



PATIENT PRESENTING CLINICAL SIGNS

Sophia Curran

History: Weight loss noticed for months, always picky eater. Eating tablefood readily now. Mucous and bloody stools for weeks. No vomiting.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: March 6, 2023 a 0.6 lb weight loss over 7 months. firm irregular mass point of Right mandible 3x1.5cm. Abdomen palpates mass effect. Radiographs VHS 11.0, lungs moderate interstitial perihilar and ventro-caudal. Soft tissue densities around Left kidney and extending past ribs right and left sides. Intestines pushed caudally. CBC normocytic normochromic anemia HCT 19.8% (37.3-61.7). TT4 <0.5 (1-4). ALKP 1223 (23-212), GGT 28 (0-11). CPL Abnormal. At ultrasound exam March 9, 2023 lost 0.2 more lbs. Full Thyroid panel pending. FNA of Neck mass pending.

BREED

Shih Tzu Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed female

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.

AGE

13 years

WEIGHT

8.9 lbs

The **left kidney** 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 4.14 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The **right kidney** presented significant disrupted architecture and loss of corticomedullary definition and mass effects. Minimal recognizable dorsal cranial cortex was noted in the right kidney.

IMAGING PERFORMED BY

Dr. Brenner

Adrenal Glands

Both **adrenal glands** were 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 1.26 x 0.48 cm at the cranial pole and 0.59 cm at the caudal pole. The right adrenal gland measured 1.87 x 0.62 cm at the cranial pole and 0.52 cm at the caudal pole.

HOSPITAL NAME

Riverside Animal Clinic

REFERRING VET

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Spleen

The **spleen** was uniform and folded upon itself caudally.

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Liver

The **liver** revealed multiple, expansive, hepatic parenchymal masses with cystic components. Target lesions were noted throughout the liver. The gallbladder was unremarkable.

DATE

3/9/23



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Gastrointestinal

The **gastrointestinal tract** revealed a minor amount of ingesta. The small intestines and colon were unremarkable.

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.

Free Abdomen

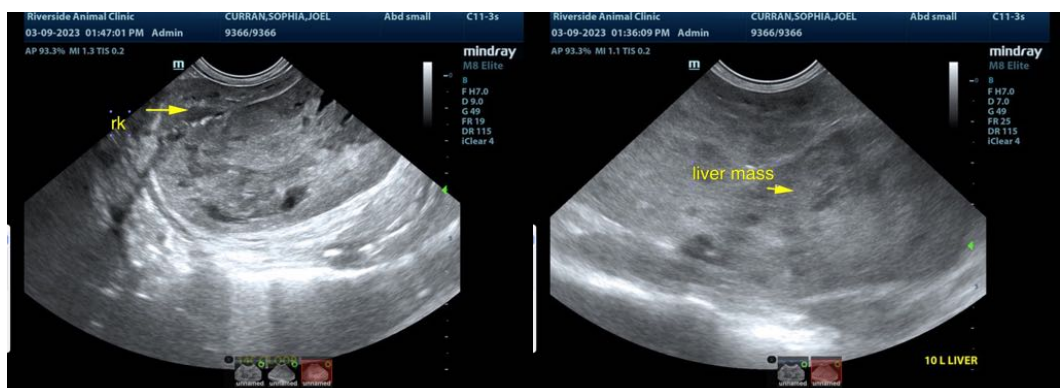
A mild amount of free fluid was noted adjacent to the spleen. Multi-focal lymph nodes were enlarged, irregular and hypoechoic.

ULTRASONOGRAPHIC FINDINGS

Renal, hepatic and lymph node based neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the right kidney, lymph nodes and liver are recommended for further definition. However, the prognosis is poor. Round cell neoplasia is suspected.





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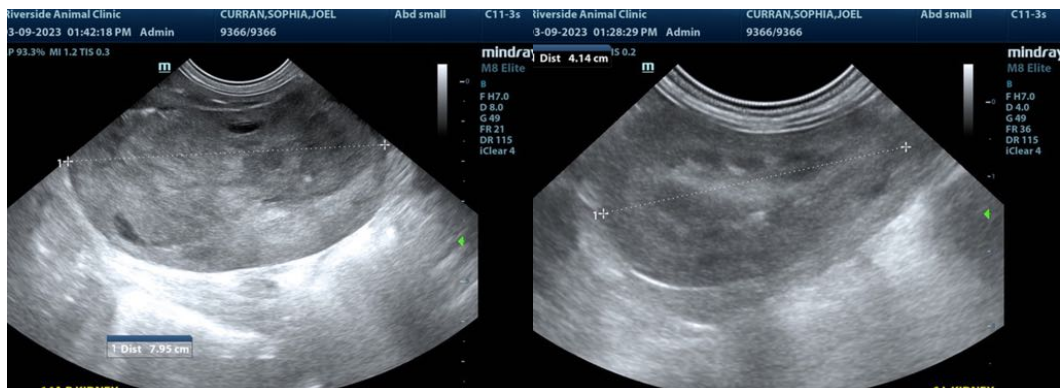
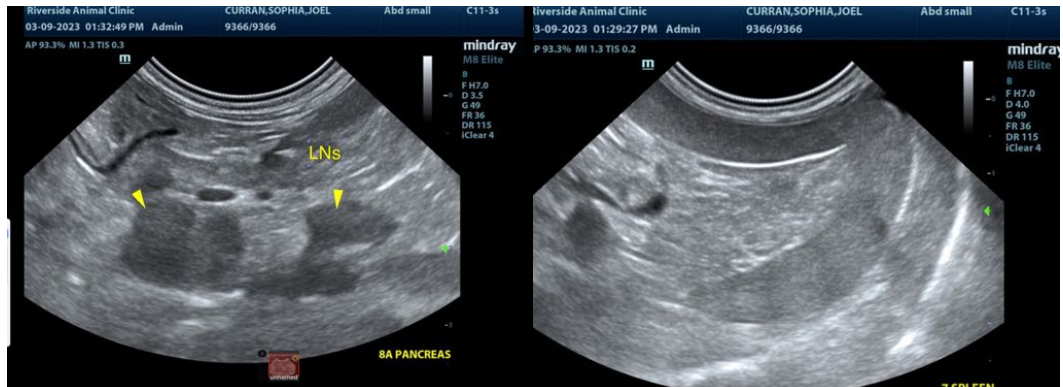
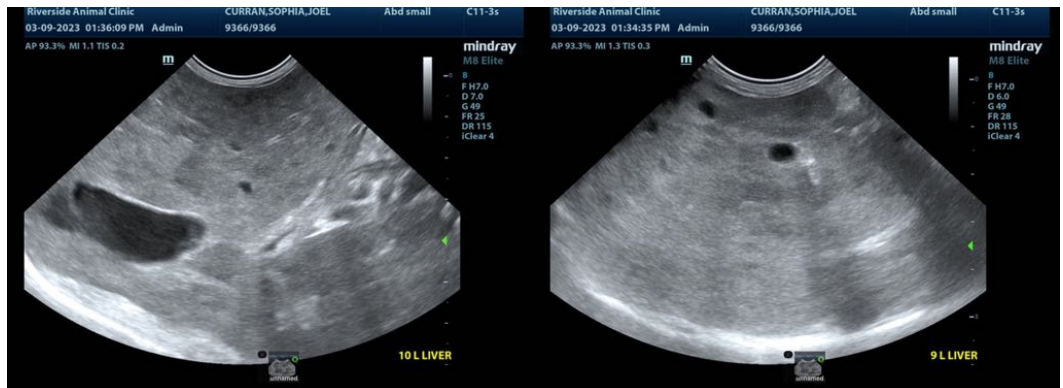
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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