



PATIENT

Zuzu Maselli

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed female

AGE

13 years

WEIGHT

15 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Petrone

HOSPITAL NAME

Long Branch AH

REFERRING VET

Dr. Petrone

INVOICE

43761

DATE

4/10/23

PRESENTING CLINICAL SIGNS

History: Presented for bloody diarrhea. History: hypercalcemia due to hyperparathyroidism, unknown infectious hind limb swelling and lameness, CVD/MVR

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. Minor pyelectasia was noted in the kidneys. The left kidney measured 4.78 cm.

Adrenal Glands

The left **adrenal gland** was slightly enlarged at the cranial pole and measured 0.82 cm at the caudal pole and 0.64 cm at the cranial pole. The right adrenal gland measured up to 0.8 cm.

Spleen

A mixed, hypoechoic, complex 7.6 cm mass was noted. The mass appeared to be deriving from the caudal aspect of the **spleen**. Reactive mesentery was noted around the splenic mass. Capsular escape and regional omentum was noted by the splenic mass.

Liver

A mixed hypoechoic and hyperechoic, complex **liver** mass was noted in this patient. The mass is adjacent to the diaphragm. This is suggestive for metastatic disease. Micronodular changes were noted throughout the liver. Other coarse architecture was noted. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. Biliary mineralization was noted. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

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.



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Pancreas

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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.

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Heart

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Rapid view of the heart revealed mitral insufficiency and thickened mitral valve. Contractility and volumes appeared normal. There was no evidence of right auricular masses or pericardial effusion. Minor tricuspid insufficiency was noted. The volumes appeared to be normal.

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ULTRASONOGRAPHIC FINDINGS

AGE

13 years

Ruptured splenic mass with regional omental escape and free fluid.

Concurrent hepatic mass, strongly suggestive for metastatic lesion. Concurrent hepatic remodeling and micronodular changes.

WEIGHT

15 lbs

Age related renal changes.

Hyperplastic adrenal glands.

B1 valvular disease cardiac presentation.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no overt contraindication to anesthetic procedure. Chest radiographs are warranted. Exploratory surgery can be considered; however, the pathology is unlikely to be cleanly resectable. FNA of the splenic mass and liver mass can be considered for further definition. Round cell neoplasia versus hemangiosarcoma are the primary concerns. There is a mild potential for unrelated hepatocellular carcinoma or granulomatous change in the liver, yet less likely.

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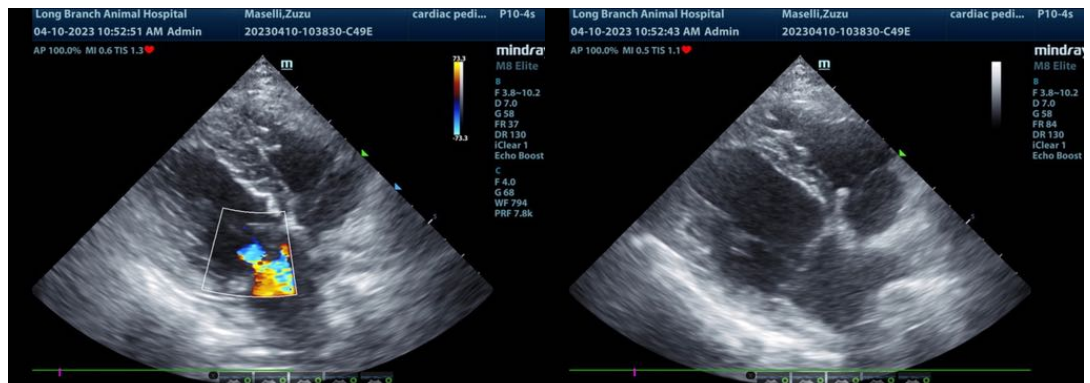
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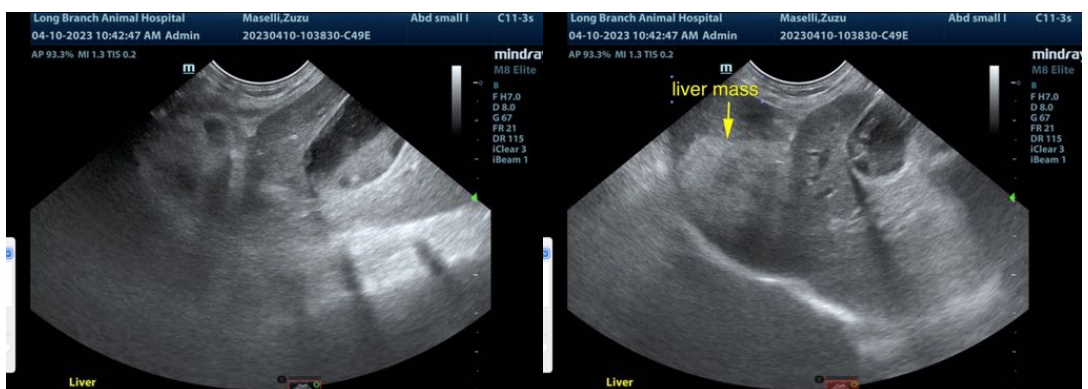
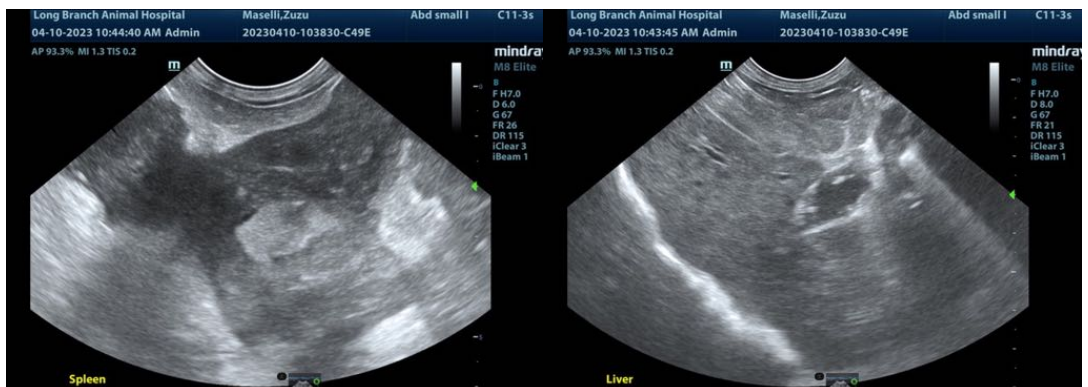
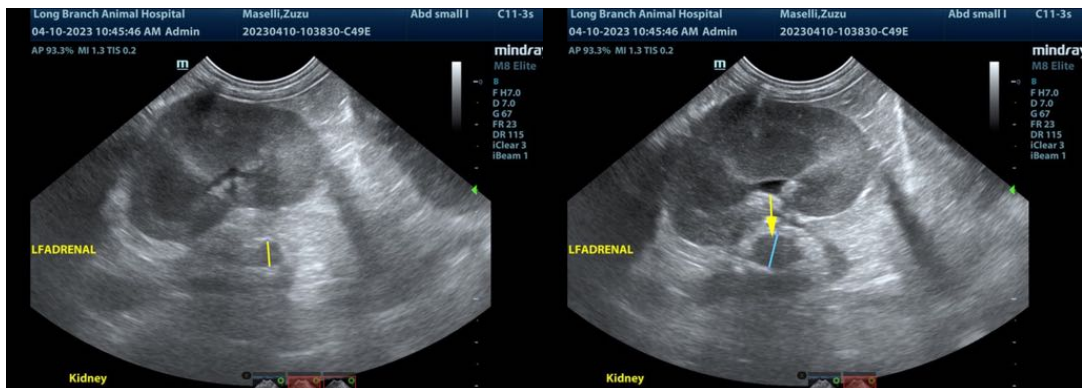
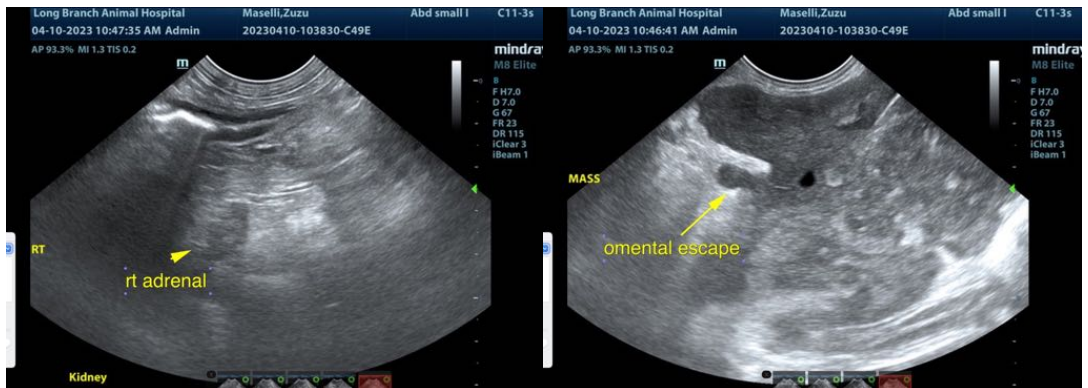
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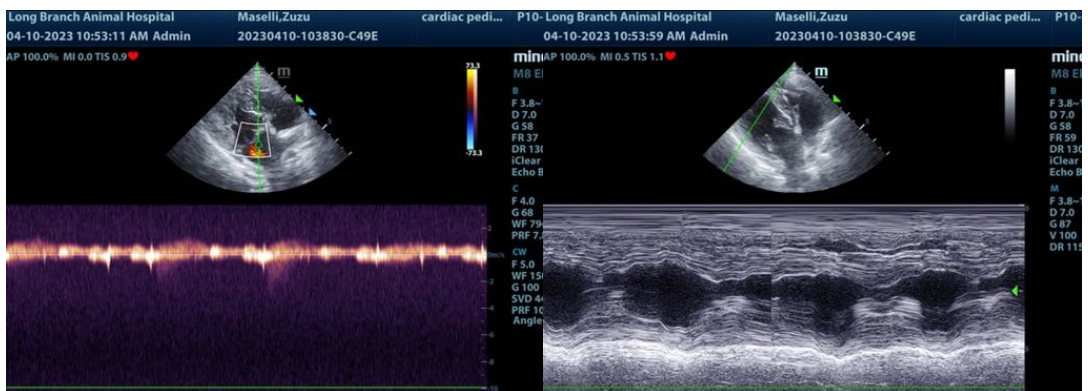
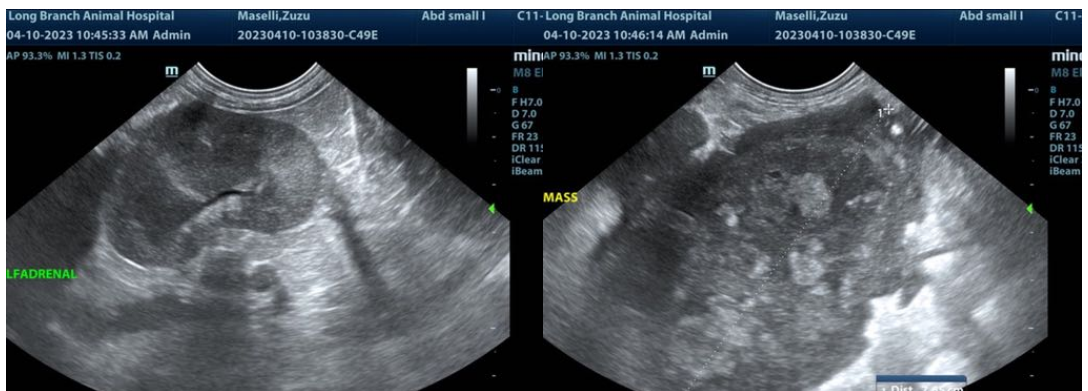
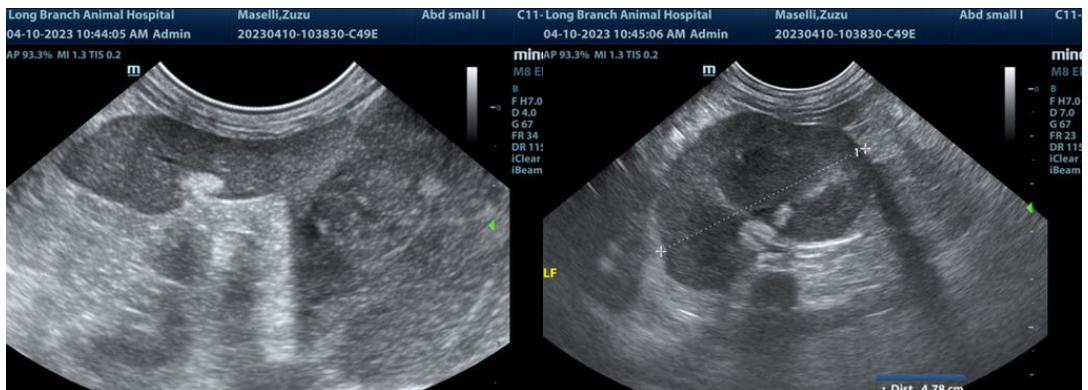
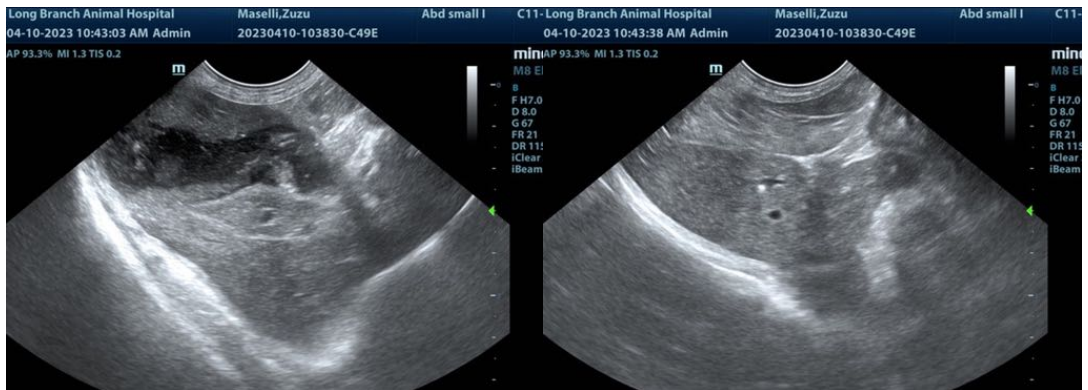
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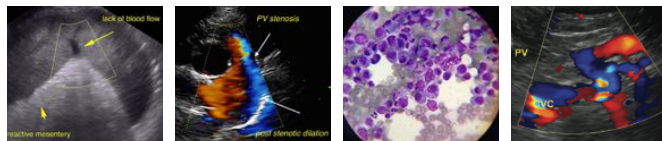
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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