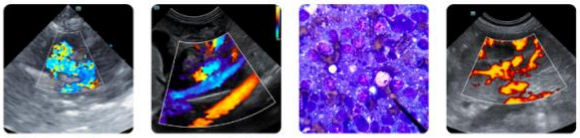

PATIENT

Bella Baranoski

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

12 Years

WEIGHT

15.2

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

King Veterinary Hospital

REFERRING VET

Dr. Aldridge

INVOICE

36685

DATE

4/21/26

PRESENTING CLINICAL SIGNS

History: P presented for US due to not eating well, when she eats she will vomit a few hours later, lethargic, not sleeping well, pacing and whining. P weighed 17# 2/27/26. P weighs 15.2# today Abnormal PE/Chem/CBC/UA Results: Mild Leukocytosis (neutrophilia and monocytosis) Glob 5.2, ALKP 324, cpl normal.

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 3.0 cm beyond the cystourethral junction.

The **uterine stump** was unremarkable.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild to moderate 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 right kidney measured 4.56 cm. The left kidney measured 3.74 cm in length. A 1.0 cm anechoic cyst was noted in the left medial cortex.

Adrenal Glands

The **right adrenal gland** revealed a hypoechoic nodule, measuring 1.33 x 1.88 cm. The right adrenal gland measured 2.3 cm x 1.32 cm at the cranial pole and 0.64 cm at the caudal pole.

The **left adrenal gland** was 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 1.46 cm x 0.46 cm at the caudal pole and 0.49 cm at the cranial pole.

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 were noted.

Liver

The **liver** revealed multifocal hypoechoic lipid plaques/nodular changes, likely benign.

Gastrointestinal

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Minor **gastric** wall thickening was noted. A mixed hypoechoic, 3.7 cm intestinal mass was noted, localized medial to the spleen, appears to be jejunum. The mass was peripherally inflamed. The colon was unremarkable.

Pancreas

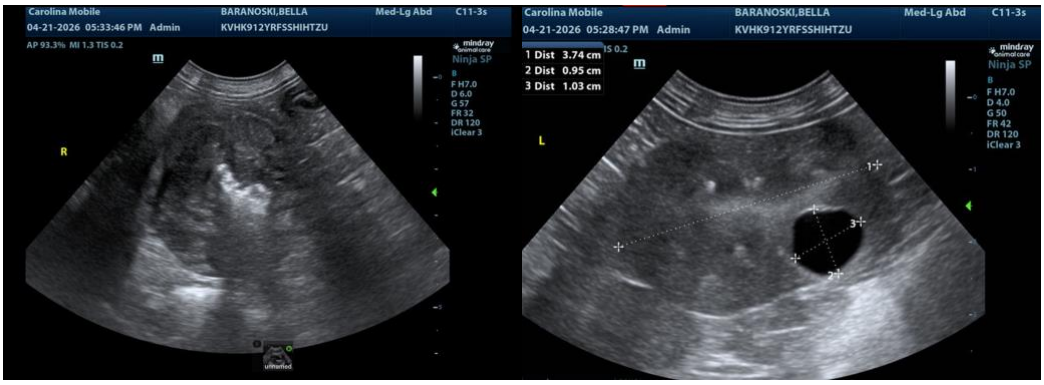
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some moderate parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. 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.

ULTRASONOGRAPHIC FINDINGS

- Age-related renal change with mineralization and left renal cyst
- Intestinal mass- leiomyosarcoma, round cell neoplasia, less likely carcinoma possible. Granulomas disease is less likely. The mass appears resectable.
- Minor gastric wall thickening
- Right adrenal nodule- hyperplasia, adenocarcinoma, pheochromocytoma all possible.
- Age-related pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the mass could be considered or direct intestinal resection. Chest radiographs are warranted prior to surgery. Proactive right adrenalectomy at the time of intestinal resection would be ideal in this patient. Serial blood pressure measurements are recommended in this patient. If hypertension is an issue metanephrine level is recommended. If the patient appears Cushingoid and urine specific gravity is less than 1.020 then work-up for adrenal dependent Cushing's is indicated. Recheck is recommended in 2-3 weeks to assess for any progression of the adrenal gland.



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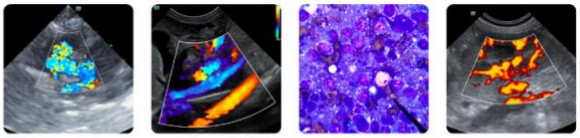

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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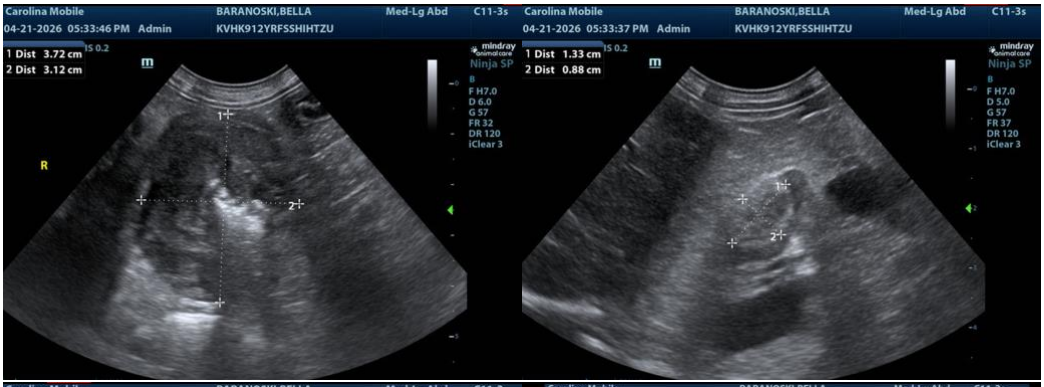

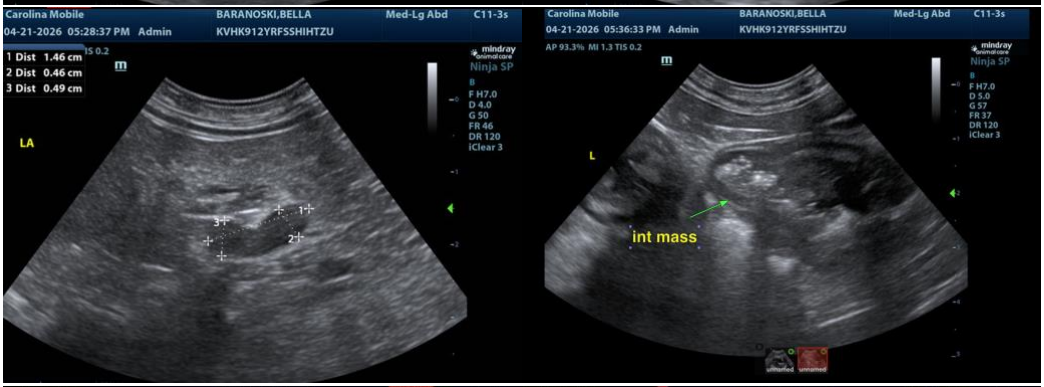

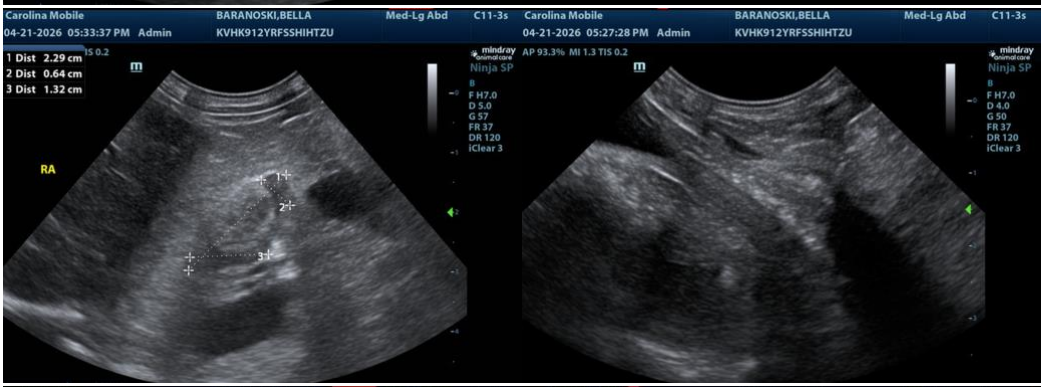

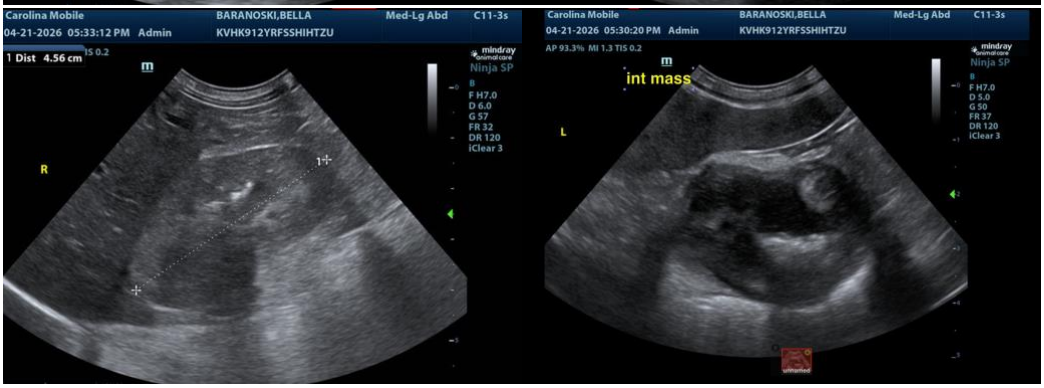

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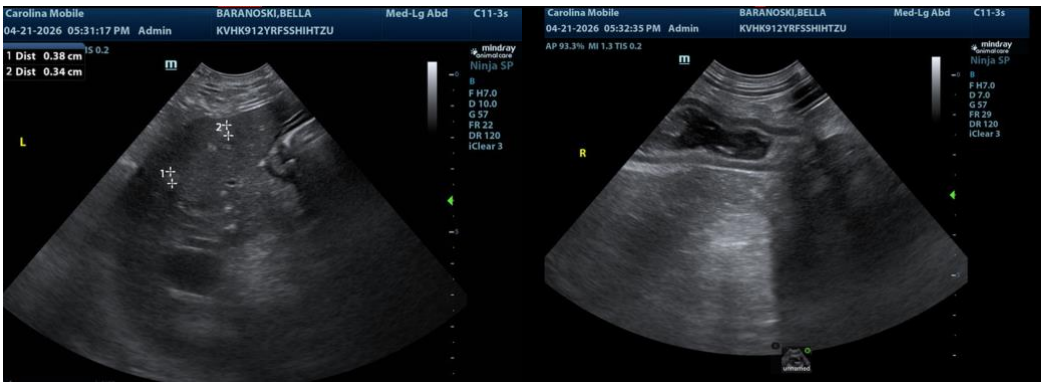

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com