



PATIENT

Piglet Welfare League

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

14 Years

WEIGHT

14.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Mack

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Mack

INVOICE

40331

DATE

8/10/22

PRESENTING CLINICAL SIGNS

Patient presented for a dental. Pre-anesthetic bloodwork had abnormalities. Dental was rescheduled and abdominal ultrasound was performed instead.

Abnormal PE/Chem/CBC/UA Results: CHEM: Glob 4.7, ALT 181, ALKP 1375, GGT 34.

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. Minor debris 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 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 4.0 cm. The right kidney measured 4.5 cm. Slight pinpoint mineralizations noted.

Adrenal Glands

The **left adrenal gland** was enlarged, irregular and hypoechoic, measuring 0.7 cm. Swollen caudal pole.

The **right adrenal gland** comprised a mass measuring 2.9 cm x 2.3 cm. The vena cava was free of evident pathology. No evidence of vascular invasion.

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.

Liver

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The gallbladder and common bile duct were unremarkable. This is consistent with chronic inflammatory hepatopathy.

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 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.



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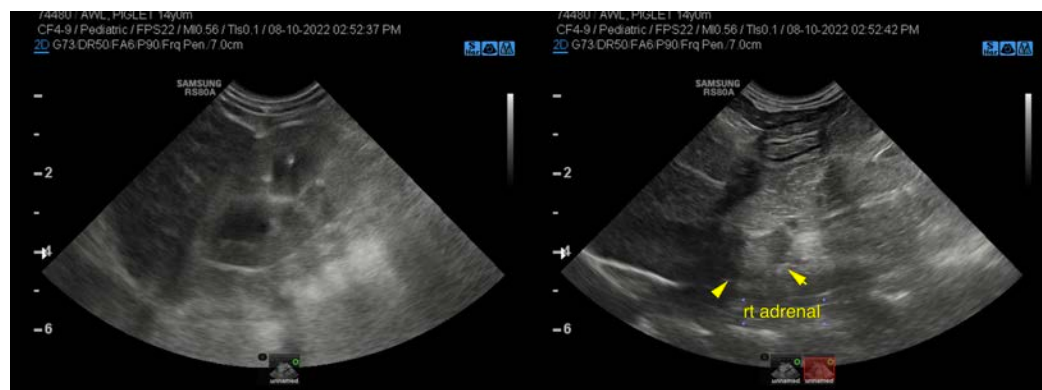
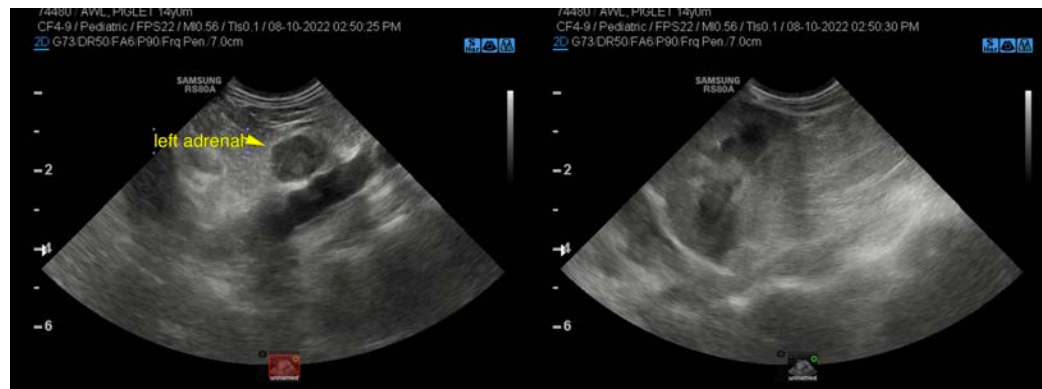
8/10/22

ULTRASONOGRAPHIC FINDINGS

- Non-specific mild chronic inflammatory hepatopathy
- Right adrenal mass – carcinoma versus pheochromocytoma or adenoma possible.
- Mildly enlarged, swollen left adrenal gland
- Age related renal changes with slight mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver warranted for further definition. Blood pressure measurements warranted. If the patient appears cushingoid, workup for adrenal dependent Cushing's indicated. If hypertension is present, urine catecholamine indicated. Right adrenalectomy should be considered.





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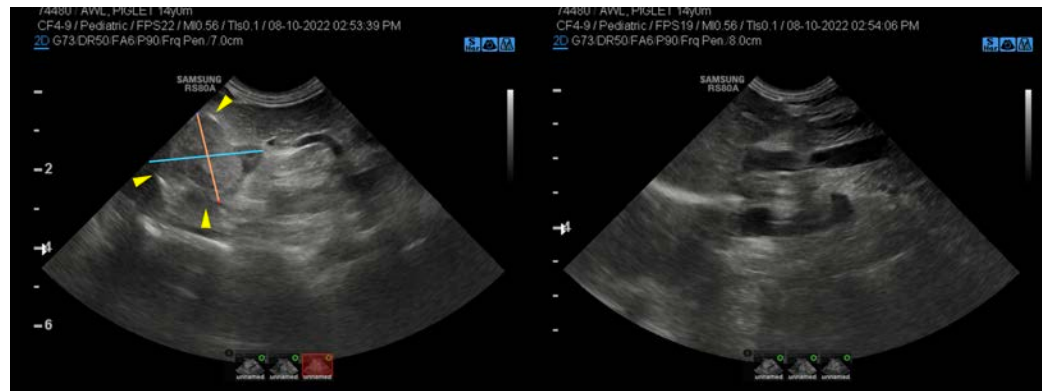
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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