



PATIENT

Skye James

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered male

AGE

10 years

WEIGHT

3.8 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Murphy

INVOICE

77887

DATE

5/23/26

PRESENTING CLINICAL SIGNS

History: Decreased appetite past few weeks, suspected due to recent passing of housemate. Tx with Cerenia, Entyce and Carprofen @ rDVM. Improved slightly but deceased after meds. Now lethargic. Now yelps when urinating, falling over, and trouble walking/moving.

PE: Quiet to depressed

Mucous membranes muddy/tacky, moderate to severe tartar/gingival erythema, ulceration on tip of tongue

Large rounded mass palpable cranial abdomen, mild pain on palpation

Papules diffuse on caudal ventrum, erythema and swelling of caudal commissures of mouth

Expiratory wheeze (R>L chest)

Grade 1/6 heart murmur, pulses bounding

Blood pressure: 160 (Doppler) EPOC: Lactate 3.23 H, pH 7.411, BE -5.9 L, pCO2 29.6 L CBC: Hct 35.1% L, Hb 12.2 L, MCV 60.6 L, MCH 21.1 L, Reticulocytes 72.4, WBC 23.52K H, Immature neutrophils 1.63K (6.9%), Monocytes 3.24K H Chem15: Glucose 70 (low normal), ALP 235 H UA: amber colored urine, USG >1.050, pH 7.0, protein 3+, glucose 1+, ketones 1+, urobilinogen 3+ (suspect the glucose and ketones are false from the urine discoloration) UPC: normal 0.25 chest rad met check: clear

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. The left and right kidney measured 4.0 cm.

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 0.6 cm. The right adrenal gland measured 0.6 cm.

Spleen

The **spleen** revealed a cranial splenic nodule. The nodule was microcystic and expansive measuring 1.5 cm. The caudal spleen revealed a complex, mixed, hypoechoic cystic mass that measured 7.0+ cm. There was no evidence of rupture; however, I cannot rule out that potential.



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The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. There is no evidence of metastatic disease. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

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

Heart

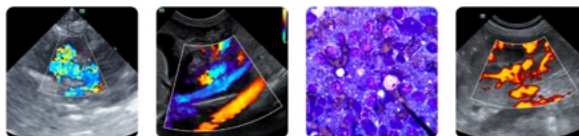
Rapid view of the heart revealed no evidence of pathology in the right auricle or pericardium.

ULTRASONOGRAPHIC FINDINGS

Microcystic splenic nodule and spleen mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Splenectomy is indicated if chest radiographs are free of evident pathology. Hemangiosarcoma is likely given the multiple lesions. Benign hyperplasia is possible. This is a highly precarious presentation. Immediate splenectomy is indicated.



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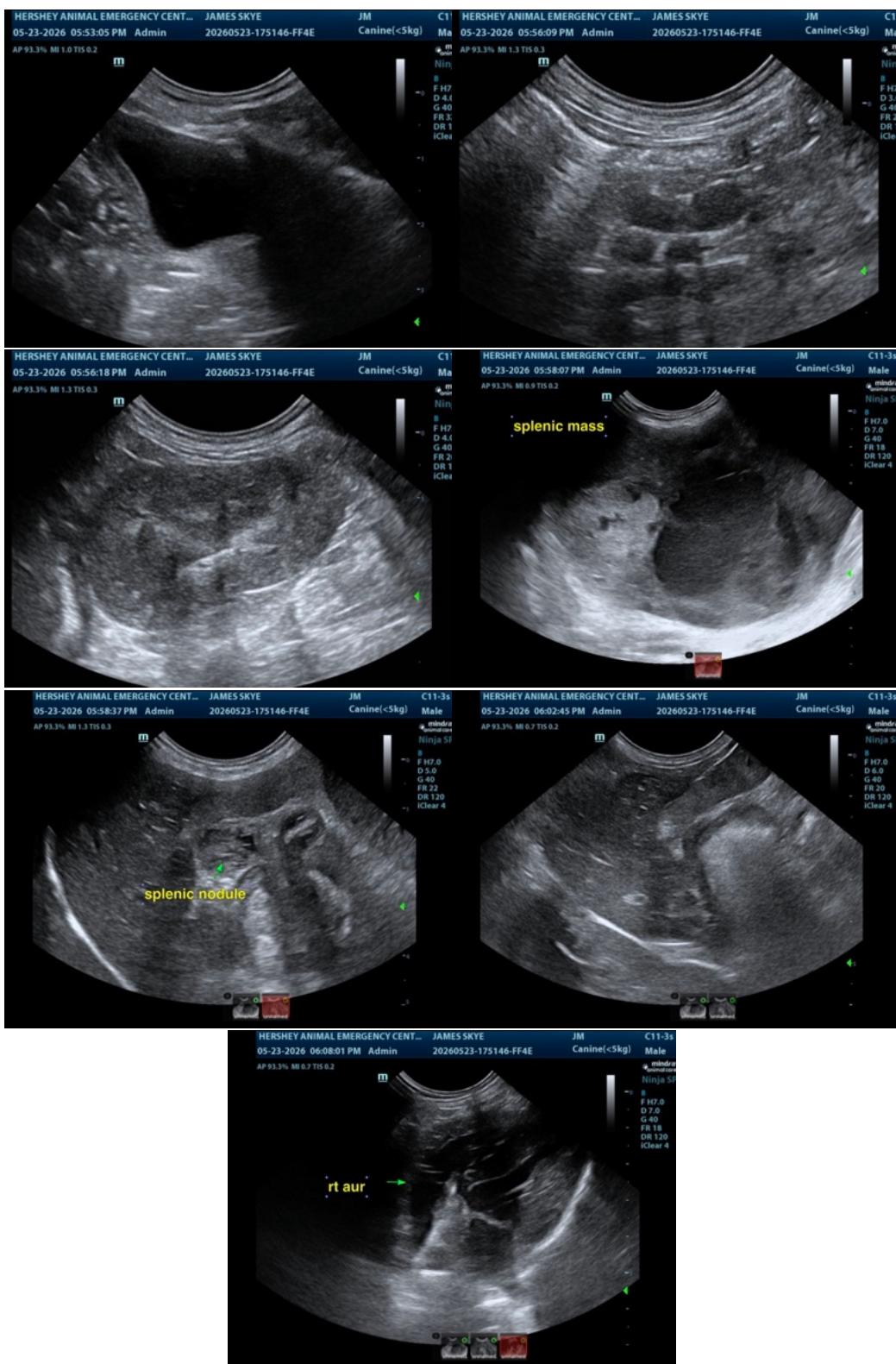
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com