



PATIENT	PRESENTING CLINICAL SIGNS
Lil Prince Richardson	Inappetence and vomiting
SPECIES	Abnormal PE/Chem/CBC/UA Results: Liver and pancreatic enzymes moderately elevated has been on hepatic support
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Shih Tzu	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.
SEX	
Neutered Male	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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Cortical remodeling and microinfarcts noted. The right kidney measured 5.38 cm. Non-obstructive nephrolithiasis noted in both kidneys. The left kidney measured 4.75 cm.
AGE	
14 Years	
WEIGHT	Adrenal Glands
9.2 kg	The right adrenal gland was visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 1.24 cm at the cranial pole and 0.73 cm at the caudal pole.
INTERPRETED BY	
Eric Lindquist, DMV	
DABVP, Cert. IVUSS	The left adrenal gland was enlarged, heterogeneous, nodular, and irregular, measuring 1.05 cm at the mid cranial body x 0.86 cm at the caudal body. Capsular expansion noted without evident capsular escape or vascular invasion. Mineralization also noted.
IMAGING PERFORMED BY	Spleen
Dr. Belan	The spleen revealed a mixed echogenic to hyperechoic, moderately complex 2.7 cm mass deriving from the cranial pole. The caudal pole of the spleen was folded upon itself. Minor heterogeneous changes noted elsewhere in the spleen.
HOSPITAL NAME	Liver
Glamorgan AC	
REFERRING VET	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 suspended and dependent debris with essentially normal contour. Multiple calculi noted in the gallbladder, non-obstructive, up to 0.4 cm. 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.
Dr. Falk	
INVOICE	
44044	
DATE	
1/6/23	



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Neutered Male

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Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

Pancreas

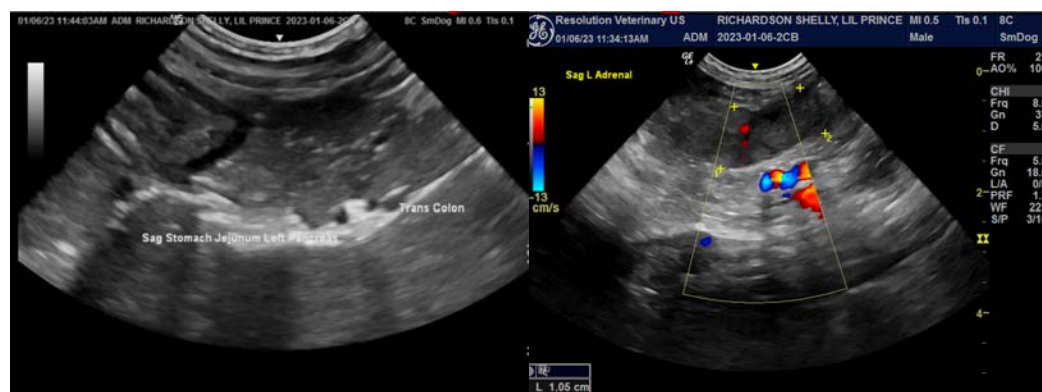
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Complex splenic mass
- Irregular, enlarged left adrenal gland
- Age related renal changes with mineralization
- Reactive hepatopathy
- Chronic active pancreatitis likely

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend splenectomy and left adrenalectomy in this patient. Serial blood pressures and full adrenal workup warranted. Carcinoma versus pheochromocytoma, pronounced adenoma possible regarding the left adrenal gland. The right adrenal appears unremarkable other than minor age related changes. Cholecystotomy with stone removal could also be considered. The inappetence may be deriving from the pancreas, left adrenal, or spleen from a visceral standpoint. If hypertension is an issue, urine catecholamine warranted to assess for pheochromocytoma.





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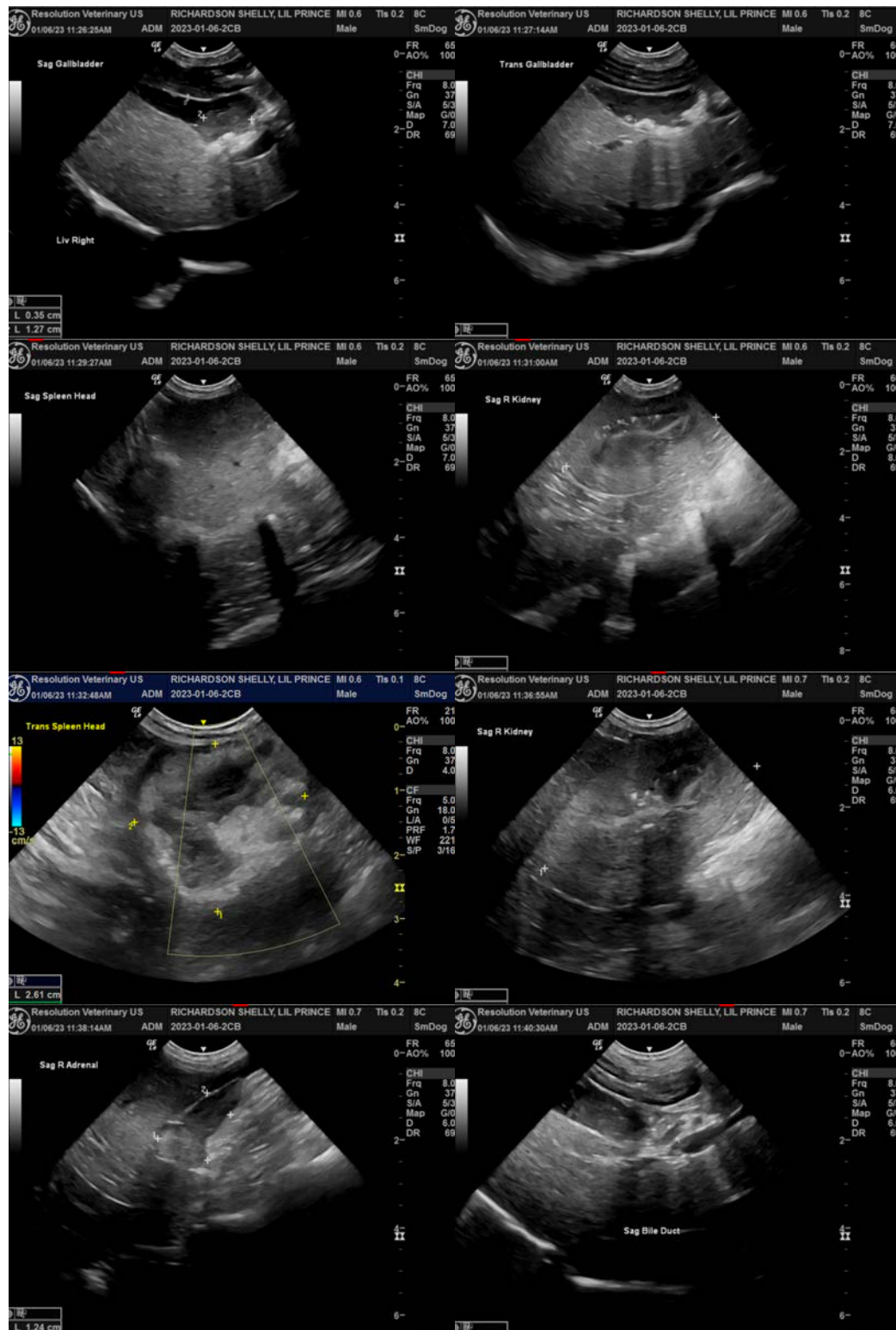
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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