



PATIENT

Gidget Hubert

PRESENTING CLINICAL SIGNS

Anemia – Hct 28.2, was 56.2.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a 1.16 cm grouping of calculi. The bladder itself and urethra were unremarkable.

BREED

Shih Tzu

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.9 cm. The right kidney measured 3.9 cm.

SEX

Female

Adrenal Glands

AGE

11 Years

The **right 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 right adrenal gland measured 1.9 cm x 0.52 cm.

WEIGHT

15.7 Pounds

The **left adrenal gland** was enlarged and irregular, primarily at the cranial pole, with loss of structural detail, measuring 2.48 cm x 1.01 cm at the cranial pole and 0.71 cm at the caudal pole. No evidence of vascular invasion or capsular escape. However, capsular expansion is significant.

Spleen

INTERPRETED BY

Eric Lindquist, DMV

The **spleen** was largely uniform with the exception of a 2.0 cm hypoechoic mass in the mid caudal body, expansive upon the capsule. Minor enhanced surrounding reactive mesentery and disruption of architecture.

DABVP, Cert. IVUSS

Liver

IMAGING PERFORMED BY

Eric Lindquist, DMV

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. 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.

DABVP, Cert. IVUSS

HOSPITAL NAME

Franklin Lakes AH

Gastrointestinal

REFERRING VET

Dr. Greenhut

The **stomach** presented a 2.0 cm shadowing pyloric structure such as corncob or similar material. 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.

INVOICE

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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.

DATE

6/10/22



PATIENT

Other

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The uterus was unremarkable.

SPECIES

Canine

Rapid view of the heart revealed no evidence of pathology in the right auricle. Normal contractility and volume.

BREED

Shih Tzu

PRIMARY FINDINGS

- Bladder calculi
- Irregular, enlarged left adrenal gland – suspect carcinoma or pheochromocytoma, possibility of hyperplasia or less likely adenoma.
- Splenic mass
- Shadowing pyloric structure

SEX

Female

SECONDARY FINDINGS

- Age relate changes otherwise

AGE

11 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical remove of the left adrenal gland and splenic mass recommended. Gastrotomy recommended at the time of surgery. No contraindication to anesthetic procedure. Chest radiographs recommended followed by cystotomy, left adrenalectomy, splenectomy +/- gastrotomy indicated. The pyloric structure could be temporary and was non-obstructive at the time of the sonogram.

WEIGHT

15.7 Pounds

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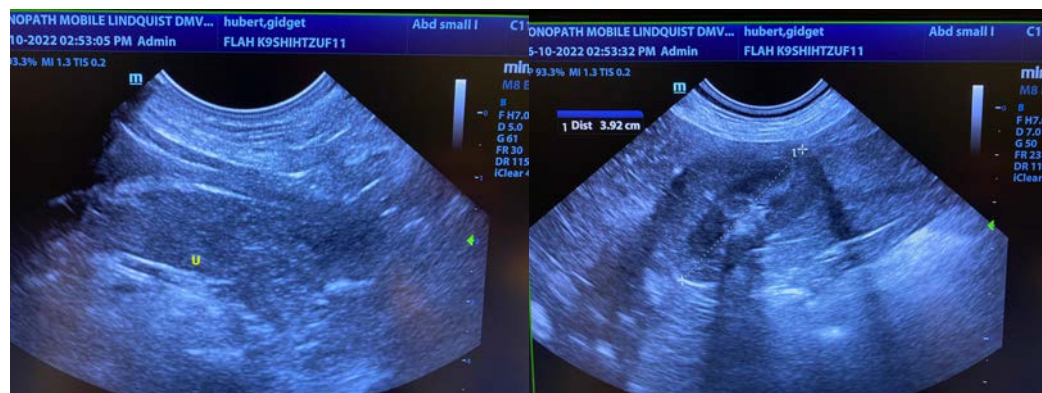
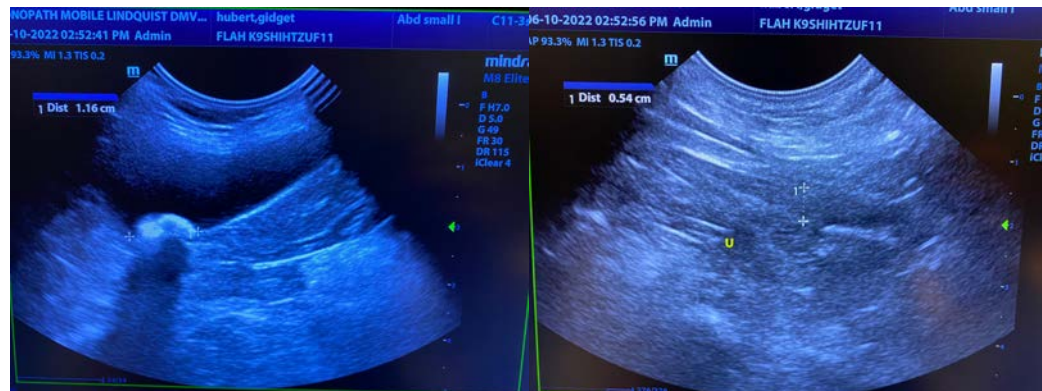
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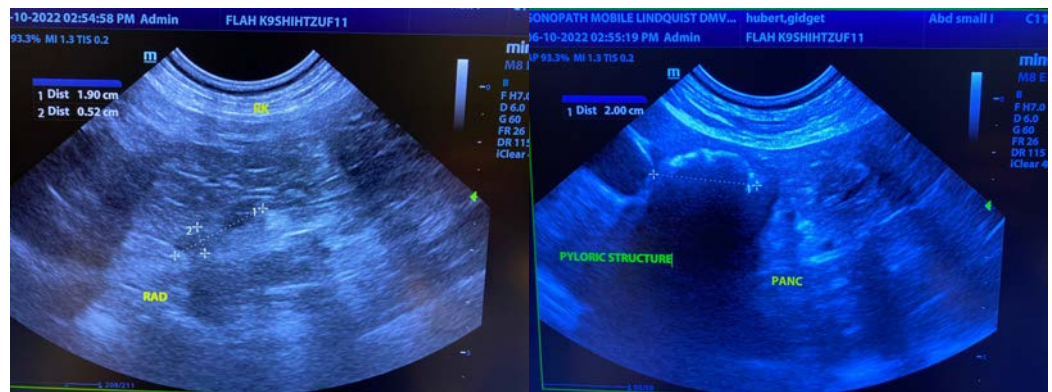
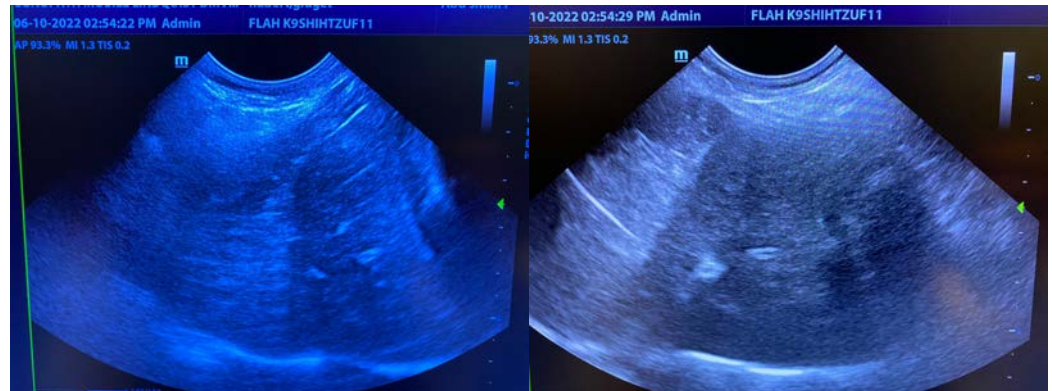
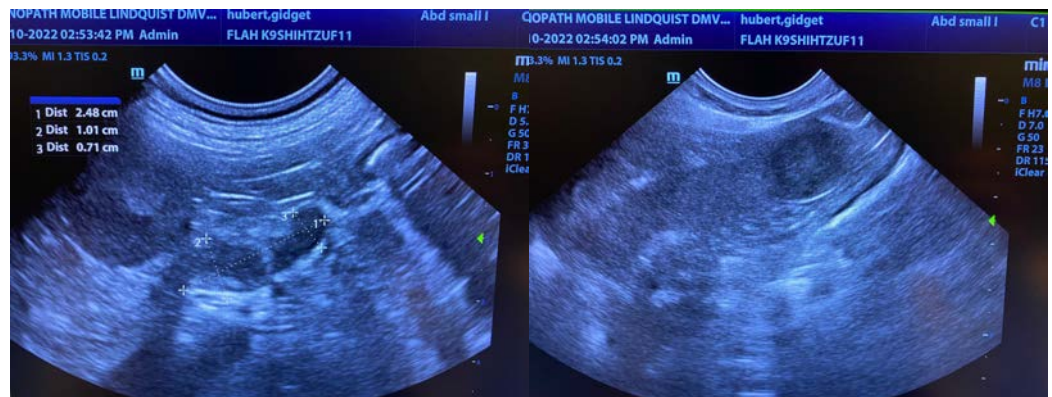
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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