



PATIENT

Louie Surach

PRESENTING CLINICAL SIGNS

History: Recheck of splenic nodule and continued GI signs.

SPECIES

Canine

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.

BREED

Shih Tzu

SEX

Spayed Female

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 and no evidence of pelvic dilation was present. The right kidney measured 4.17 cm. The left kidney measured 4.17 cm.

AGE

7 Years

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 1.41 cm x 0.37 cm at the caudal pole and 0.65 cm at the cranial pole. The left adrenal gland measured 1.42 cm x 0.39 cm at the caudal pole and 0.29 cm at the cranial pole.

WEIGHT

20 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** revealed a 1.5 cm hypoechoic nodule (has increased in size). A separate nodule measured 1.41 cm.

IMAGING PERFORMED BY

Kelly Vazquez

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.

HOSPITAL NAME

Parsippany AH

REFERRING VET

Dr. Linda Dulude

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.

INVOICE

16532

Pancreas

DATE

7/8/22



PATIENT

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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.

SPECIES

Canine

Other

A rapid view of the **heart** revealed no evident pathology.

BREED

Shih Tzu

ULTRASONOGRAPHIC FINDINGS

- Progressive splenic nodule and separate nodule

SEX

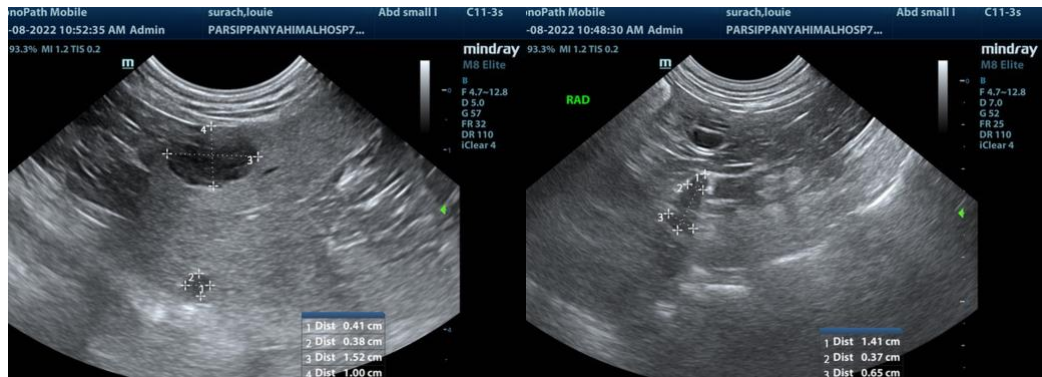
Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I strongly recommend splenectomy in this patient. Round cell neoplasia or emerging hemangiosarcoma are strong potentials. Chest radiographs are warranted prior to surgery. Pronounced hyperplasia is possible yet less likely.

AGE

7 Years

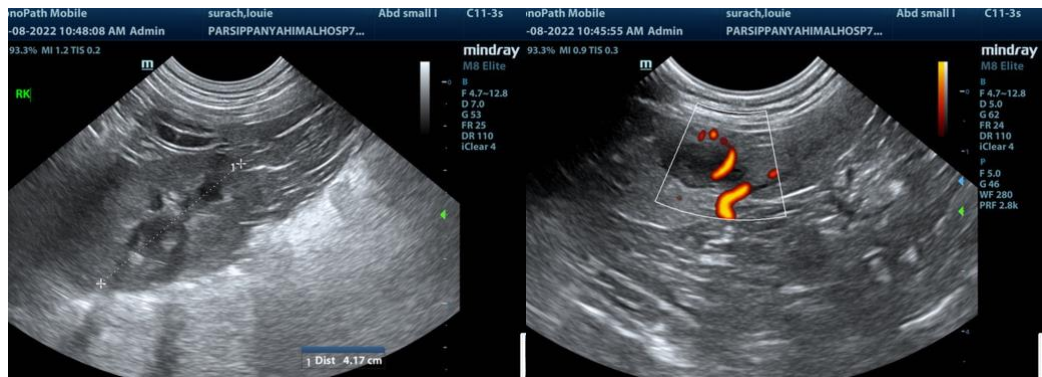


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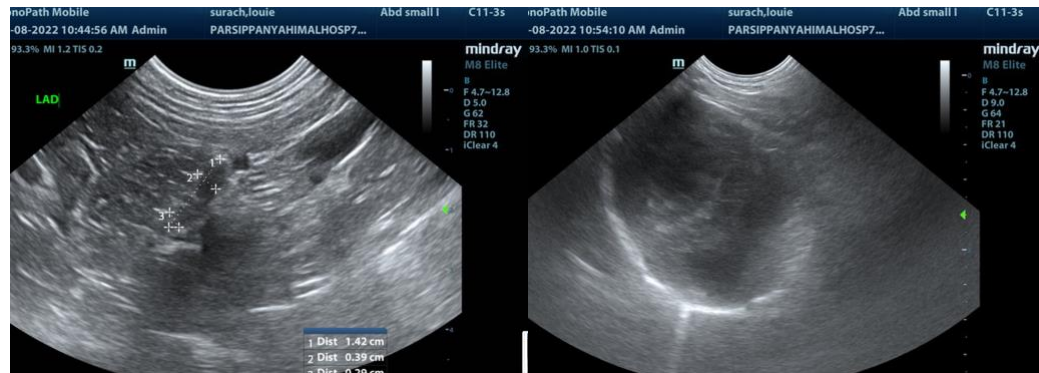
Dr. Linda Dulude

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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.

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, Cert. IVUSS, CEO of SonoPath.com
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