



**PATIENT PRESENTING CLINICAL SIGNS**

Mika Kaftal

History: Decreased appetite past week and half.  
Abnormal PE/Chem/CBC/UA Results: IOST 2 LBS, ALKP 3072u/L, ALT 1424 U/L. AST BUN 56/mg/DL, crea 1.2 mg/dL PSA Lip 671 U/L CBC WNL USG: 1.025, Rods 26-50 HPF, WBC 2-3

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Shih Tzu

**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 was noted. Ureteral papillae were normal.

**SEX**

Spayed female

**AGE**

17 years

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. The left kidney measured 3.97 cm with minor pyelectasia and slight, hyperechoic medullary rim sign. The right kidney measured 4.48 cm.

**WEIGHT**

11.2 lbs

**Adrenal Glands**

The **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 1.64 x 0.54 cm at the caudal pole and 0.47 cm at the cranial pole. The right adrenal gland measured 0.5 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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 was noted.

**IMAGING PERFORMED BY**

Dr. Ammeraal

**HOSPITAL NAME**

Sova

**REFERRING VET**

Dr. Ammeraal

**Liver**

The **liver** revealed expansive parenchymal mass with mild pericapsular enhancement in the left kidney and appeared to be coalescing. There is suggestive for a minor level of inflammation and measured 6.0 cm. This mass is pedunculated. The left sided mass expanded caudally and cranially deviating the diaphragm. A separate, left cranial hepatic mass was noted and measured 6.0 cm. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

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**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 left limb of the **pancreas** revealed a hypoechoic, encapsulated 2.4 x 1.3 cm structure was present cranial to the left adrenal gland, yet appeared to be separate from it. This is likely lymph node or pancreatic in origin.

**ULTRASONOGRAPHIC FINDINGS**

Left-sided liver masses. Carcinoma is suspected.

Pancreatic structure.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I doubt that the hepatic pathology is resectable; however, CT evaluation is warranted. FNA of the hepatic mass and structure in the left pancreatic limb is warranted.

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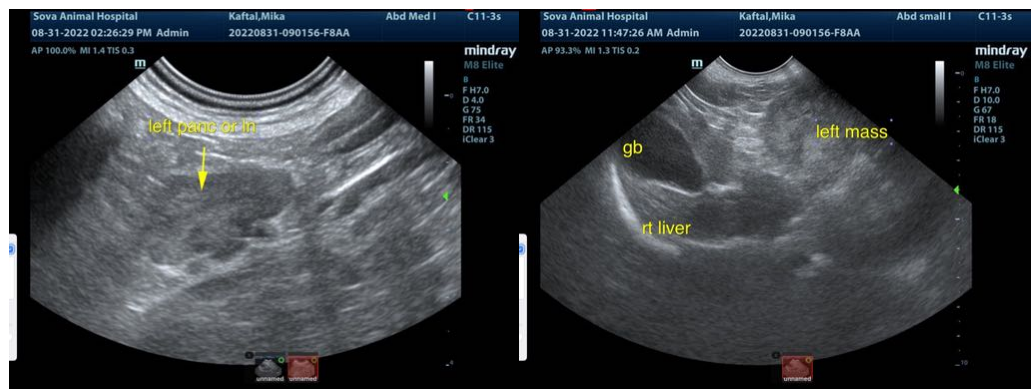
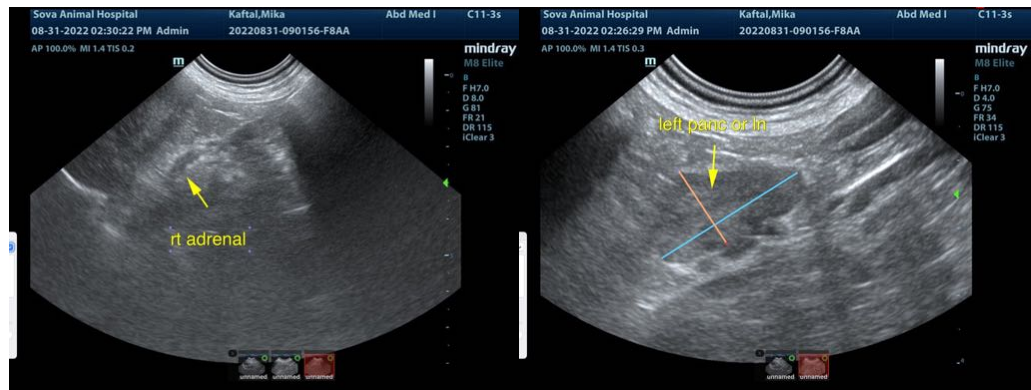
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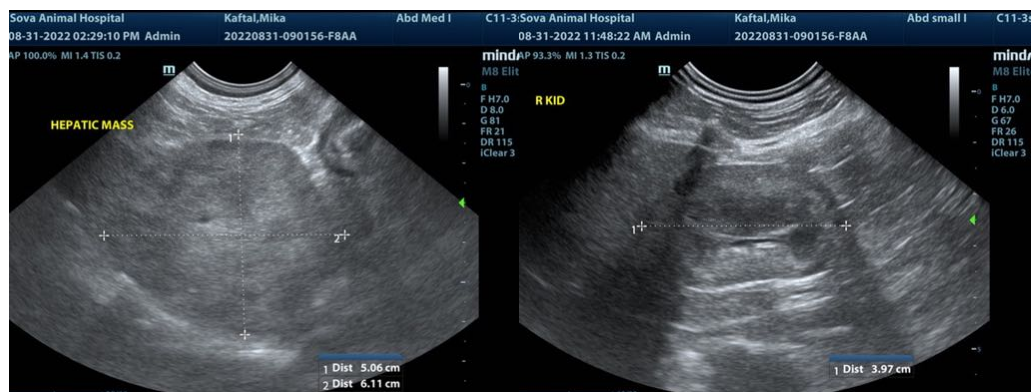
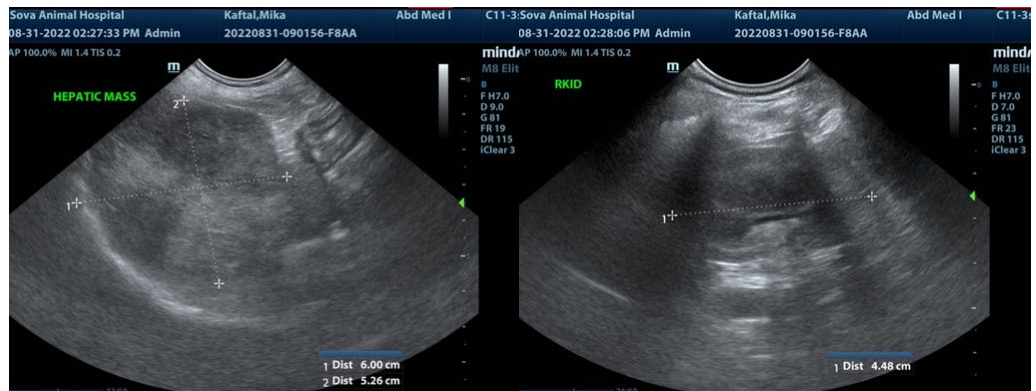
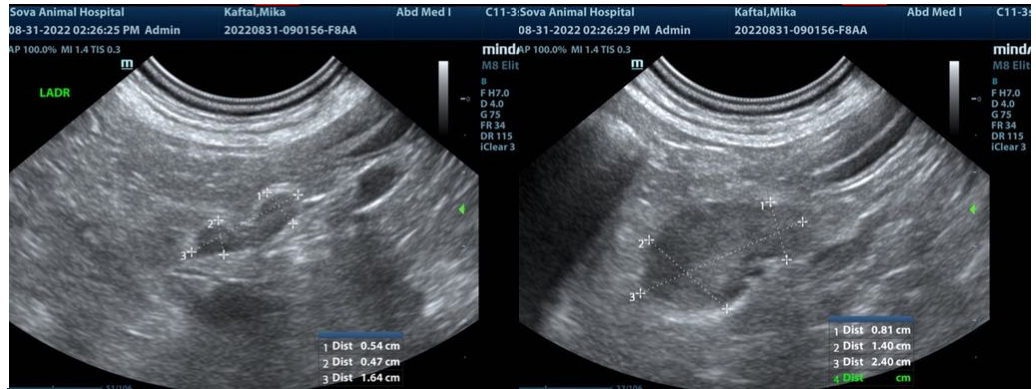
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com**  
info@SonoPath.com