



**PATIENT**

Bubbio Ng

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Neutered male

**AGE**

15 years

**WEIGHT**

18.76 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
 DABVP (CFM), Cert.  
 IVUSS, CEO of  
 SonoPath.com

**IMAGING PERFORMED BY**

Vincent Ravancho

**HOSPITAL NAME**

St George VH

**REFERRING VET**

Dr. Ng

**INVOICE**

69546

**DATE**

12/11/25

**PRESENTING CLINICAL SIGNS**

History: Last invoice #61762 Hx of increased Lez, Uroliths Current Meds: Denamarin, Pimobendan  
 Abnormal PE/Chem/CBC/UA Results: ALP 240 Triglycerides: 563 USG 1.018 Squamous epithelial

**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 calculus was noted and measured 0.8 cm and was non-obstructive. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed thickened, irregular cortices with slight pyelectasia and moderate degenerative change. Slight areas of mineralization were noted. An anechoic cyst was noted in the caudal pole of the left kidney. Blood flow to the kidneys appears to be subnormal. The right kidney measured 3.91 cm. The left kidney measured 3.91 cm.

The residual prostate measured 0.8 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 right adrenal gland measured 1.42 x 0.8 cm at the cranial pole and 0.53 cm at the caudal pole. The left adrenal gland measured 1.8 x 0.47 cm at the caudal pole and 0.49 cm at the cranial 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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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,



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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.

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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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**WEIGHT**

**ULTRASONOGRAPHIC FINDINGS**

18.76 lbs

Moderate, degenerative renal changes with pyelectasia of the left kidney.

**INTERPRETED BY**

Bladder calculus.

Eric Lindquist, DMV,  
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The patient may have recently pass a calculus from the kidneys to the bladder. Cystotomy, stone analysis and culture are ideal in this patient. Long term viability of the kidneys is a concern. The renal values should be monitored carefully as well as blood pressure measurements.

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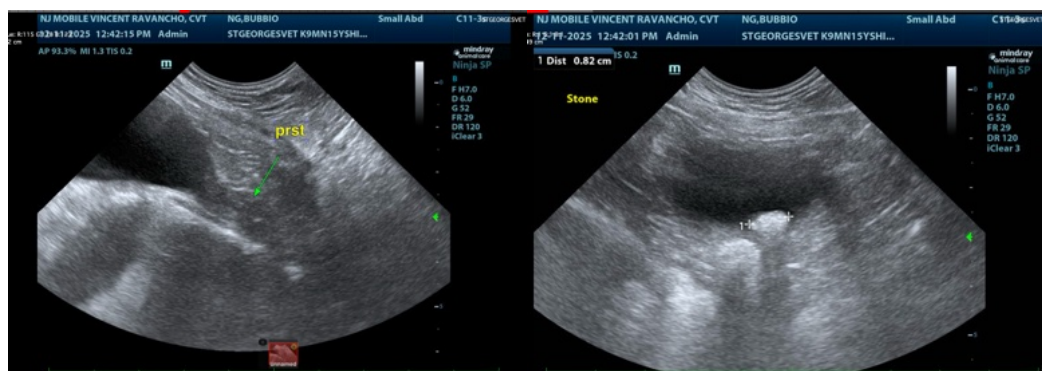
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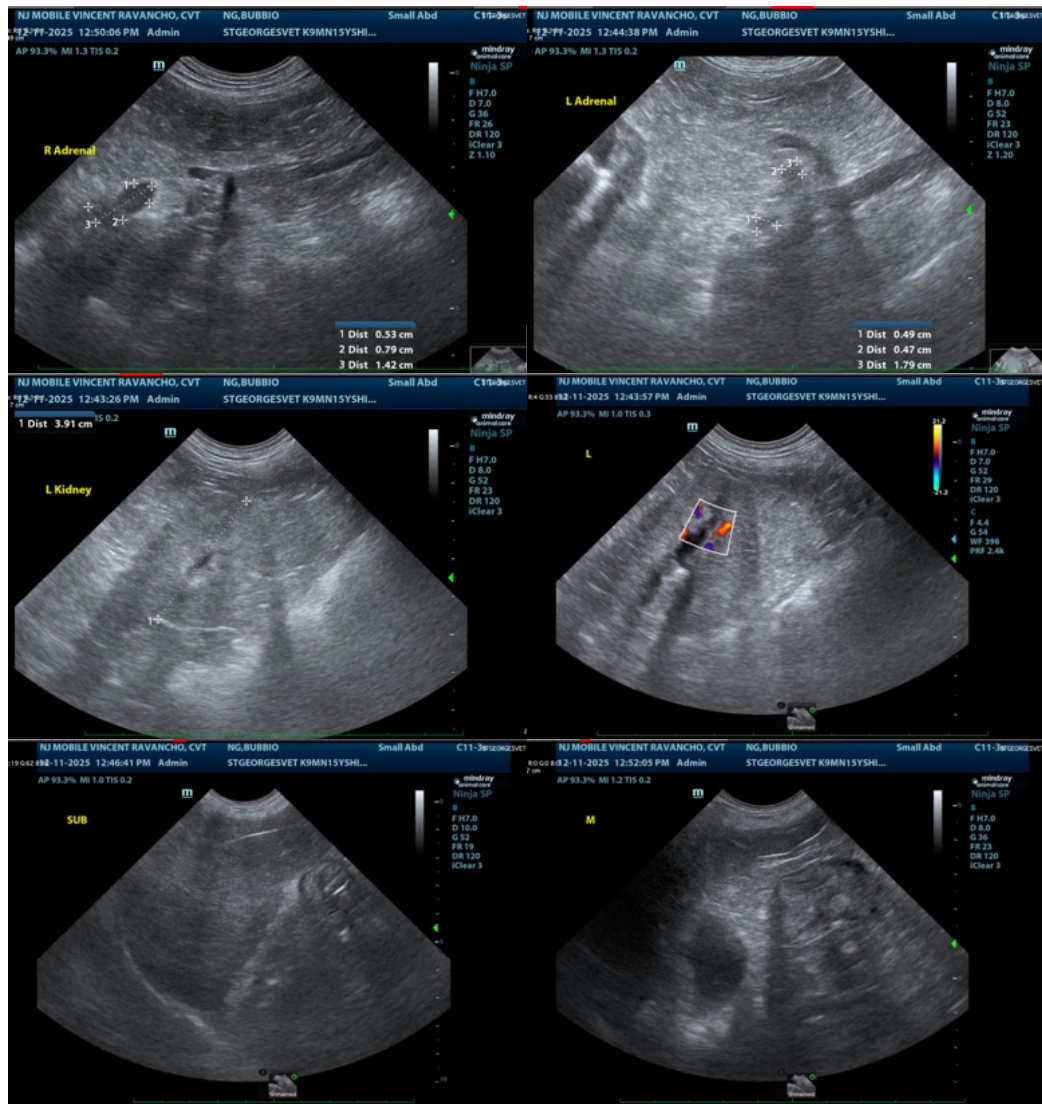
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

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