



PATIENT

Archie Baghramyam

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered male

AGE

13 years

WEIGHT

16 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gabriel

HOSPITAL NAME

Central Jersey AH

REFERRING VET

Dr. Gabriel

INVOICE

42958

DATE

2/24/23

PRESENTING CLINICAL SIGNS

History: has hx of allergy , routine blood shows constant elevation of alp (1230) eating and drinking normal nov/d/c/s

Abnormal PE/Chem/CBC/UA Results: alp : 1250 iu/l chest xray : unremarkable

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 was 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 and no evidence of pelvic dilation was present. The left kidney measured 4.4 cm. The right kidney measured 4.3 cm.

Adrenal Glands

The left **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 left adrenal gland measured 1.84 x 0.6 cm. The region of the right adrenal gland was imaged with no evidence of macroscopic pathology; however, the right adrenal gland was not visualized owing to poor resolution in this region.

Spleen

The majority of the caudal **spleen** was unremarkable. However, the cranial splenic body revealed a parenchymal mass. The mass measured 4.2 cm. There was no evidence of rupture and it appears to be solitary. The mass impinges upon the left pancreatic limb.

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. No macroscopic evidence of metastatic disease. 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. 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.



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Gastrointestinal

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A minor amount of non-shadowing, non-obstructive ingesta was noted in the stomach. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

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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.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Splenic mass.

AGE

Otherwise, geriatric abdomen.

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WEIGHT

16 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view chest radiographs are recommended with splenectomy and liver biopsy. Rapid view of the heart is warranted to assess for metastatic disease in the right atricle and pericardium. Round cell neoplasia, hemangiosarcoma and benign hyperplasia is all possible; however, the mass is precarious and at risk for torsion and rupture.

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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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