



PATIENT

Maggie Dezonias

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed female

AGE

12 ½ years

WEIGHT

15.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Gordon

HOSPITAL NAME

Coral Ridge AH

REFERRING VET

Dr. Gordon

INVOICE

42767

DATE

11/29/22

PRESENTING CLINICAL SIGNS

History: Rising ALK on labs, urinating copiously Abdomen becoming distended ACTH stim and repeat labwork pending RT side abdomen tender on palpation

Abnormal PE/Chem/CBC/UA Results: UA - normal - USG 1.026 w proteinuria 30 mg/dl Labwork 9/14/22 Abnormal NA - 140 (142 -152) ALK 2413 (5 -160) ALT normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal. 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 iliac trifurcation was unremarkable.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.16 cm with slight pinpoint mineralization noted. The left kidney measured 4.1 cm.

Adrenal Glands

The right **adrenal gland** measured 2.0 x 0.91 cm at the cranial pole and 0.5 cm at the caudal pole. Heterogenous nodular changes were noted in the right adrenal gland. The left adrenal gland was at the upper limits of normal and measured 1.86 x 0.79 cm at the cranial pole and 0.7 cm at the caudal pole. Slight heterogenous changes were noted in the left adrenal gland with minor capsular expansion.

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. Occasional, hyperechoic lipogranuloma was noted in the spleen. 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

A hyperechoic, right cranial liver mass was noted and does not appear resectable in this position. The mass measured approximately 5.5 x 4.0 cm. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. Deviation of the diaphragm was noted. Heterogenous changes were noted elsewhere in the liver. The gallbladder and common bile duct were 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

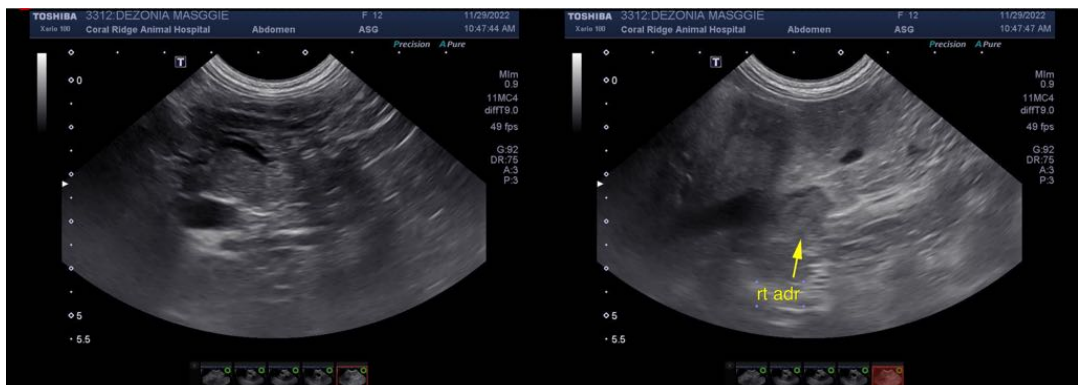
Right cranial liver mass. Pronounced hyperplasia versus carcinoma. If carcinoma low-grade is suspected.

Heterogenous adrenal glands.

Otherwise, geriatric abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA from SDEP 12 approach at the right intercostal is recommended to sample the hepatic mass. If the patient appears Cushingoid and the urine specific gravity is less than 1.020 then work-up for PDH is indicated. However, I am concerned about the right cranial liver mass. Prognosis is guarded.





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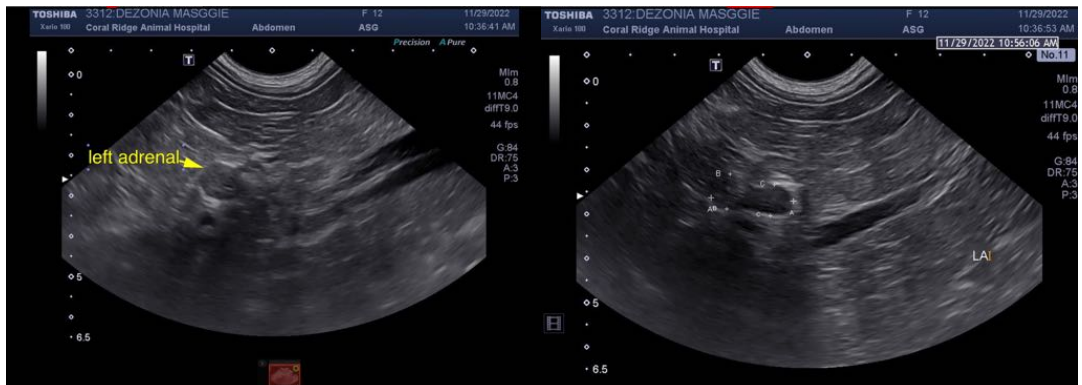
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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