



<b>DATE</b>	<b>PRESENTING CLINICAL SIGNS</b>
7/7/23	Seizure HX, Since March chronic anemia, elevated platelets, mild elevation in RBC, decreased appetite, sleeping more soundly.
<b>PATIENT</b>	
Griffin Heimburger	Current Medications: Keppra Levetiracetam (Keppra) 250 mg 3/4 every 8 hours Lab Results: See attached. Date of Previous IntraPet Ultrasound: No previous.
<b>SPECIES</b>	Sedation: Not required to complete full diagnostic ultrasound. Stat Report: Declined.
Canine	Imaging Performed By: Rachel Brillhart, RDMS.
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Shih Tzu	<b>Urinary System</b>
<b>SEX</b>	The <b>urinary bladder</b> , 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.
Neutered Male	
<b>AGE</b>	The <b>kidneys</b> 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 4.21 cm. The right kidney measured 4.21 cm.
9/29/12	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
18.6 Pounds	Both <b>adrenal glands</b> 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 2.33 cm x 0.52 cm at the caudal pole and 0.63 cm at the cranial pole. The left adrenal gland measured 1.96 cm x 0.51 cm at the caudal pole and 0.48 cm at the cranial pole.
<b>INTERPRETED BY</b>	<b>Spleen</b>
Eric Lindquist, DMV DABVP, Cert. IVUSS	The <b>spleen</b> 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. Caudal folding of the spleen was noted.
<b>HOSPITAL NAME</b>	<b>Liver</b>
Aberdeen VC	The <b>liver</b> itself was uniform with no evident pathology. The gallbladder wall was fibrosed and echogenic consistent with porcelain gallbladder with a 5.0 mm calculus. Smaller calculi were also noted in the gallbladder.
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr. Fritz	The <b>pylorus</b> was free of evident pathology with a trace amount of chyme. The upper small intestine was unremarkable. The caudal abdomen revealed a mineralized 4.4 cm x 3.16 cm undifferentiated mass deriving from the distal jejunum. The colon was unremarkable.
<b>INVOICE</b>	
23227	

## **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.

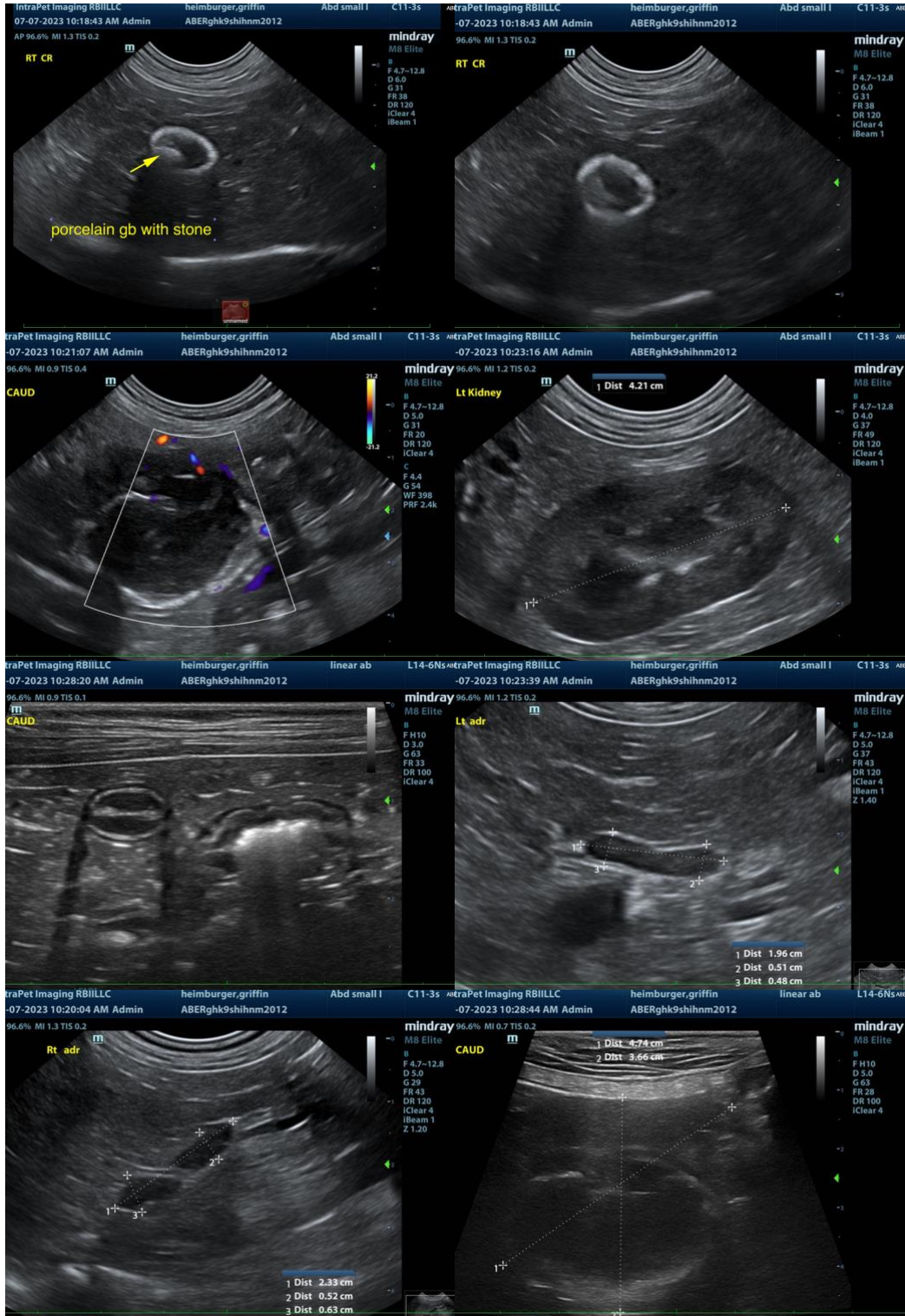
## **ULTRASONOGRAPHIC FINDINGS**

- Mineralizing mass in the distal jejunum. Portions of the intestine were unhealthy for approximately 5.0 cm prior to the mass and 2-4 cm after the mass.
- Porcelain gallbladder with a calculus

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Aggressive resection is recommended. No other evidence of significant pathology is noted, other than porcelain gallbladder. Proactive cholecystectomy could be considered given the convenience of the procedure. Intestinal carcinoma vs leiomyosarcoma are primary concerns. No obvious metastatic disease, however, regional spread cannot be completely ruled out. Chest radiographs are warranted prior to surgical intervention. FNA could be considered for further definition.







**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.**

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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