**PATIENT**

Norman Sarner-George

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Neutered Male

**AGE**

8 years

**WEIGHT**

11.5 lbs

**INTERPRETED BY**

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

**IMAGING PERFORMED BY**

Carri Underwood

**HOSPITAL NAME**

SVS Imaging MI-2

**REFERRING VET**

DePorre VH

**INVOICE**

13938

**DATE**

8.3.23

**PRESENTING CLINICAL SIGNS**

History: Weight loss, enlarged LNs

Abnormal PE/Chem/CBC/UA Results: Prominent submandibular lymph nodes, weight loss, heart murmur, dental disease. Elevated liver values - attached bloodwork below. No rads taken. Leptospirosis (no history of Lepto vaccine) vs. primary liver disease vs. open

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder is full, with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Iliac lymphadenomegaly (measuring 0.30, 0.60 x 1.60 cm) with a rounded and hyperechogenic appearance. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left kidney 4.50 cm) (right kidney 4.70 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

**Reproductive System**

Small hypoechogenic prostate (measuring 0.60 cm).

**Adrenal Glands**

Normal shape and position, with increased echogenic appearance, and enlarged (left 0.73 x 0.37 cm) (right 0.84 x 0.42 cm). Normal appearance of the visible vasculature.

**Spleen**

Normal size (measuring 1.40 cm) with a diffuse mottled echogenic and fine nodular appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident.

**Liver**

Enlarged with rounded edges and mottled echogenic appearance, prominent portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

**Gallbladder**

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

**Gastrointestinal**

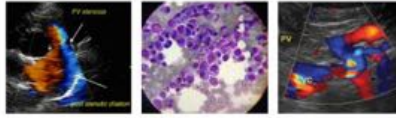
Normal appearance of the stomach (measuring 0.28 cm), duodenum (0.34 cm), small intestine (0.28 cm), ileo-cecal junction, and colon (measuring 0.13 cm) with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

**Pancreas**

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**Free Abdomen**

Normal mesenteric lymph nodes. Enlarged lymph nodes in the caudal abdomen (measuring 0.70 x 1.60 cm) with a rounded and hypoechogenic appearance.

**PATIENT**

No ascites evident.

Norman Sarnier-George

**ULTRASONOGRAPHIC FINDINGS****SPECIES**

Canine

**Primary Findings**

- Abdominal lymphadenomegaly
- Hepatopathy
- Splenic pathology
- Bilateral adrenomegaly

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**Secondary Findings**

- None

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the lymph nodes would be reactive, lymphadenitis and infiltrative neoplasia.

Etiologies for the spleen would be reactive, hyperplasia, splenitis and infiltrative neoplasia.

Etiologies for the liver would be reactive, hyperplasia, vacuolar, metabolic, hepatitis, Leptospirosis and infiltrative neoplasia.

Etiologies for the adrenal glands would be disease stress and emerging pituitary-dependent Cushing's disease.

Further assessment would be FNA cytology of the lymph nodes, spleen and liver, and possibly adrenal function test (ACTH stimulation/LDDS test).

Specific therapy would be dependent on an etiological diagnosis.

**INTERPRETED BY**Remo Lobetti, BVSc,  
MMedVet (Med),  
PhD, Dipl. ECVIM**IMAGING PERFORMED BY**

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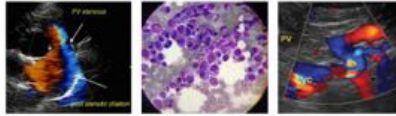
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svsimagingqc.net 309-737-3070



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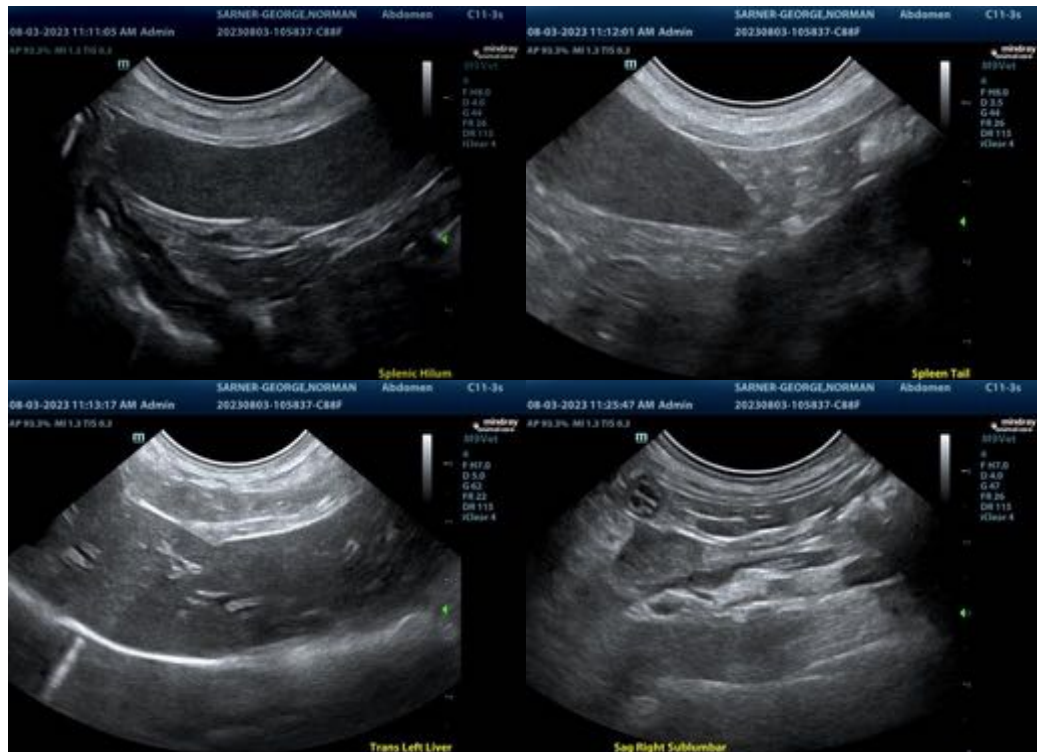
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)  
info@sonopath.com