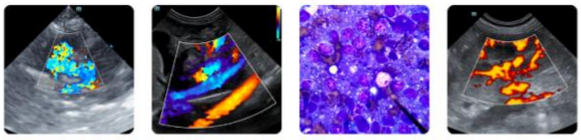


DATE

05/09/26

PATIENT

Chloe Cerbone

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Spayed Female

AGE

11/08/15

WEIGHT

16.9 kg

INTERPRETED BY

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

HOSPITAL NAME

Mason Dixon Animal Emergency

REFERRING VET

Dr. Kiebler

INVOICE

15982

PRESENTING CLINICAL SIGNS

Patient History: presented on 5/8 afternoon for vomiting, diarrhea, and a visible change to the mass on her left thigh. Her medical history is significant for multiple mass cell tumors treated with surgical excision. She also has a history of struvite urolithiasis that has been managed with diet.
On physical exam, she was moderately dehydrated. Her left thigh mass was swollen, red, and hot to the touch.

Current Medications: Maropitant Citrate, Ondansetron, Famotidine, Diphenhydramine Hydrochloride.
Labwork Results: Labwork not submitted. Reported as CBC--WBC 20.49, NEU 18.30, EOS 0.0
CHEM12/LYTES: GLOB 4.0, K 2.6. 4dx pending. CPL pending
Radiographs--Large soft tissue opaque mass in the region of the left thigh.
Empty colon. Normal radiographic study of the thorax.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Requested.
Imaging Performed by: Andi Parkinson, BS, RDMS.

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 minor/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 and no evidence of pelvic dilation was present. The left kidney measured 4.9 cm in length. The right kidney measured 5.5 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 1.92 cm x 0.54 cm width at the cranial pole and 0.62 cm width at the caudal pole. The right adrenal gland measured 2.5 cm x 0.46 cm width at the caudal pole and 0.56 cm width 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. The spleen measured 2.0 cm width.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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. 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. Occasional hypoechoic nondisruptive nodule was present measuring up to 0.90 cm.

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.

Pancreas

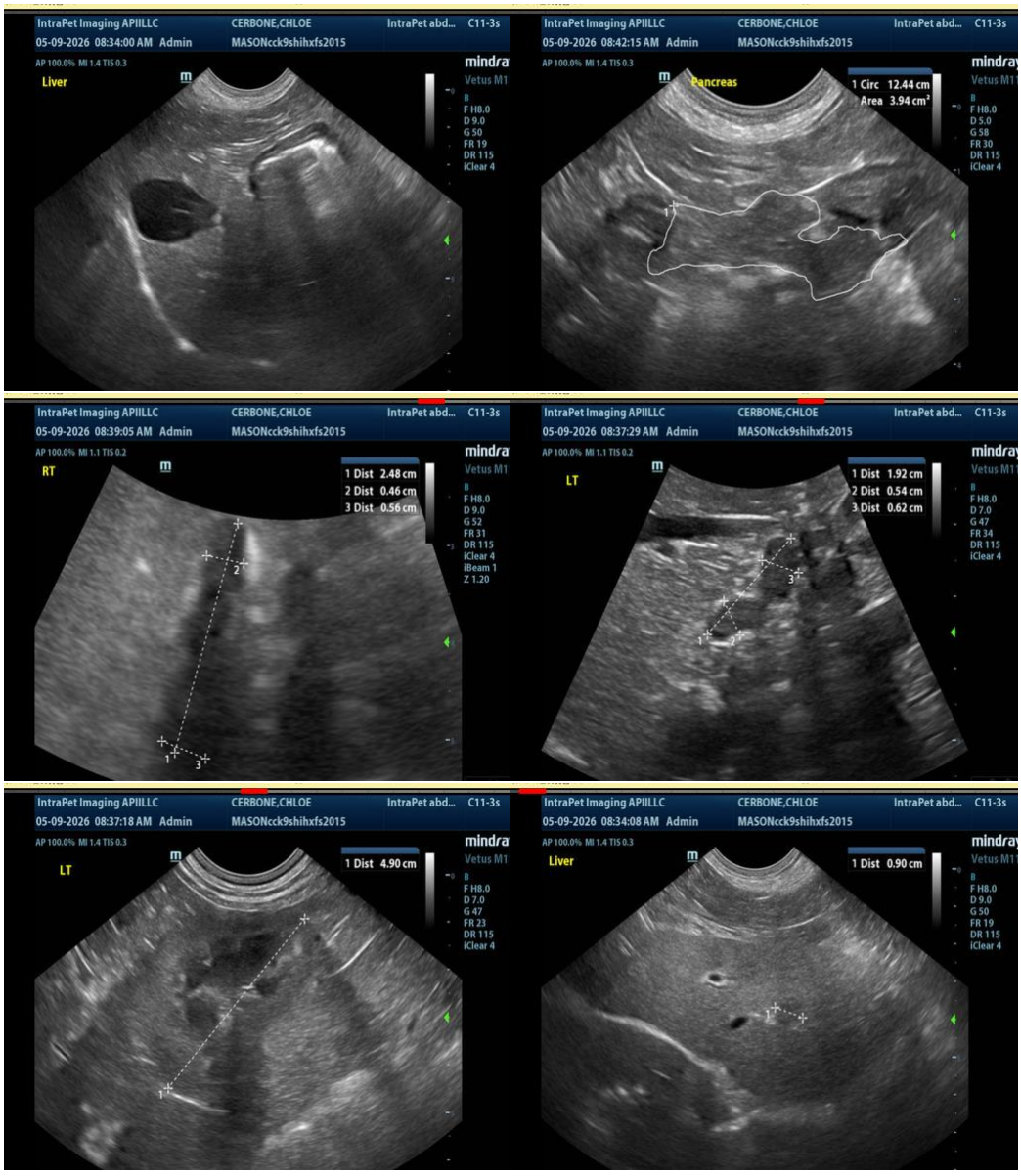
The **pancreas** presented hypoechoic and irregular in contour with mixed hyperechoic reactive fat consistent with pancreatitis.

ULTRASONOGRAPHIC FINDINGS

- Low-grade pancreatitis pattern- differentials include pancreatic hyperplasia, remodeling from past episodes of pancreatitis or low-grade pancreatitis.
- Age-related renal changes.
- Hepatic nodule- likely hyperplasia, should be monitored. Minor potential for mast cell disease.
- Structurally unremarkable GI tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Medical management should prove effective. FNA of the hepatic nodule would be ideal. However, this would not be a typical pattern, most likely hyperplasia and no other evidence of possible mast cell disease.



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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