



PATIENT PRESENTING CLINICAL SIGNS

Hank Rienzi
HISTORY: Pet presented 2 weeks ago for shocking or regurgitating after drinking water, he does not have any issues with food. Then came back the week after after collapsing at the groomer. Radiographs are pending today waiting for radiology report. Owner is concern that he is getting old and wants to make sure that nothing is obvious on radiographs and u/s. He continues to have shocking like episodes after drinking water
Abnormal PE/Chem/CBC/UA Results: UPC: 1.4 USG: 1.016 Chem: ALT: 311, was 289 in March Alkp: 191 Bun: 57 Calc:11.5 Potas: 6.0 PLT:988

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Shih Tzu

Urinary System

SEX

Male, neutered

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

AGE

15 Yrs.

The prostate is normal in size (0.86 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

WEIGHT

14 lbs.

The left kidney is normal size (4.12 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is diffusely thickened and several varying sized cortical cysts are visualized. There is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are seen. There is no evidence of pyelectasia, infarcts or hydroureter.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

The right kidney is normal size (4.76 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is diffusely thickened and several varying sized cortical cysts are visualized. There is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are seen. Trace pyelectasia is present. There is no evidence of hydroureter.

Adrenal Glands

IMAGING PERFORMED BY

Dr. Lynette Reyes

The left adrenal gland is mildly enlarged (0.49 cm at cranial pole) (0.61 cm at caudal pole)(2.38 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Dr. Lynette Reyes

The right adrenal gland is enlarged (0.98 cm at cranial pole) (0.83 cm at caudal pole) with a slightly irregular shape. The parenchyma is subtly heterogeneous with some loss of glandular detail. Surrounding vasculature appears normal.

Spleen

REFERRING VET

Dr. Lynette Reyes

The spleen is normal in size (0.71 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.57 cm irregular hyperechoic nodule is observed in the region of the hilus. Splenic vasculature is normal.

Liver

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The liver is subjectively prominent in size with slightly rounded peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely and severely mottled in appearance with numerous varying sized hypoechoic nodules throughout the organ. In addition, a 4.13 x 3.40 cm isoechoic to

DATE

9/22/21



PATIENT

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heterogeneous swelling/mass is observed deep mid to right liver. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is normal in thickness. Several polypoid like lesions are arising from the luminal surface. A small amount of mostly gravity-dependent echogenic debris is also seen. The cystic and common bile ducts are normal/not seen.

SPECIES

Canine

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

BREED

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Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

AGE

15 Yrs.

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

WEIGHT

14 lbs.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

Andrea Nicastro, DVM,
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Medicine)

Primary Findings:

- Hepatic swelling/mass. This lesion could be consistent with a primary hepatic tumor or may represent benign pathology. The diffuse hepatic parenchymal changes are concerning for infiltrative neoplasia (i.e., round cell tumor). However, benign age-related change (i.e., regenerative nodular hyperplasia and/or vacuolar hepatopathy) are also possible.

Secondary Findings:

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The hyperechoic lesion adjacent to the splenic vessels is most consistent with myelolipomas. Although a neoplastic process within the spleen cannot be excluded, it is considered unlikely in this patient.
- Mild bilateral adrenomegaly.
- The bilateral renal changes are consistent with chronic interstitial nephrosis/nephritis with dystrophic mineralization and cortical cysts.

*An obvious cause for the patient's regurgitation is not identified in this study.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Three-view thoracic radiographs are recommended to assess for megaesophagus. A barium esophogram may be warranted if thoracic radiographs are inconclusive.

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Canine

- Other diagnostic considerations include:

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Shih Tzu

1. Fine needle aspirate of the liver, with particular attention to the swelling/mass effect. 25-gauge needles should be used for aspiration and clotting times should be assessed prior to the procedure.

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2. Also consider a malabsorption panel including serum cobalamin, folate, TLI and PLI.

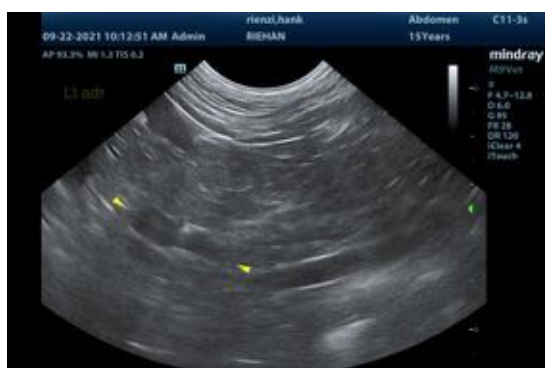
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WEIGHT

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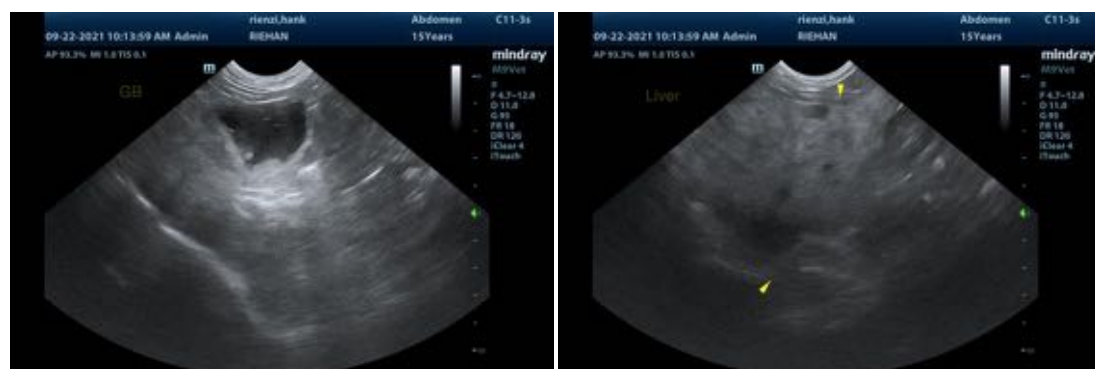
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the



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image/video clips provided.

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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.

SPECIES

Canine

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