



PATIENT

Janet Recine

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed female

AGE

11 years

WEIGHT

11.94 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Brittney Beigel, DVM

HOSPITAL NAME

Bayside AMC

REFERRING VET

Dr. Beigel

INVOICE

70025

DATE

1/12/26

PRESENTING CLINICAL SIGNS

History: Chronic renal disease, recent BW performed at previous veterinarian demonstrated increased azotemia, elevated liver values (attached); O opts for US to screen for abnormal abdominal pathology; P was fasted for US scan, no sedation needed

ALT 429, ALKP 1345, BUN 55, SDMA 22

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 was noted. Ureteral papillae were normal.

The left **kidney** was subnormal in size and measured 3.5 cm with thickened, irregular cortices with echogenic remodeling. The right kidney measured 4.0 cm with similar changes to the left. Both kidneys revealed microcystic cortical changes.

Adrenal Glands

The right **adrenal gland** revealed a hyperechoic nodule at the cranial pole measuring 0.97 cm and 0.6 cm at the caudal pole. The left adrenal gland was normal in size and contour measuring 0.49 cm at the caudal pole and 0.43 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 left **liver** revealed an expansive, mixed echogenic parenchymal mass that measured 6.34 cm. The gallbladder and right liver appeared to be unremarkable.



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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

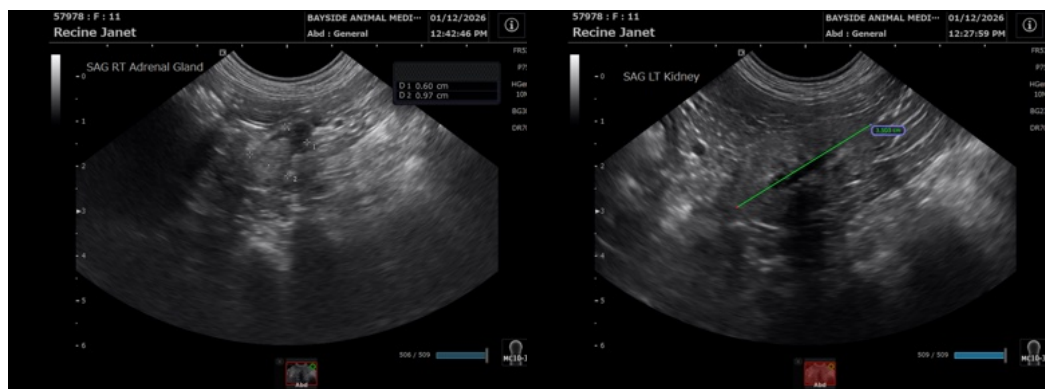
Left cranial liver mass, potentially resectable. Carcinoma versus complex hepatoma.

Moderate, degenerative renal changes, subjectively near end stage.

Right adrenal adenomatous nodule. Adenoma is likely, emerging carcinoma, pheochromocytoma are all possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Serial blood pressure measurements are warranted +/- urine metanephrine level if hypertension is an issue. FNA of the liver and CT evaluation for surgical planning is indicated. The prognosis is guarded from all three pathologies.





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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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