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**DATE**

11/18/22

**PATIENT**

Sparky Seitz

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Neutered Male

**AGE**

9/12/12

**WEIGHT**

18.5 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**HOSPITAL NAME**

Pleasantville AH

**REFERRING VET**

Dr. Gounaris

**INVOICE**

42864

**PRESENTING CLINICAL SIGNS**

Presented 11/15 for a firm lump over L eyebrow that appeared rather quickly. Seems to be painful and just noticed a two days ago. E/D normal no c/s/v/d no other concerns. A mid abdominal mass likely associated with the spleen was palpated on exam. A neoplastic growth is suspected above the left eyebrow as well. 15 mm SQ firm mass

Current Medications: augmentin 125 mg BID, deracoxib 12.5 mg SID

Lab Results: largley WNL blood chemistry and CBC from 8/9/2022. no FF on Afast.

Radiographs: mass effect mid abdomen, mass associated with the head/body of the spleen. Smaller than normal liver size and food in the stomach mild gas pattern small intestine and scant stool and gas pattern colon. Chest rads do not reveal obvious metastatic lesions, several end on vessels, mild heart enlargement, there is some concern for potential heart based mass.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. Slight amount of suspended debris noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

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. Slight pyelectasia noted. The left kidney measured 3.05 cm. The right kidney measured 3.93 cm with pyelectasia of 0.53 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 left adrenal gland measured 1.84 cm x 0.75 cm at the caudal pole and 0.70 cm at the cranial pole. The right adrenal gland measured 1.8 cm x 0.77 cm at the cranial pole and 0.69 cm at the caudal pole.

**Spleen**

The **spleen** revealed a 7.3 cm x 5.4 cm complex mixed echogenic mass with regional inflammation. Slight free fluid noted around the mass, yet no overt evidence of metastatic disease.

**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. Minor gallbladder polyps noted. 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.

### ***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. 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.

### ***Other***

Rapid view of the heart revealed no evident pathology.

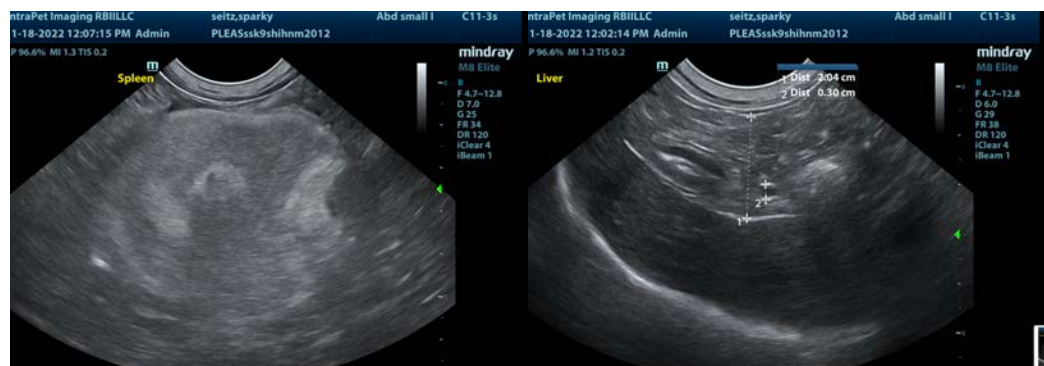
## **ULTRASONOGRAPHIC FINDINGS**

- Splenic mass – differentials include stromal tumor, complex lipogranuloma, less likely hemangiosarcoma
- Urinary bladder debris
- Age related renal changes with pyelectasia
- Age related hepatic changes
- Pancreatic remodeling

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Urinary workup warranted to assess for any evidence of UTI. Chest radiographs followed by splenectomy and liver biopsy warranted to rule out associated disease.

**Radiographs: Excessive intestinal gas, mid abdominal mass.**





**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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