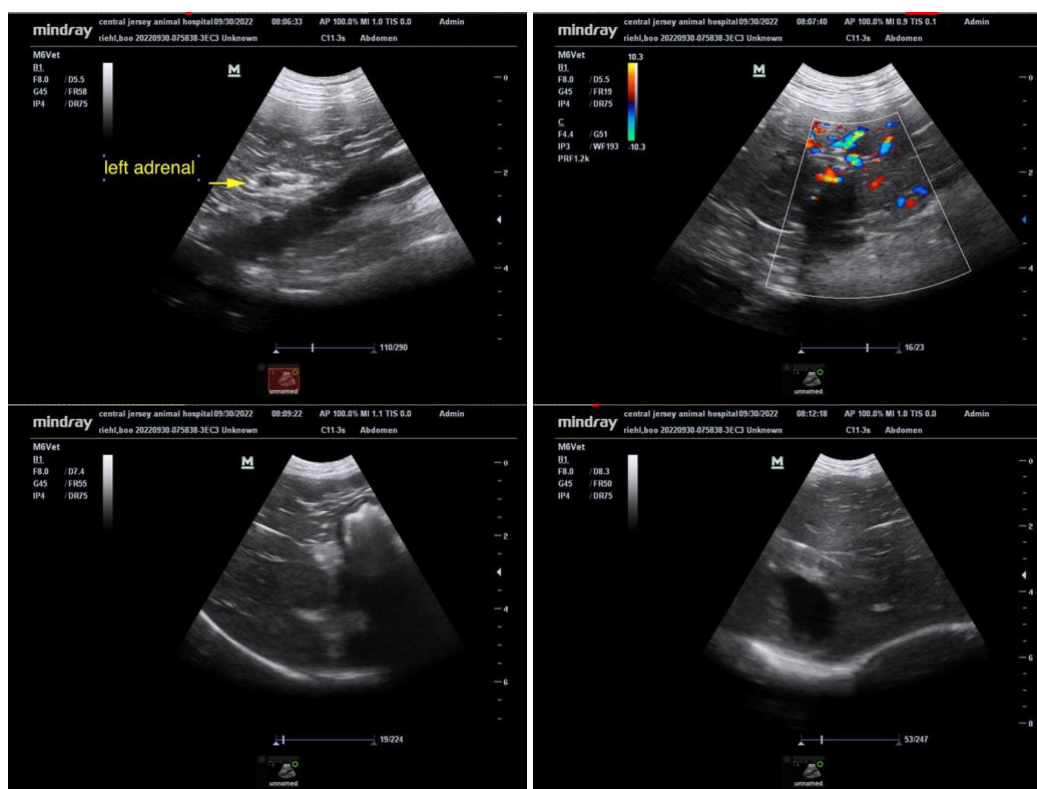
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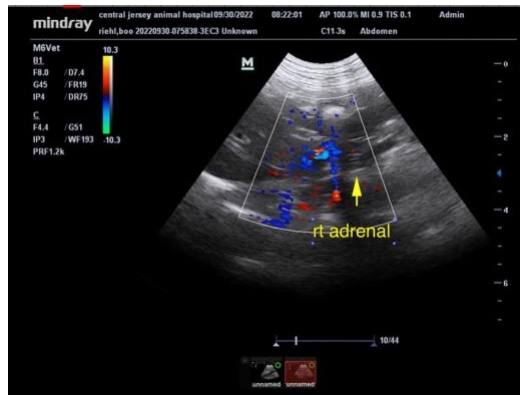
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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