



PATIENT

Shorty Nunes

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

15 Years

WEIGHT

27 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Byron Cabrera

HOSPITAL NAME

All Creatures Great & Small Denville

REFERRING VET

Dr. Ilija Mitrovic

INVOICE

44983

DATE

2/9/23

PRESENTING CLINICAL SIGNS

Abdominal pain, probable mass in cranial abdomen in palpation, liver enzymes elevated.

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The residual prostate measured 7.0 mm.

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 left kidney measured 4.8 cm. The right kidney measured 5.0 cm.

Adrenal Glands

The **left adrenal gland** was enlarged and irregular, measuring 1.3 cm at maximum width. Capsular expansion noted. Enlargement was at the cranial pole. The caudal pole measured 0.58 cm.

The **right adrenal gland** was not visualized.

Spleen

The **spleen** was slightly heterogeneous and mildly irregular. It was folded upon itself caudally.

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. Minor excessive GB debris and polypoid changes were noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions. The deep dorsal liver was not visualized.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. 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.

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.



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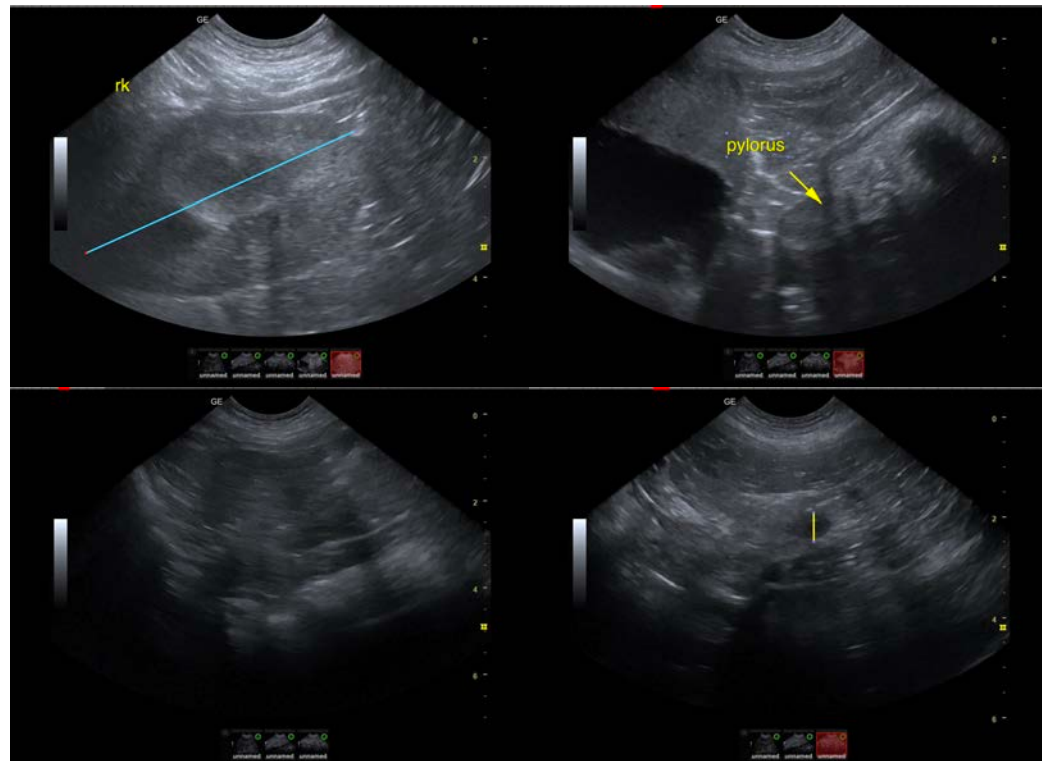
Dr. Ilija Mitrovic

ULTRASONOGRAPHIC FINDINGS

- Subjectively benign hepatopathy, deep dorsal liver not visualized
- Expansive left adrenal nodule – adenoma, adenocarcinoma, pheochromocytoma
- Heterogeneous, folded spleen
- Gastric ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further imaging of the right adrenal under sedation indicated in this patient. Serial blood pressure warranted. The clinical palpation is likely owing to the folded spleen and/or summation effect with the enlarged liver. No overt mass noted other than the adrenal pathology. No evidence of visceral pathology to be responsible for tense abdomen or abdominal pain. Referred back pain should also be considered as a potential.



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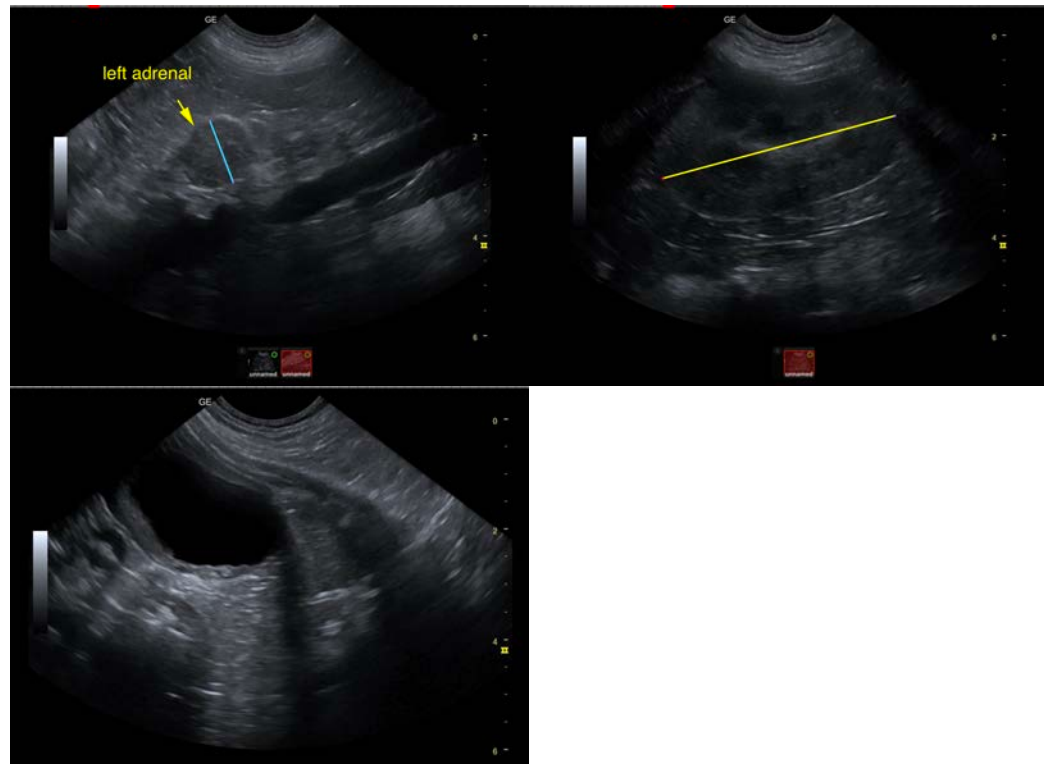
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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