



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Violette Mustaccio	History: pancreatitis IVDD consumed onion powder
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	The <b>urinary bladder</b> , 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.
Shih Tzu Mix	
<b>SEX</b>	The <b>kidneys</b> revealed corticomedullary mineralization and slight pyelectasia in the left kidney. Blood flow to the kidneys appeared adequate on power Doppler assessment. The left kidney measured 3.07 cm. The right kidney measured 3.63 cm.
Spayed Female	
<b>AGE</b>	<b>Adrenal Glands</b>
6 years	Both <b>adrenal glands</b> 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 0.4 cm. The right adrenal gland measured 0.4 cm.
<b>WEIGHT</b>	
14 lbs	
<b>INTERPRETED BY</b>	<b>Spleen</b>
Eric Lindquist, DMV DABVP, Cert. IVUSS	The <b>spleen</b> revealed a focal, hypoechoic nodule that measured 1.0 cm. There was mild deviation of the splenic capsule and disruption of architecture.
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Jenn	The <b>liver</b> images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.
<b>HOSPITAL NAME</b>	
Rockaway AH	
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr. Maniar	Examination of the <b>gastrointestinal tract</b> 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.
<b>INVOICE</b>	
92164	
<b>DATE</b>	
10/5/21	



**PATIENT**

**Pancreas**

Violette Mustaccio

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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

Shih Tzu Mix

Splenic nodule.

Minor medullary rim kidney and mild degenerative changes.

Otherwise, unremarkable abdomen.

**SEX**

Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

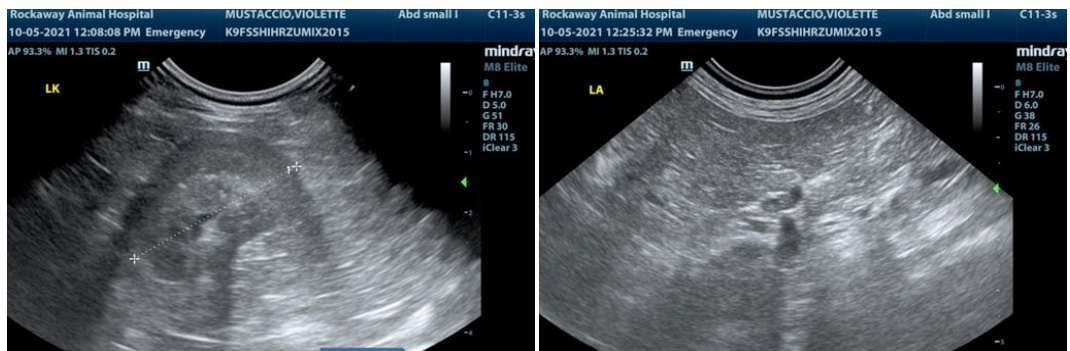
**AGE**

6 years

Ultrasound-guided FNA of the splenic nodule is warranted. Round cell neoplasia, abscessation, hemangiosarcoma and benign hyperplasia are all possible. There was no other evidence of disease.

**WEIGHT**

14 lbs

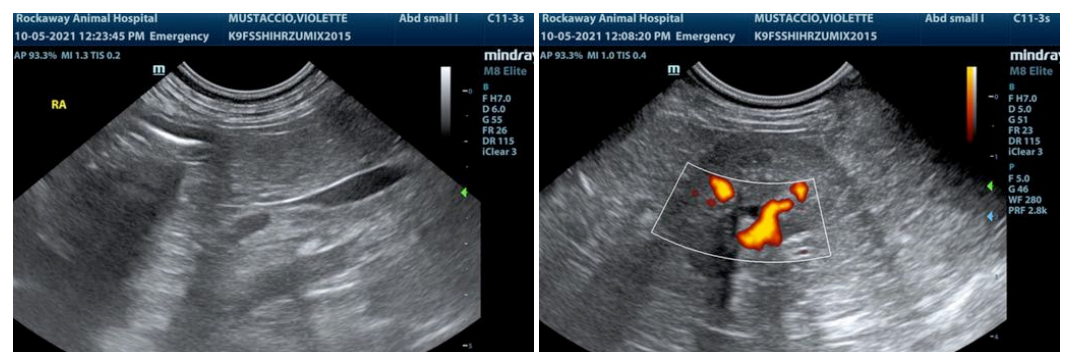


**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenn



**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Maniar

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**PATIENT**

Violette Mustaccio

**SPECIES**

Canine

**BREED**

Shih Tzu Mix

**SEX**

Spayed Female

**AGE**

6 years

**WEIGHT**

14 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
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**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

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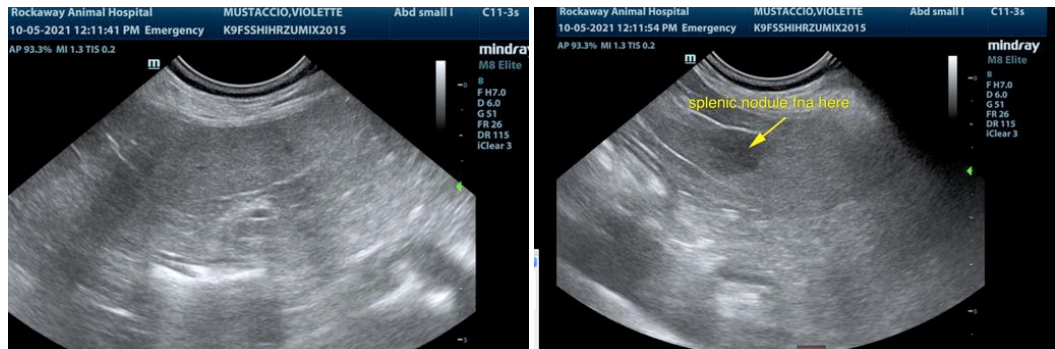
Dr. Maniar

**INVOICE**

92164

**DATE**

10/5/21



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 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**  
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