**DATE**

1/5/21

**PRESENTING CLINICAL SIGNS**

History: History of gradual weight loss, with a declining appetite over past 2 weeks, but vomiting starting 12/26/2021. Also has history of chronic mucopurulent nasal discharge and is on doxycycline intermittently. No vomiting since 12/29/2021, owner getting him to eat limited amounts of food/treats over past week.

**PATIENT**

Gus Forton

Current Medications: Cerenia, Convenia, Entyce.

Lab Results: Attached separately.

Radiographs: Possible mass associated with liver and one in mid abdomen.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

**SPECIES**

Canine

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**BREED**

Longhair Dachshund

**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 was noted. Ureteral papillae were normal.

**SEX**

Intact male

The **prostate** was uniformly enlarged with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. The prostatic tissue was hyperechoic containing focal areas of decreased echogenicity. These changes are suggestive of either chronic inflammatory episodes, benign cystic pathology or both. Underlying neoplasia cannot be completely ruled-out but is lower on the differential list. This presentation is most consistent with benign prostatic hyperplasia with possible active prostatitis. Neutering or off-label Finasteride (Propecia) (0.1-0.5 mg/kg Sid) treatment is indicated +/- FNA or prostatic wash cytology and culture. The prostate measured 2.64 cm.

**AGE**

10/11/08

**WEIGHT**

The testicles were imaged. Both presented multiple, expansive nodular changes and irregular contour.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.77 cm. The right kidney measured 5.2 cm.

**HOSPITAL NAME**

Maryland Mobile VC

**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 1.95 x 0.85 cm at the cranial pole and 0.87 cm at the caudal pole. The left adrenal gland measured 2.01 x 0.65 cm at the cranial pole and 0.78 cm at the caudal pole.

**REFERRING VET**

Dr. Powell

**INVOICE**

95029

**Spleen**

The **spleen** revealed a complex, mixed, hypoechoic, cystic and parenchymal mass that measured 9.7 x 6.0 cm. The remainder of the spleen was heterogenous and nodular. The splenic mass is significantly precarious and at risk for abdominal hemorrhage at any time.

**Liver**

The **liver** in this patient revealed a parenchymal, expansive undifferentiated mass that measured 4.1 x 3.2 cm in the right cranial liver. The mass deviated the gallbladder caudally. Other disruptive nodules were noted

measuring up to 2.6 cm and a separate left-sided mass that measured 4.1 cm. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

### **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.

### **Heart**

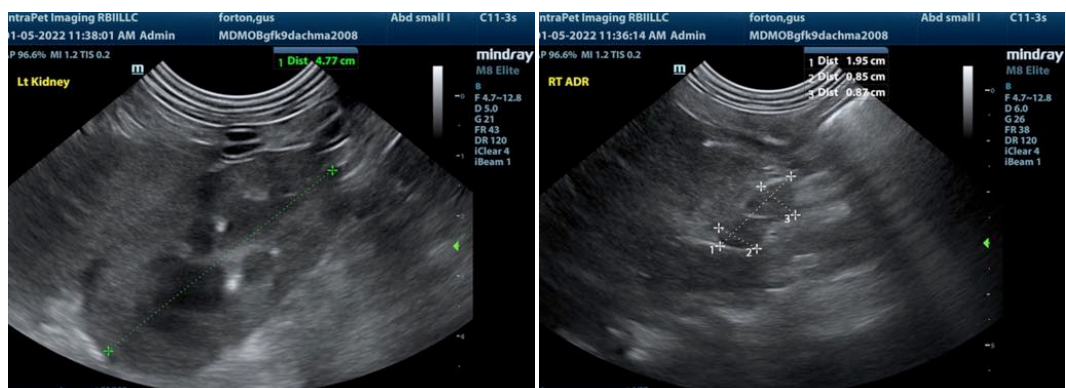
Rapid view of the heart revealed no evidence of pathology.

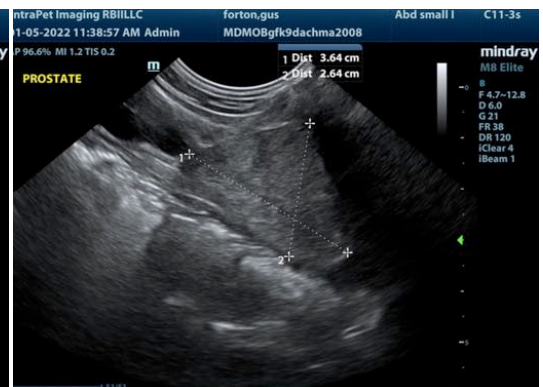
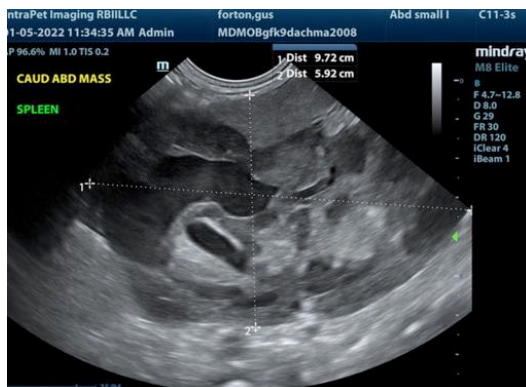
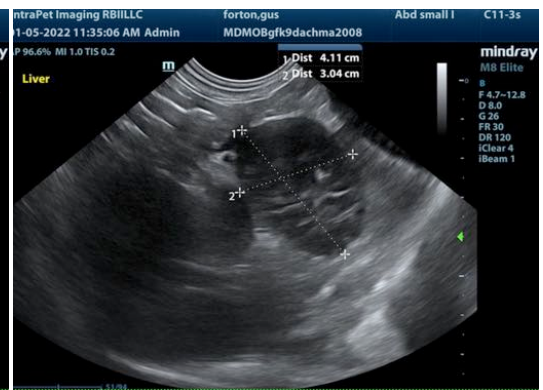
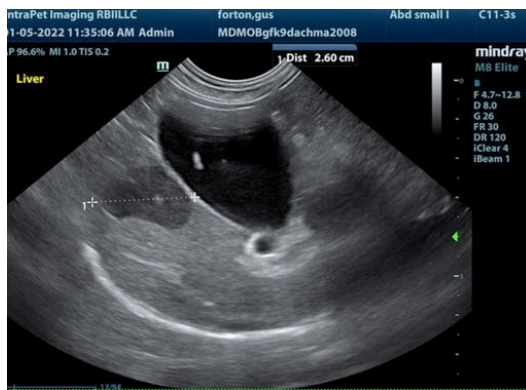
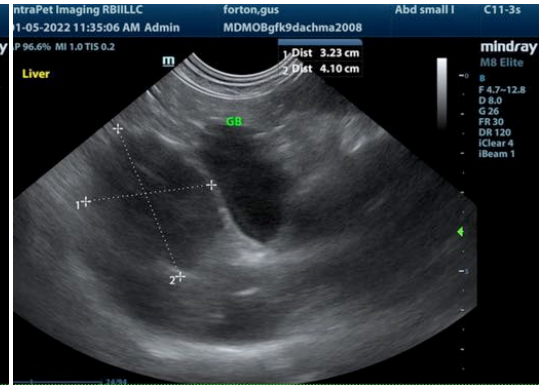
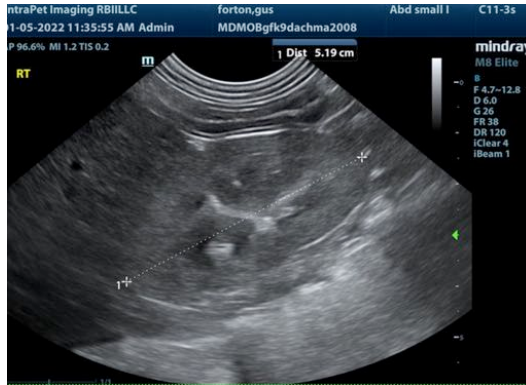
## **ULTRASONOGRAPHIC FINDINGS**

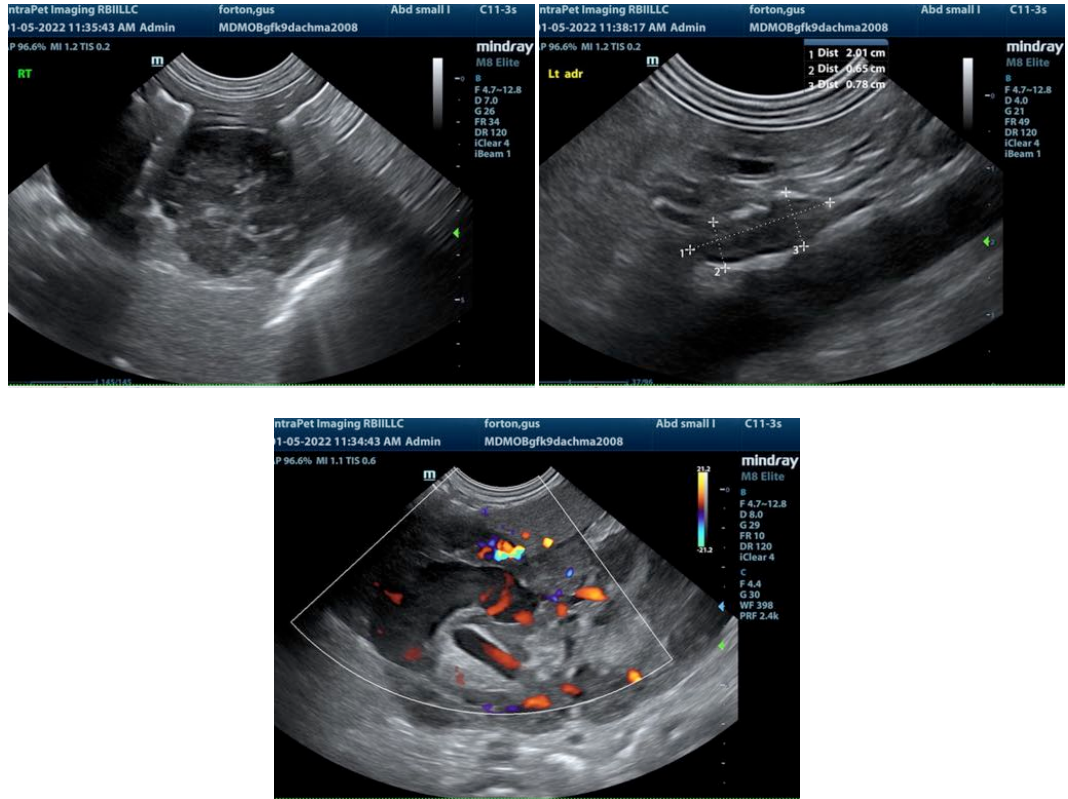
Bleeding splenic mass with metastatic pattern to the liver.  
Testicular nodules.  
BPH prostate.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the hepatic masses could be considered for a definitive diagnosis and potential for chemotherapy. However, this is a multi-centric process. The prognosis is poor. Hemangiosarcoma and round cell neoplasia are both possible. Chest radiographs are warranted if not already performed to assess for metastatic disease.







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**  
Eric.Lindquist@SonoPath.com