



**PATIENT**

Miley Tigler

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Spayed female

**AGE**

12 ½ years

**WEIGHT**

12 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
 DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Ginny Dodd DVM,  
 DABVP (CFP)

**HOSPITAL NAME**

Banfield Pet Hospital  
 Cornelius

**REFERRING VET**

Blackmon

**INVOICE**

69924

**DATE**

1/7/26

**PRESENTING CLINICAL SIGNS**

History: Chronic dermatitis of caudoventral abdomen and rear limbs with alopecia, erythema, hyperkeratosis, scabbing, and lichenification; potbelly appearance, small mammary nodular mass, moderate dental disease, Tested for Cushings in 2024 and WNL. T4 low then so began Levothyroxine  
 Abnormal PE/Chem/CBC/UA Results: PE: see above skin issues, suspect hepatomegaly on palpation, PU-PD recently labs 11/29/25 CBC- WBC^ 21.21, Neut^ 18.93 CHEM- ALKP 454^, ALT 135^, globulins 5.4^, TP 8.7^ LDDST- baseline <0.2 4hr 0.2, 8 hr 0.2 T4 2.2 normal Abd Rads- generalized hepatomegaly, mineralization in both kidneys

**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 **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. Mineralization was noted in the kidneys. Anechoic cysts were noted in the renal cortices. Pelvic calculus in the right kidney measured 1.3 cm. The right kidney measured 4.14 cm with the largest calculus measuring 0.5 cm. The left kidney measured 4.0 cm.

**Adrenal Glands**

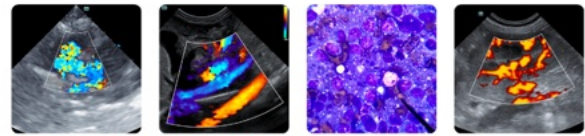
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.95 x 0.47 cm. The right adrenal gland measured 1.26 x 0.48 cm at the cranial pole and 0.44 cm at the caudal pole.

**Spleen**

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies.

**Liver**

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive



**PATIENT**

Miley Tigler

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Spayed female

**AGE**

12 ½ years

**WEIGHT**

12 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Ginny Dodd DVM,  
DABVP (CFP)

**HOSPITAL NAME**

Banfield Pet Hospital  
Cornelius

**REFERRING VET**

Blackmon

**INVOICE**

69924

**DATE**

1/7/26

sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. Multi-focal, hypoechoic, non-disruptive nodules were noted in the liver and measured 0.64 cm. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

**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**

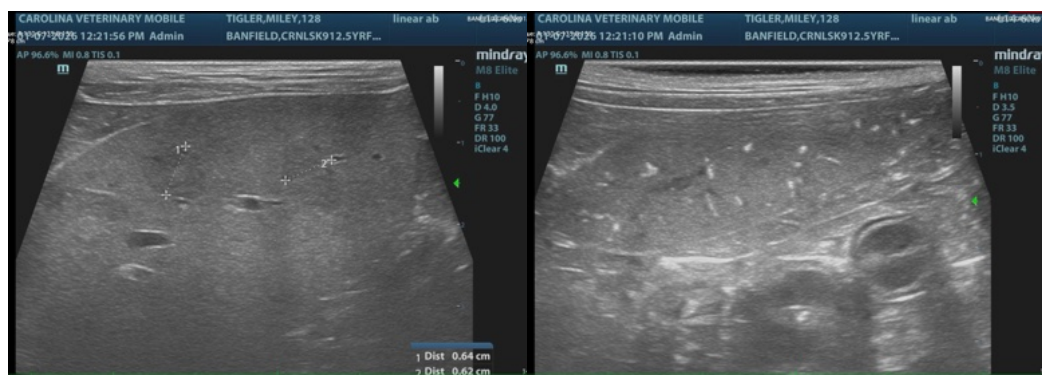
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Moderate degenerative renal changes with cortical cysts and non-obstructive mineralization.
- Subjectively benign hepatopathy with mild nodular hyperplasia pattern.
- Mineralized spleen, suggestive for endocrinopathy.
- Structurally normal adrenal glands.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I am most concerned about the long term viability of the kidneys in this patient given the level of nephrolithiasis and degenerative changes. FNA of the liver nodules would be ideal for further definition. This is not a typical presentation for hepatocutaneous syndrome as nodular changes are non-disruptive.





**PATIENT**

Miley Tigler

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Spayed female

**AGE**

12 ½ years

**WEIGHT**

12 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
 DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Ginny Dodd DVM,  
 DABVP (CFP)

**HOSPITAL NAME**

Banfield Pet Hospital  
 Cornelius

**REFERRING VET**

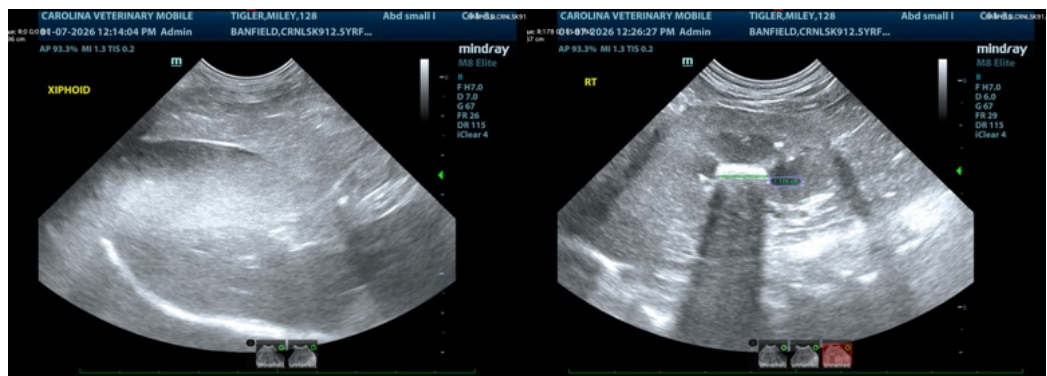
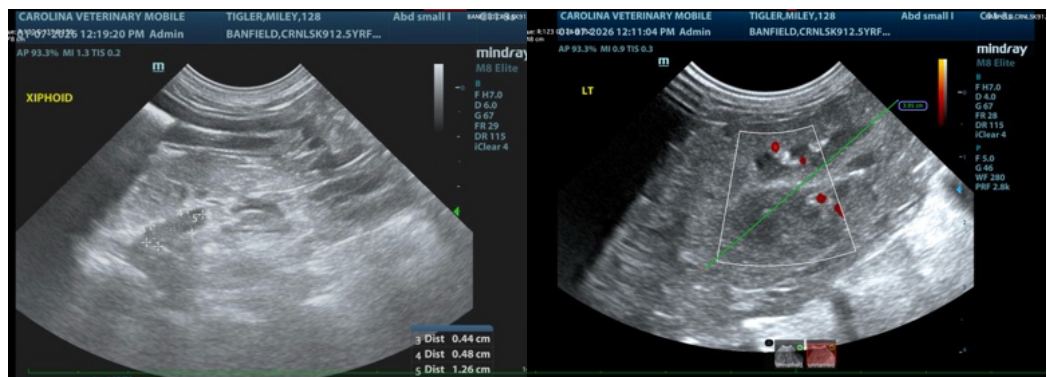
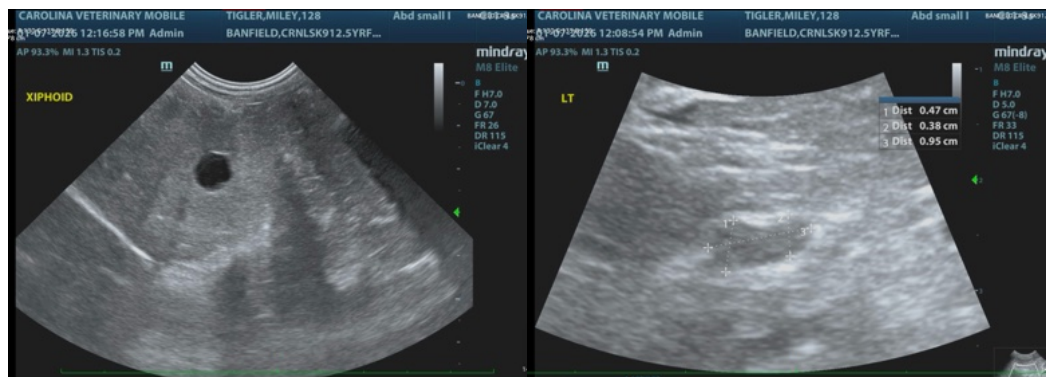
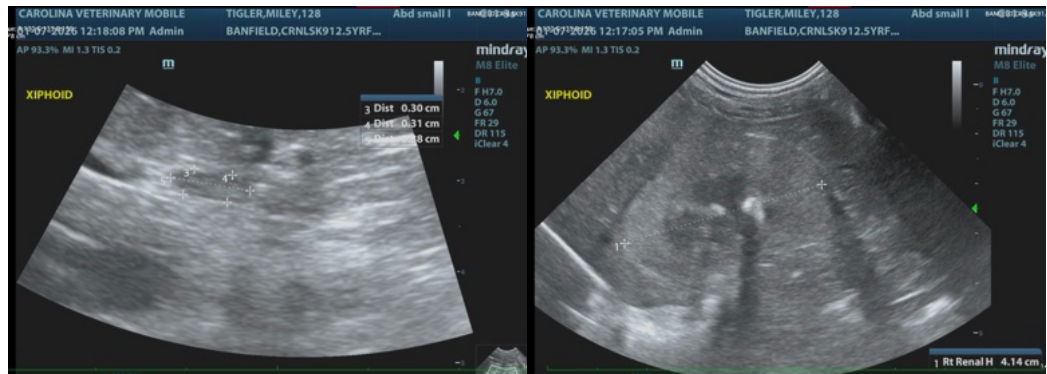
Blackmon

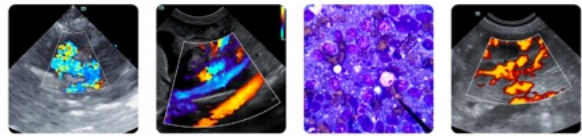
**INVOICE**

69924

**DATE**

1/7/26





**PATIENT**

Miley Tigler

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Spayed female

**AGE**

12 ½ years

**WEIGHT**

12 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Ginny Dodd DVM,  
DABVP (CFP)

**HOSPITAL NAME**

Banfield Pet Hospital  
Cornelius

**REFERRING VET**

Blackmon

**INVOICE**

69924

**DATE**

1/7/26

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, Cert. IVUSS, CEO of SonoPath.com**

[info@SonoPath.com](mailto:info@SonoPath.com)