

PATIENT

Yuleidy Collazo

SPECIES

Canine

BREED

Shih Tzu

SEX

Intact female

AGE

12 years

WEIGHT

9.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gabriel Ferrer

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Sanchez

INVOICE

73920

DATE

3/31/26

PRESENTING CLINICAL SIGNS

- Px presented as a referral for an abdominal ultrasound due to persistent anemia, even after multiple blood transfusions
- Px presented to rDVM on Thursday due to vomiting, lethargy, and episodes of collapse
- BW showed anemia and so a blood transfusion was performed
- After the blood transfusion the bloodwork values improved, but a couple of days later the values began to decrease once gain and so a second blood transfusion was performed
- Anemia persists even after the second blood transfusion
- Owner decided to take Px home
- Px is currently of the following Mx: gastroprotector, probiotics, anti-emetics, Prednisolone, and Doxycycline
- FNA of abdominal mass was performed and results are still pending
- rDVM record attached below for your reference

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Pinpoint mineralization was noted in both kidneys. The left kidney measured 4.0 cm. The right kidney measured 4.6 cm.

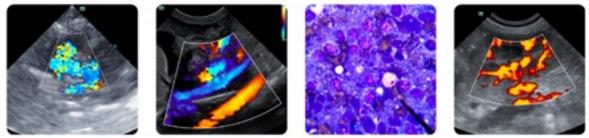
The **right ovary** revealed polycystic changes and measured 2.0 x 1.1 cm. The left ovary is polycystic and measured 2.0 cm. The uterus was unremarkable and measured 0.5 cm.

Adrenal Glands

The left **adrenal gland** was slightly enlarged and measured 1.8 cm x 0.76 cm at the caudal pole and 0.9 cm at the cranial pole. The right adrenal gland was nodular and expansive measuring 1.1 cm at the cranial pole and 0.56 cm at the caudal pole and 1.78 cm in length.

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. 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.



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Liver

The **liver** revealed mixed, hypoechoic 3.7 cm mass. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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

An undifferentiated, hypoechoic mass was noted in the cranial abdomen appeared to be deriving from the right **pancreatic** base; however, I cannot rule out upper gastrointestinal involvement. The mass measured 3.6 cm. FNA of the mass is indicated.

ULTRASONOGRAPHIC FINDINGS

Cranial abdominal mass, suspect pancreatic in origin.

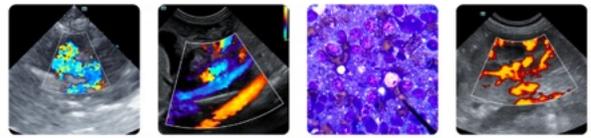
Bilateral adrenal hypertrophy.

Polycystic kidneys.

Polycystic ovaries.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation for potential surgical resection is recommended. CBC path review +/- bone marrow aspirate is indicated. FNA of the mass was performed without complication.



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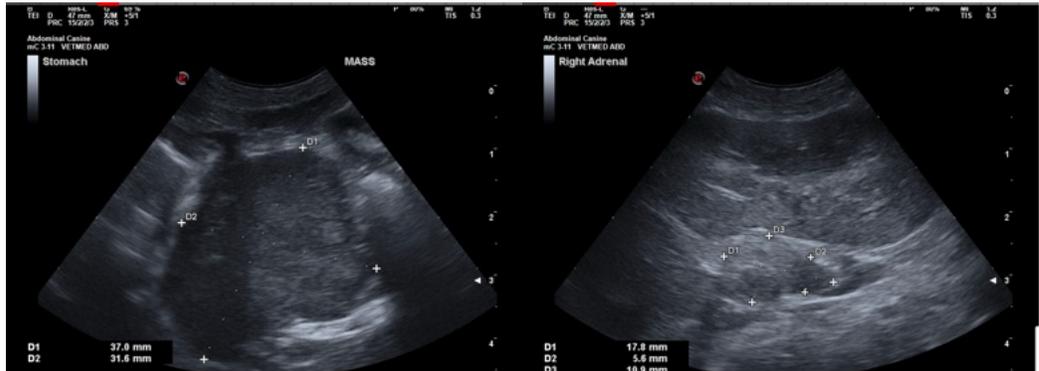
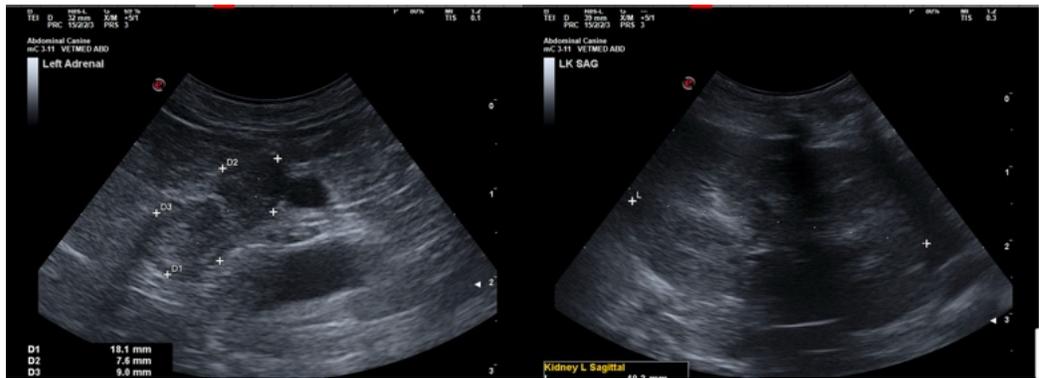
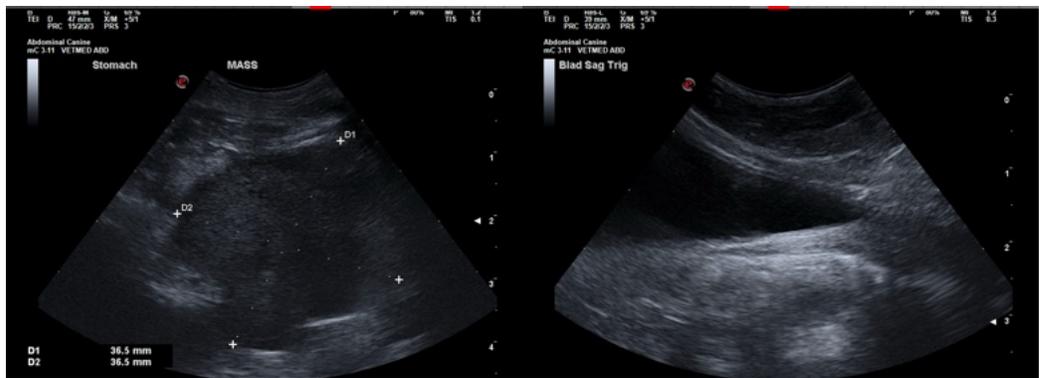
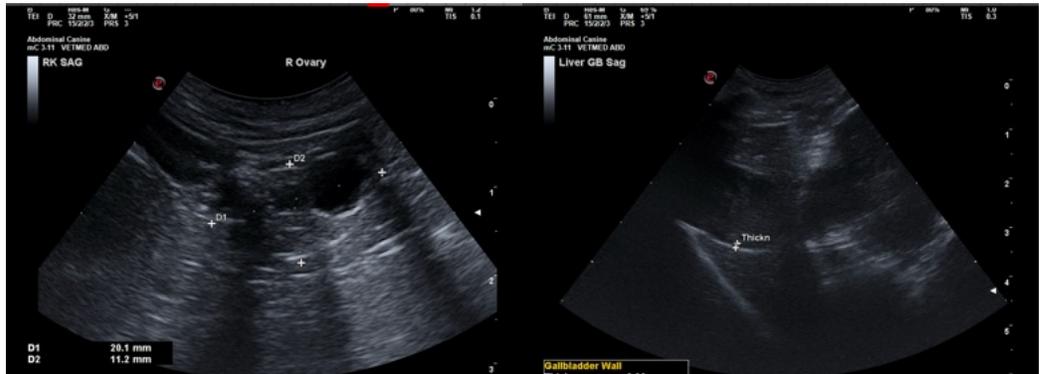
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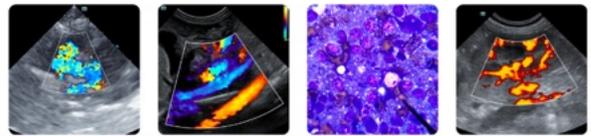
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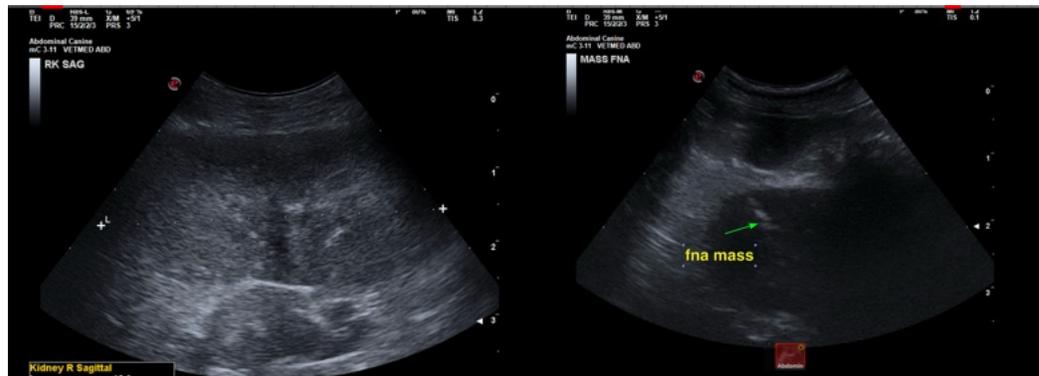
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

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