



PATIENT

Kesha Ruggiero

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

10 Years

WEIGHT

12.2

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. A

HOSPITAL NAME

Surfside PH

REFERRING VET

Americo Abadia

INVOICE

22333

DATE

5/5/23

PRESENTING CLINICAL SIGNS

History of weight loss since the beginning of march. Last seen this past Saturday , CPL- normal, treated with Cerenia and famotidine. Pet presented today for not eating and losing weight.

Abnormal PE/Chem/CBC/UA Results: PE shows mildly pale mm, VCRT around 3 secs. Mild painful discomfort on cranial abdomen, specially the right side. Normal temp. Radiographs shows the gastric axis to be pushed cranially and a possible circular shaped silhouette that could be concerning for a mass. Mild cardiomegaly seen with no signs of pulmonary edema. CPL- normal. Hwen scanning the right cranial abdomen pet was showing moderate discomfort. BW showed WBC's- 20.7 , neutrophils 18.3, HCT 22.5 %, ALP - 205

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 his age patient. Medullary structure differed distinctly from that of the cortex. The right kidney measured 3.44 cm. The left kidney measured 3.46 cm. Slight pyelectasia was noted in the left kidney.

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 right adrenal gland measured 0.91 cm x 0.5 cm. The left adrenal gland measured 1.31 cm x 0.33 cm at the cranial pole and 0.34 cm at the caudal 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 a hepatoma type mass, occupying the majority of the right liver, measuring approximately 6.0 cm. No significant disruption of architecture was noted. FNA is indicated for further definition, yet not likely causing a clinical issue. The gallbladder and common bile duct were unremarkable.

Gastrointestinal



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The **stomach** itself was unremarkable. The jejunum in this patient revealed a mixed hypoechoic mass- this may be the cause of anemia owing to hemorrhage. The mass measured 3.4 cm x 3.0 cm. The colon was unremarkable.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some minor 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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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- Jejunal mass- leiomyosarcoma vs carcinoma or lymphoma all possible
- Geriatric abdomen otherwise

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

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FNA of the jejunal mass could be considered for further definition, or direct surgical removal of approximately 8.0 cm of intestine. This may be the source of hemorrhage, however, CBC path review +/- bone marrow aspirate would be indicated, as well as three view chest radiographs. No overt evidence of metastatic disease.

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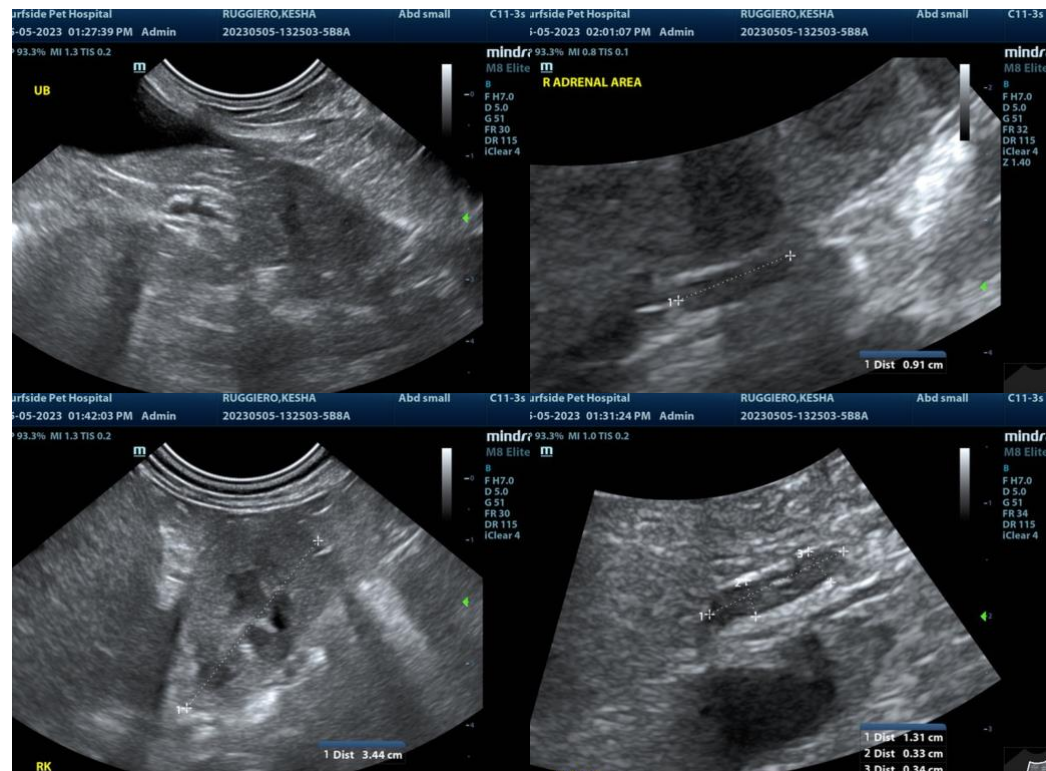
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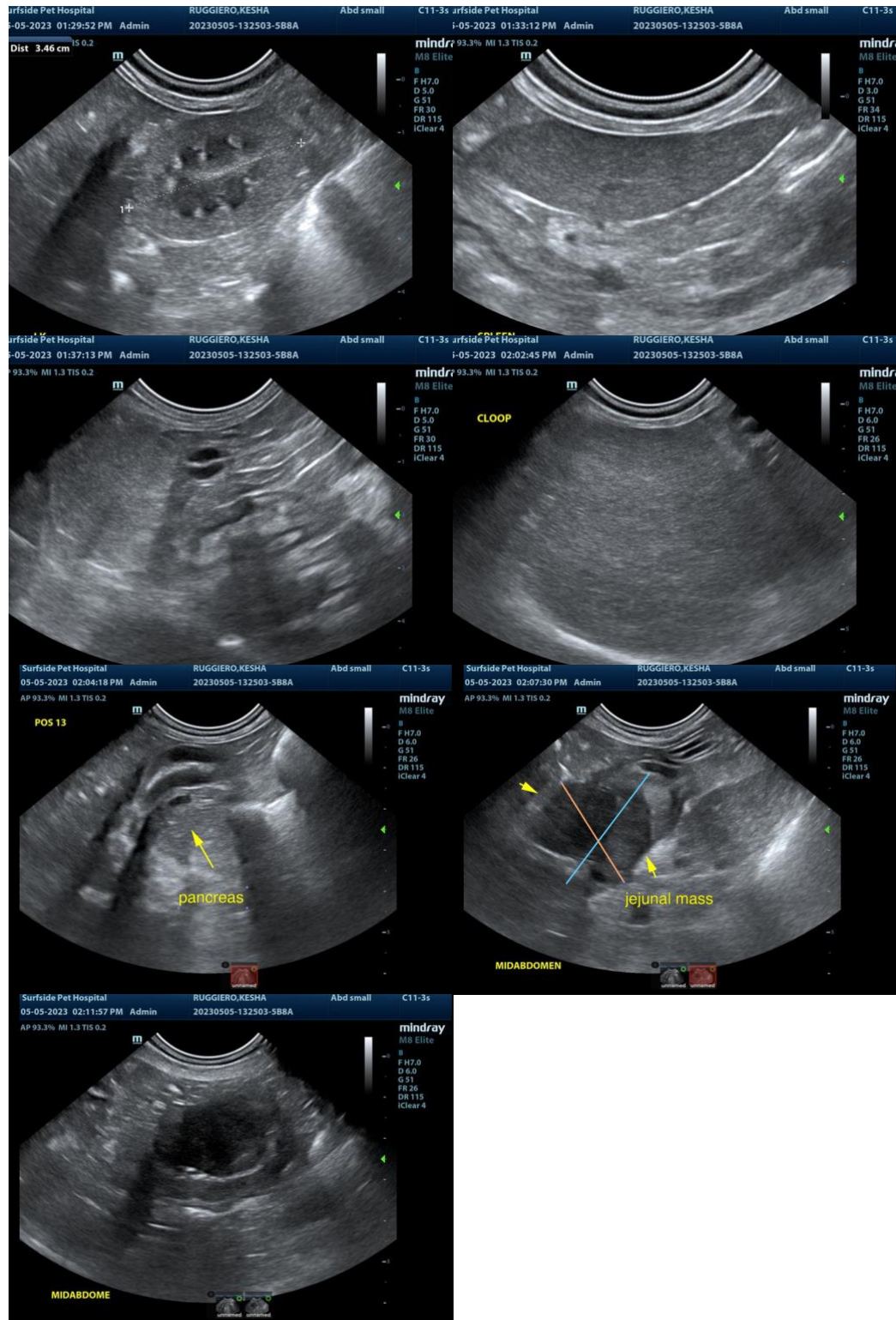
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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