



**PATIENT**

Flossze Daane

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

9.4 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP(CFM), Cert.  
IVUSS

**IMAGING PERFORMED BY**

Chloe Lowe CVT

**HOSPITAL NAME**

Nazareth Veterinary  
Center

**REFERRING VET**

Dr. Bankowski

**INVOICE**

15811

**DATE**

05/05/26

**PRESENTING CLINICAL SIGNS**

Non-regenerative, anemia, weight loss, elevated CPL, hyporexia. Much improved eating but still losing weight. Progressive anemia. Pancreas parameters. Pepcid 5mg, Entyce

Abnormal PE/Chem/CBC/UA Results: PCV 33%, BUN 50, Alp 290. USG 1.021

**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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. Occasional microcystic cortical changes were noted. The left kidney measured 3.64 cm in length. The right kidney measured 3.8 cm in length.

**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 1.66 cm x 0.64 cm width at the caudal pole and 0.45 cm width at the cranial pole. The right adrenal gland measured 1.51 cm x 0.74 cm width at the cranial pole and 0.62 cm width at the caudal pole.

**Spleen**

The **spleen** presented largely unremarkable yet a focal hypoechoic nodule was noted in the mid cranial splenic body measuring 0.70 cm and appeared nondisruptive.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**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**

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**

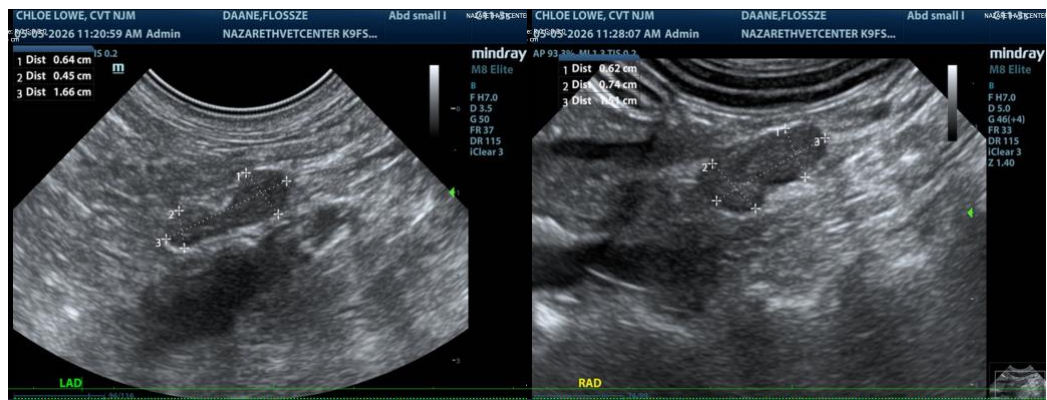
Rapid view of the **heart** revealed no evident pathology in the right auricle or pericardium.

**ULTRASONOGRAPHIC FINDINGS**

- Focal splenic nodule- nodular hyperplasia versus emerging round cell neoplasia, hemangiosarcoma are all technically possible.
- Age-related renal changes- nonspecific.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The cause of the anemia is unclear, however, a 25-gauge FNA of the splenic nodule is indicated. Full urinary work up with culture and sensitivity is indicated. The cause of weight loss is unclear. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered. CBC path +/- bone marrow aspirate may be appropriate in this patient.





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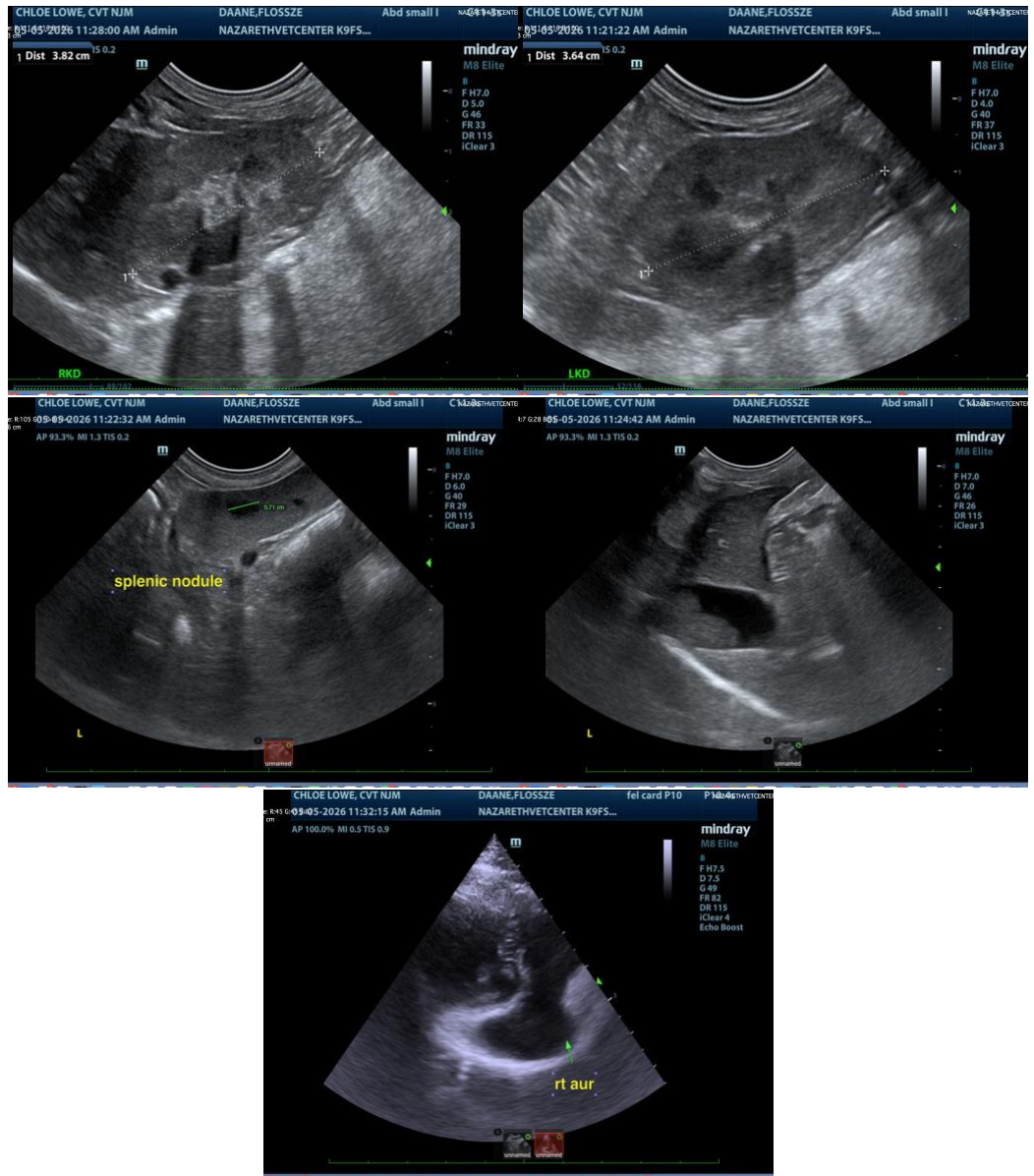
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,**

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