

**PATIENT**

Bella Andoni

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

11 Years

WEIGHT

3.7 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Burrwood Veterinary

INVOICE

43707

DATE

12/22/22

PRESENTING CLINICAL SIGNS

Vomiting, inappetence, severe weight loss over the past few weeks
Abnormal PE/Chem/CBC/UA Results: CBC/Chem - wnl

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 were noted. Ureteral papillae 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. The right kidney measured 3.93 cm with slight pyelectasia. The left kidney measured 3.66 cm with slight pyelectasia at 0.22 cm.

Adrenal Glands

The **right adrenal gland** was 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 right adrenal gland measured 0.44 cm at the cranial pole and 0.48 cm at the caudal pole.

The **left adrenal gland** was mildly swollen at the cranial pole, measuring 0.65 cm at the cranial pole and 0.47 cm at the caudal 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. Hyperechoic lipogranulomatous changes noted. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** was mildly swollen and hypoechoic to falciform fat. Minor gallbladder debris noted.

Gastrointestinal

The upper **duodenum** revealed a 2.9 cm x 1.3 cm mural undifferentiated mass with regional hyperechoic omentum, consistent with adhesions. The mass appears to enter into the pyloric outflow. The gastric portion of the mass measured 3.3 cm x 3.3 cm at the caudal aspect of the pyloric outflow. Regional inflammation noted. An epigastric lymph node was enlarged, rounded, and hypoechoic, measuring 0.83 cm.

Pancreas

The right limb of the **pancreas** was hypoechoic and edematous with enhanced mesentery. Hyperplasia versus low-grade pancreatitis.

ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

SVS Mobile Imaging MI ☎ 734 - 637 - 7711
svsimagingmi@gmail.com



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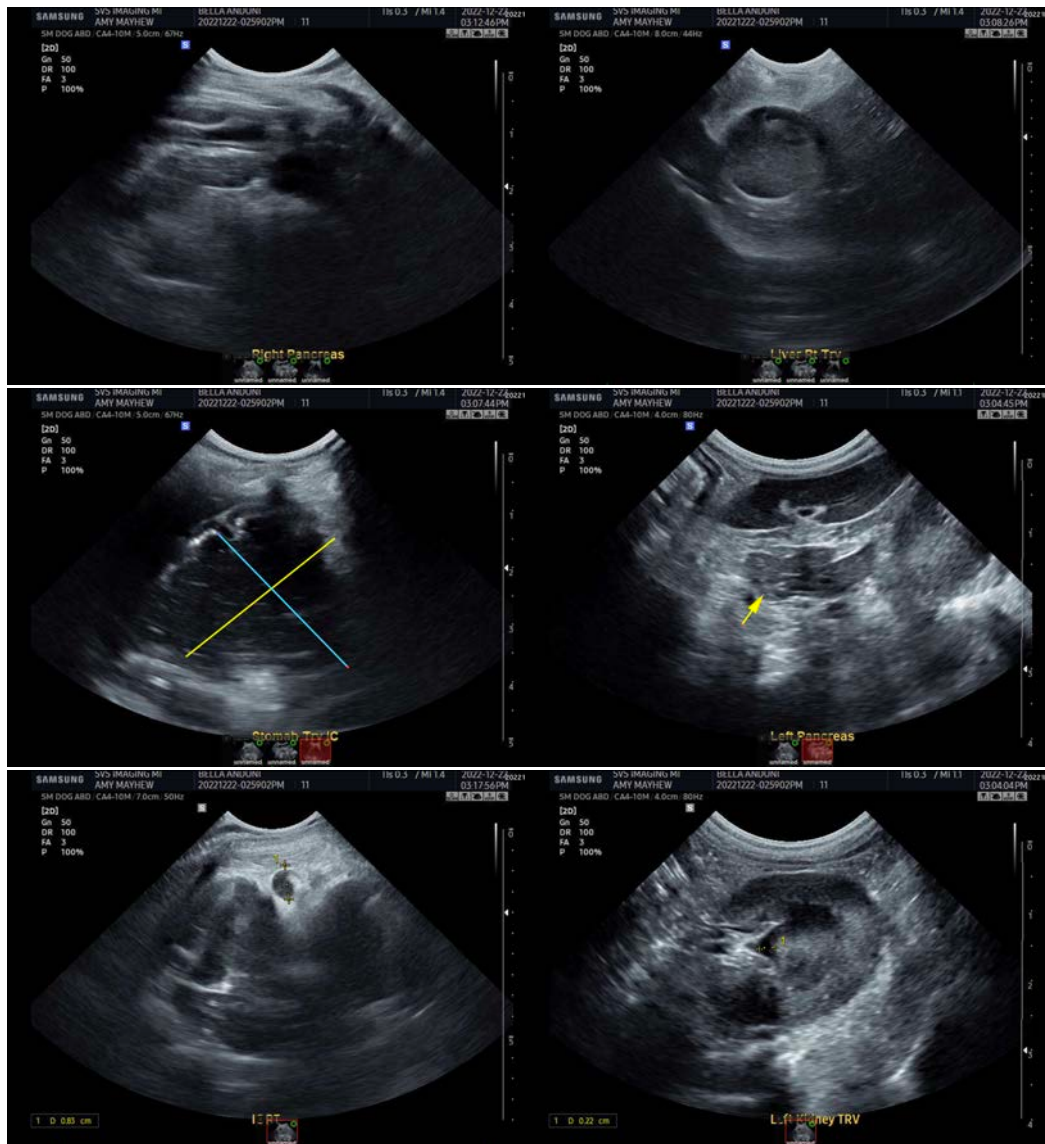
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- Gastroduodenal masses with regional inflammation and regional lymphadenopathy
- Concurrent pancreatitis
- Swollen liver and minor gallbladder debris
- Mildly swollen left adrenal
- Age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the gastric and duodenal pathology recommended with immediate chemotherapeutic intervention. Round cell neoplasia suspected. Carcinoma possible but less likely. Leiomyosarcoma less likely.



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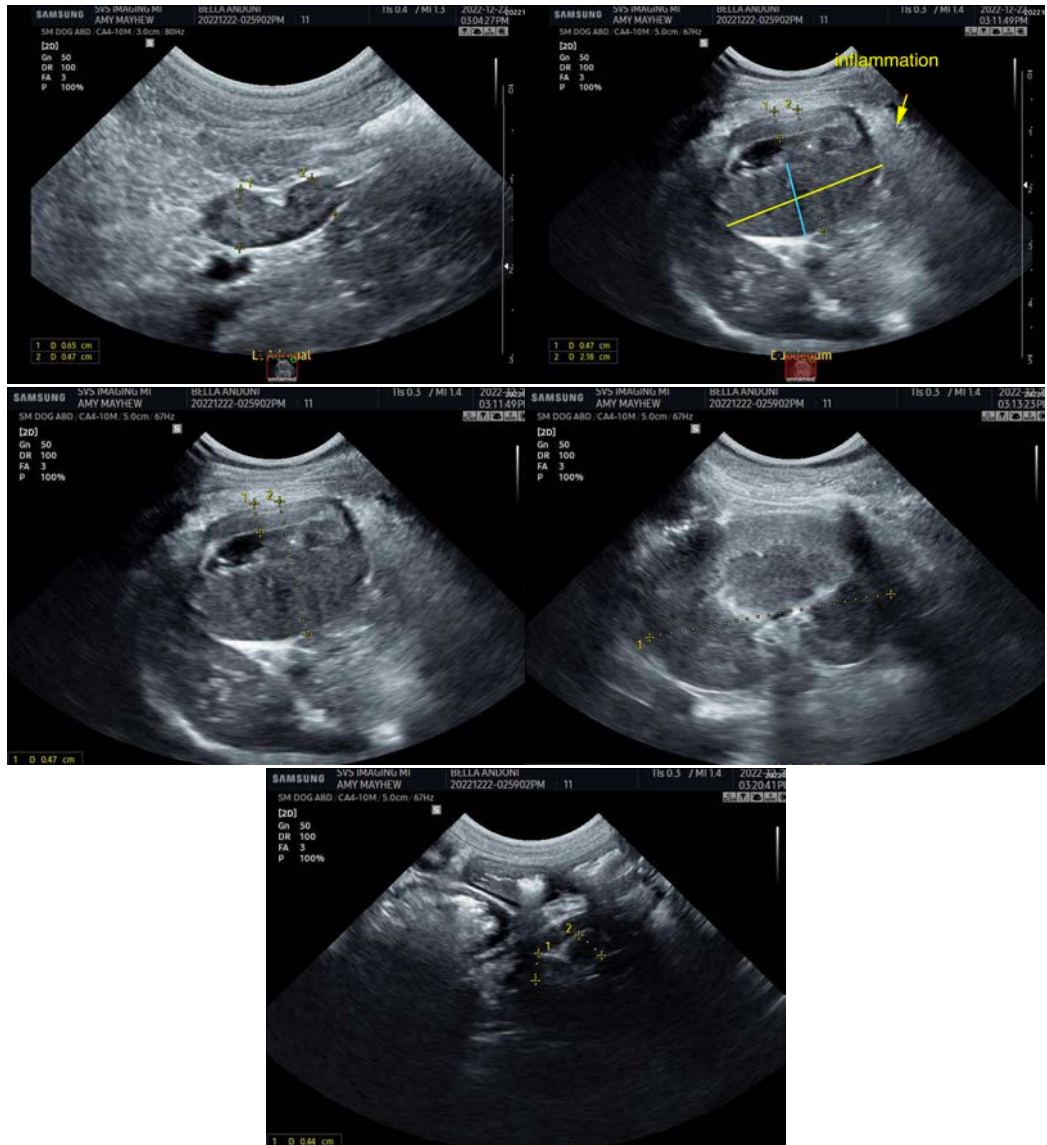
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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