



PATIENT

Sparky Brian

PRESENTING CLINICAL SIGNS

Intermittent vomiting last 2 weeks blood in vomit on some occasions. Patient bright and alert .

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Shih Tzu

There was slight, echogenic remodeling noted in the apex of the **urinary bladder**. A slight calculus was noted at the pre-prostatic urethra.

SEX

Neutered male

The prostate was uniform and measured 0.94 cm.

AGE

14 years

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.13 cm. The right kidney revealed an anechoic cyst at the dorsal cortex measuring 0.7 cm. The right kidney measured 5.6 cm.

WEIGHT

12 kgs

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 0.48 cm at the caudal pole and 0.78 cm at the cranial pole. The right adrenal gland measured 0.74 cm at the caudal pole and 0.69 cm at the cranial pole.

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Spleen

Resolution Veterinary
Ultrasound LTD

The **spleen** revealed slight scalloping contour and minor heterogenous changes. Occasional hyperechoic lipogranuloma was noted.

REFERRING VET

Dr. Gavin

Liver

INVOICE

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The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Nodular changes were noted in the liver. 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. The cystic and common bile ducts were normal.

DATE

2/9/22



PATIENT

Gastrointestinal

Sparky Brian

The **stomach** revealed a 2.08 cm, hypoechoic, undifferentiated gastric wall mass that measured 4.0-6.0 cm in length. It extends from the cranial aspect of the pyloric outflow to the gastric fundus. Variable small intestinal and colonic thickening was noted without loss of detail.

SPECIES

Canine

Pancreas

BREED

Shih Tzu

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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

AGE

14 years

Geriatric mass with small bladder calculus.

Gastric mass. Strongly suggestive for gastric carcinoma or lymphoma. Minor potential for non-neoplastic disease.

WEIGHT

12 kgs

Nodular hepatic changes. Concern for metastatic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The gastric mass is non-resectable. FNA of the gastric wall and liver is recommended. The prognosis is guarded to poor depending upon cytology results.

IMAGING PERFORMED BY

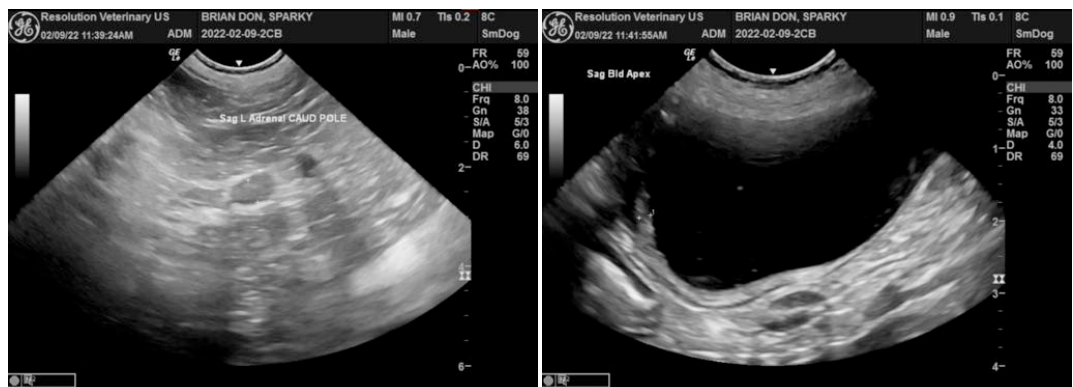
Dr. Belan

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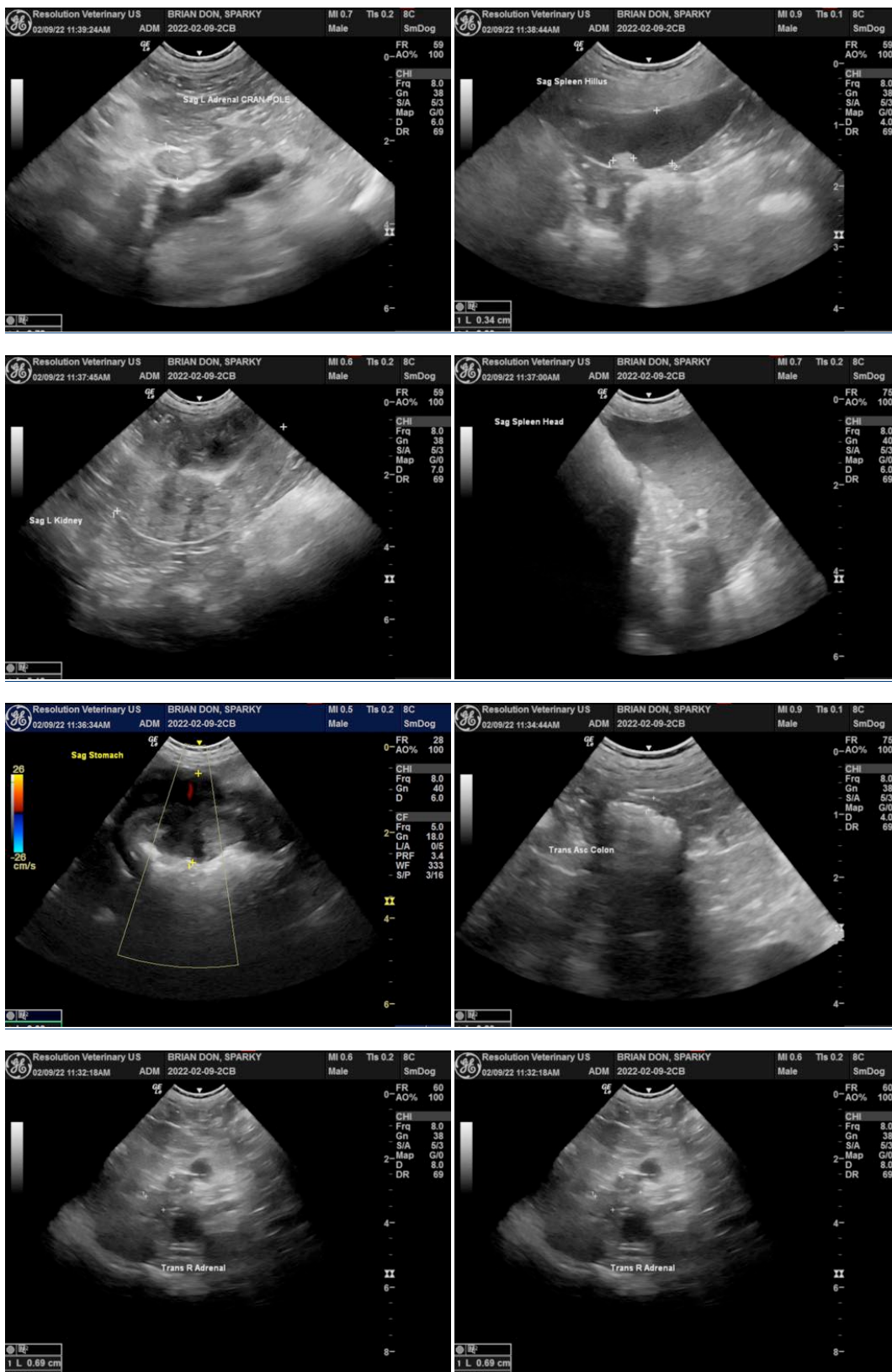
Dr. Gavin

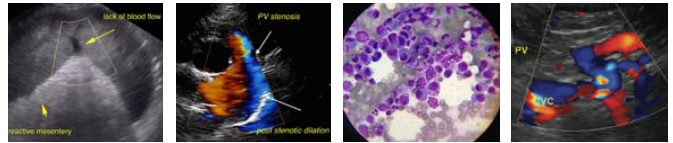
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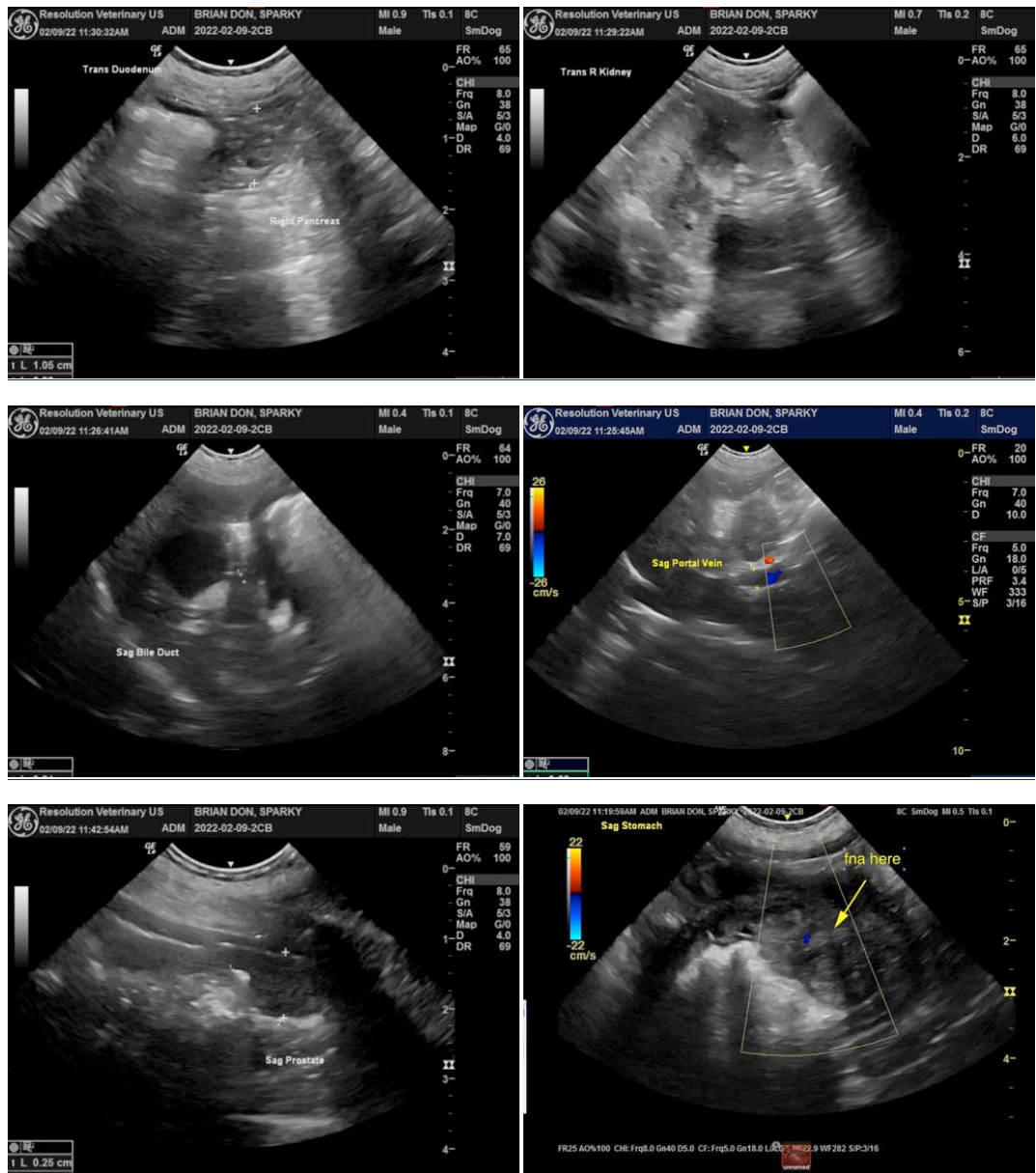
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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