



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Badger Seligson Distended abdomen. Radiographs: Hepatomegaly, calcification between T11-T12, no ascites. R/O Hepatopathy vs other. Current meds: Pred., Gabapentin, Tramadol, Trazodone, Pepcid, Pimobendan, Vetoryl.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: ALKP 334, ALB 4.2, TP 7.8, normal cbc

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED Urinary System**

**BREED** Dachshund 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. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. The residual prostate measured 1.0 cm.

**SEX**

Neutered Male

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. Mineralization noted in both kidneys. The right kidney measured 5.87 cm. The left kidney measured 5.05 cm.

**AGE**

13 Years

**WEIGHT**

18 Pounds

**Adrenal Glands**

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 2.79 cm x 1.36 cm at the cranial pole and 0.9 cm at the caudal pole. The right adrenal gland measured 2.33 cm x 1.1 cm at the cranial pole and 0.8 cm at the caudal pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself cranially and superimposing upon the liver. 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.

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

American AH

**Liver**

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

**REFERRING VET**

Dr. Arculli

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35005

**Gastrointestinal**

Some retention of shadowing material was noted in the **stomach**, may be medication or residual food stuff. However, small shadowing foreign matter cannot be ruled out. The small intestine and colon were unremarkable.

**DATE**

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**PATIENT**

**Pancreas**

Badger Seligson

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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**Free Abdomen**

A hypoechoic, undifferentiated 2.0 cm body wall nodule was noted with regional inflammation. Ultrasound guided FNA recommended, or if palpable, direct clinical FNA could be considered. Other smaller nodules noted around the primary nodule.

**ULTRASONOGRAPHIC FINDINGS**

- Body wall nodule in the midst of body wall fat – concerning for round cell neoplasia versus abscessation.
- Bilateral adrenal hypertrophy
- Shadowing pyloric material
- Benign hepatopathy

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the body wall nodule strongly encouraged. I'm concerned for Cushing's/PDH in this patient. However, the body wall nodule is the most important issue at this point. Sampling is essential. I do not visualize any related pathology intraabdominally.

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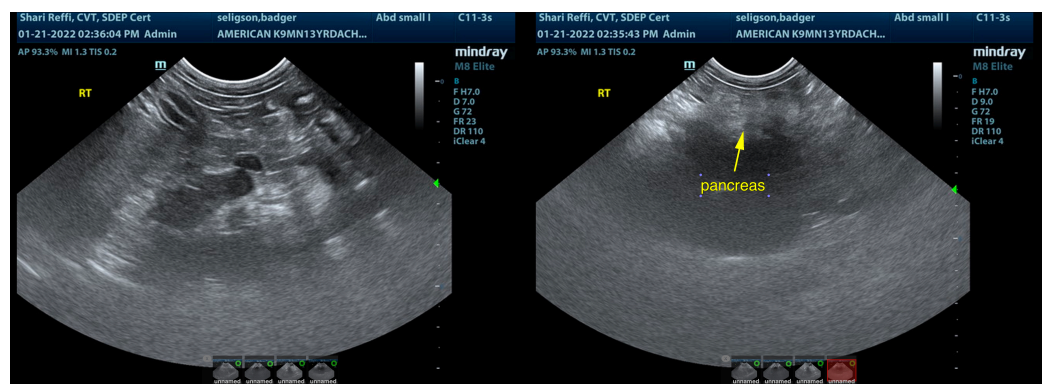
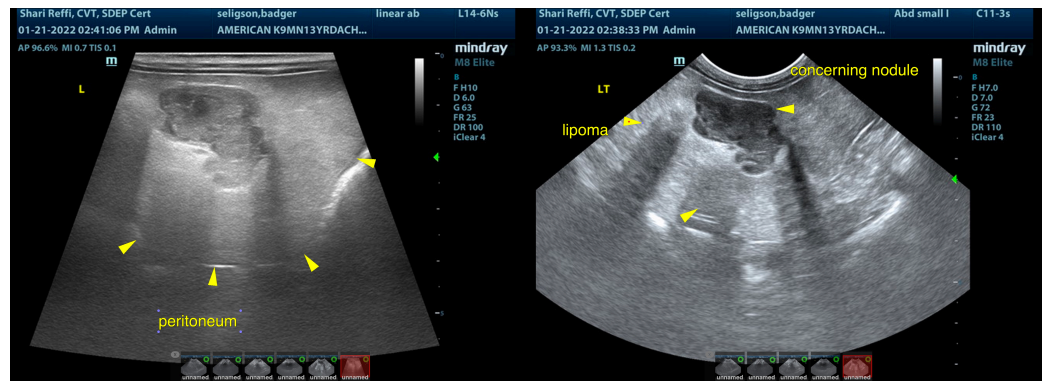
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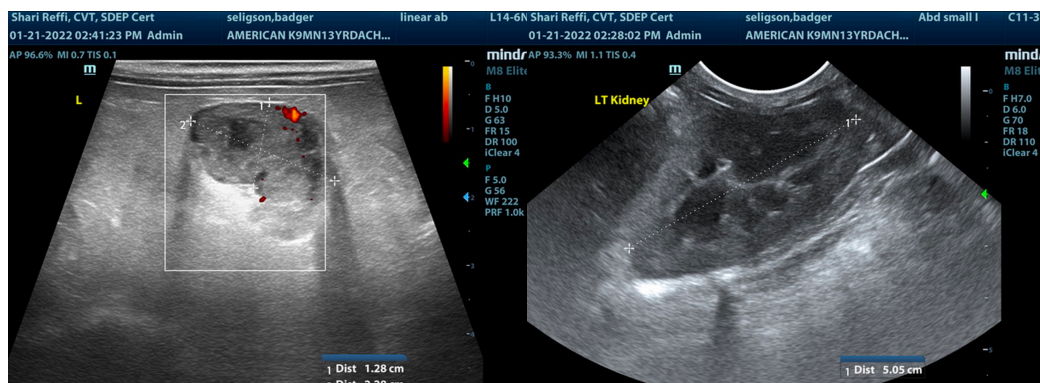
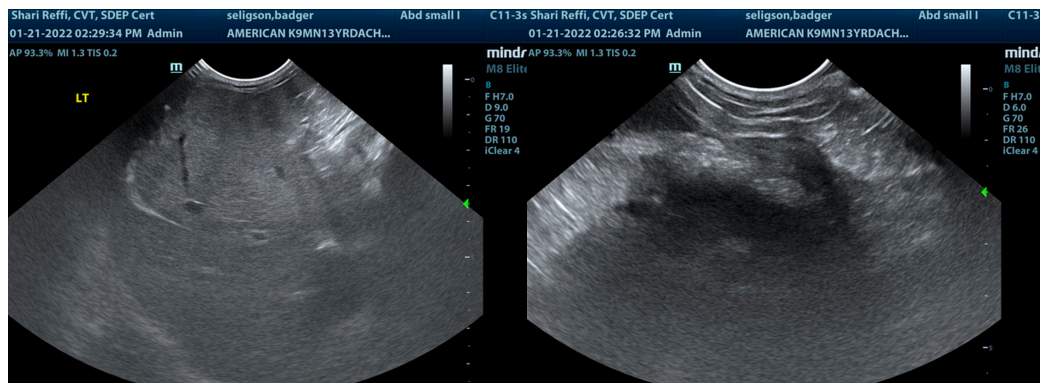
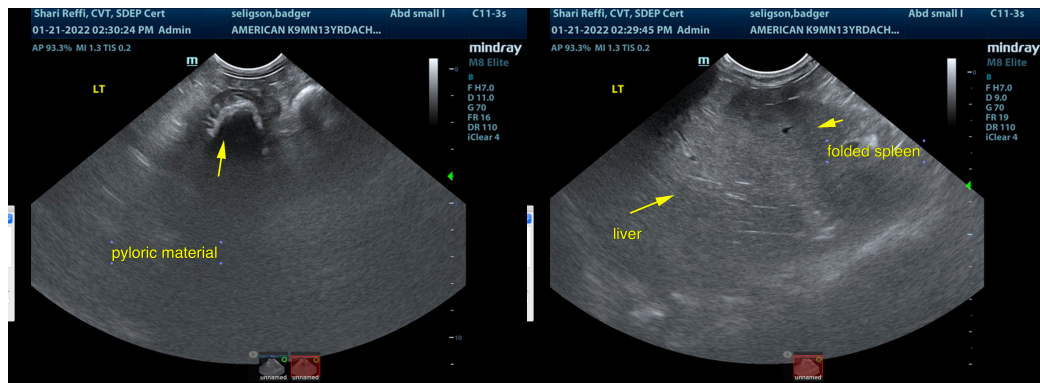
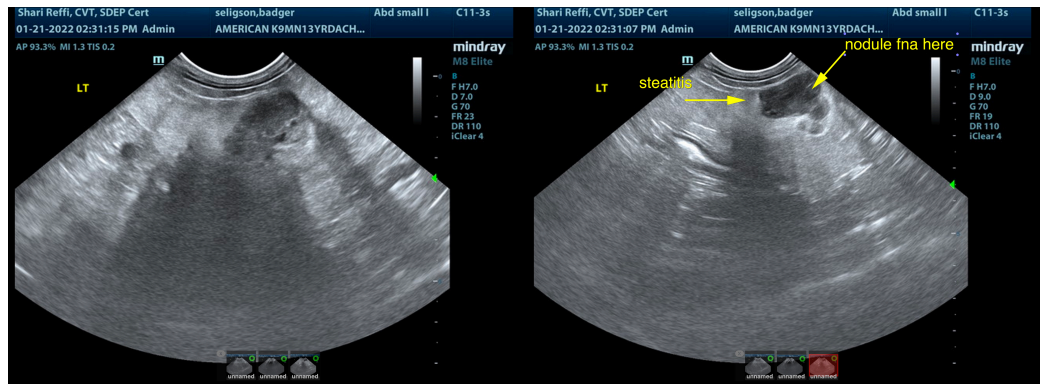
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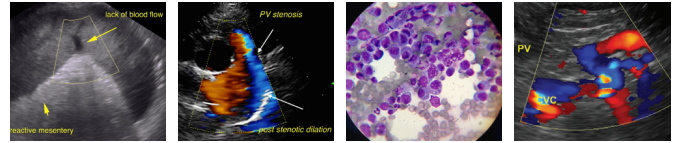
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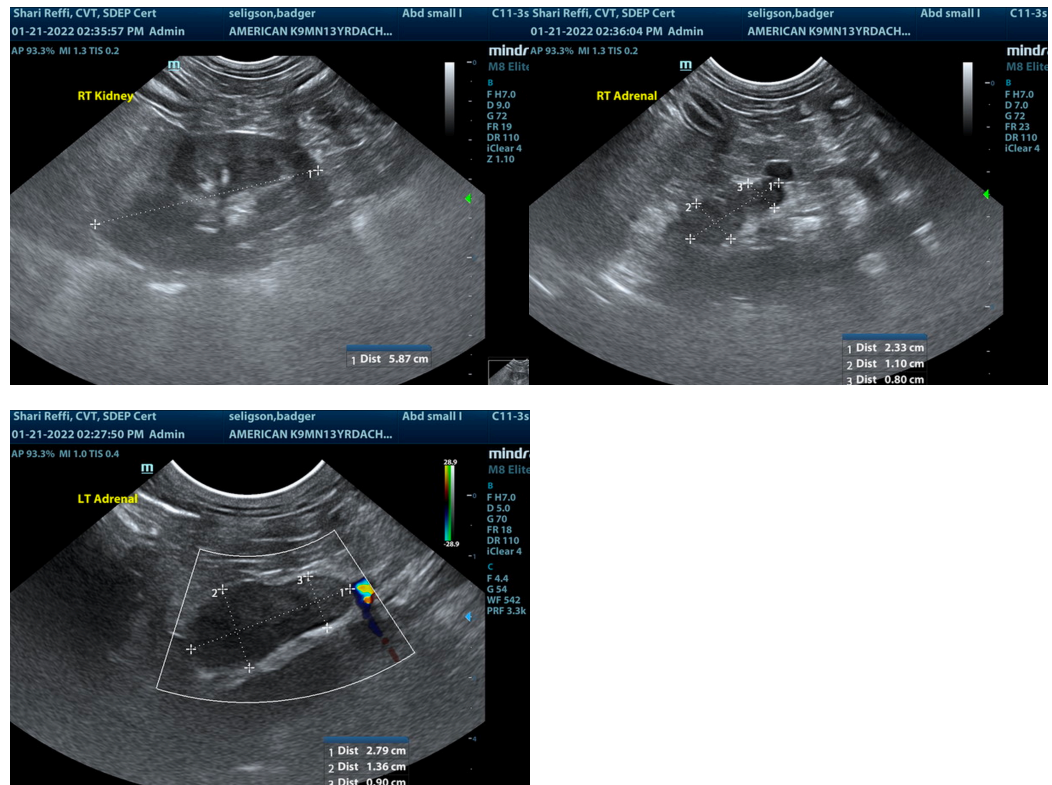
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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