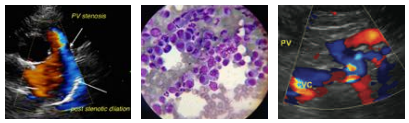
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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**DATE**
10/22/21

**PATIENT**
Annie Layton

**SPECIES**
Canine

**BREED**
Dachshund

**SEX**
Spayed Female

**AGE**
3/10

**WEIGHT**
26 lbs

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

**HOSPITAL NAME**
Jacksonville VC

**REFERRING VET**
Dr. Thai

**INVOICE**
92591

## PRESENTING CLINICAL SIGNS

History: Decreased appetite ~ 1 month ago. Increased liver enzymes and large liver on rads. NSF on PE except increased liver values. Treated supportively with SQ fluids and Cerenia- improved/recovered.
Recheck 10/18: PE still increased liver otherwise NSF ; still increased ALP.
Current Medications: Apoquel 4mg SID.
Lab Results: 9/13: WBC 18k; BUN 5 (7-27); ALT 241 (10-125); ALP 742 (23-212); GGT 14 (0-11); Albumin 2.7 (2.2-3.9). 10/18: ALT 106 (12-118); ALP 910 (5-131); ALB 2.5 (2.7-4.4).
Radiographs: 3 view chest NSF; enlarged liver/spleen on abdominal rads (9/13/21).
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: not needed
Stat Report: not requested / declined

## 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.

The **kidneys** were normal in size and contour; however, a minor hyperechoic ring was noted at the corticomedullary junction. This is consistent with diabetic nephropathy. This is likely from glucosuria. However, assessment for proteinuria is also warranted. This is an idiopathic finding, but an expected finding in diabetic patients. The right kidney measured 6.68 cm. The left kidney measured 6.0 cm.

### *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 2.23 x 0.63 cm at the caudal pole and 0.76 cm at the cranial pole. The left adrenal gland measured 2.48 x 0.56 cm at the caudal pole and 0.53 cm at the cranial pole.

### *Spleen*

The **spleen** revealed a hypoechoic, expansive nodule that measured 1.39 cm. Other nodular changes were noted throughout the spleen. The nodules were disruptive and somewhat expansive.

### *Liver*

The right cranial **liver** revealed a 4.24 x 2.88 cm expansive, mixed, hypoechoic mass with a hyperechoic center. 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.

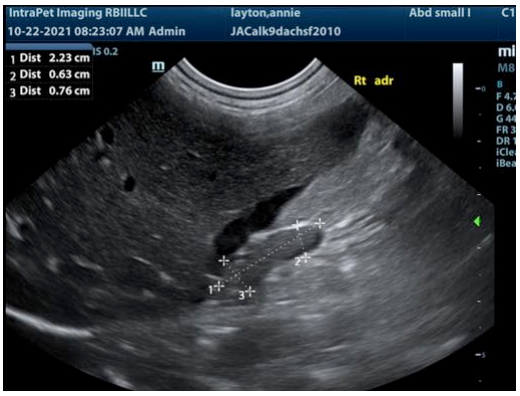
### *Pancreas*
The **pancreas** was heterogenous with mixed hypoechoic parenchymal changes and irregular contour primarily in the left. The right and left limbs of the pancreas were affected.

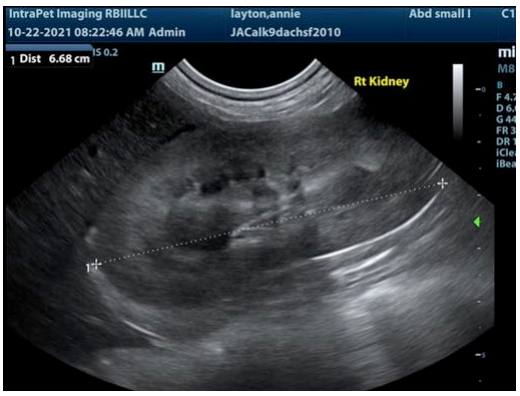
### *Free Abdomen*
Free fluid was noted throughout the abdomen.

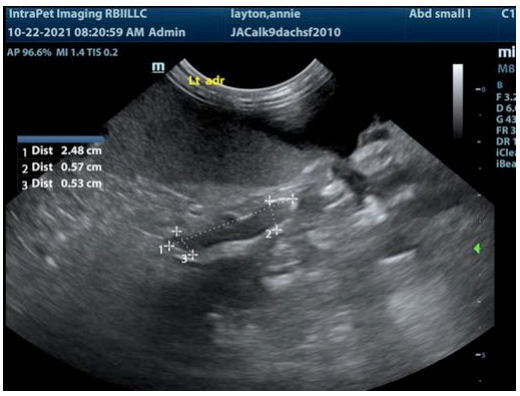
### *Heart*
Rapid view of the heart revealed no evidence of pathology.

## ULTRASONOGRAPHIC FINDINGS
Nodular splenic changes with free fluid.
Nodular hepatic changes.
Right cranial liver mass and secondary free fluid.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
There is no evidence of passive congestion in this patient. There is concern for abdominal neoplasia in this patient such as round cell neoplasia such as lymphoma or mast cell disease. Abdominocentesis is recommended with cytospin as well as FNA of the liver with a right cranial liver from SDEP 12 intercostal approach and FNA of the spleen. Chronic pancreatic changes would not explain the free fluid. The prognosis is guarded to poor.

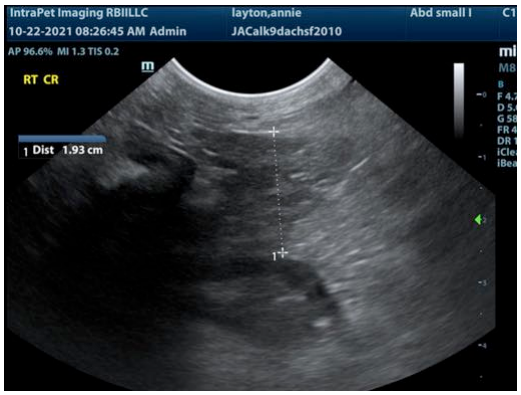




IntraPet Imaging RBIILLC
layton,annie
Abd small I
10-22-2021 08:21:13 AM Admin
JACalk9dachsf2010
1 Dist 1.73 cm
Lt panc


IntraPet Imaging RBIILLC
layton,annie
Abd small I
10-22-2021 08:19:23 AM Admin
JACalk9dachsf2010
1 Dist 1.39 cm
Spleen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layton,annie
Abd small I
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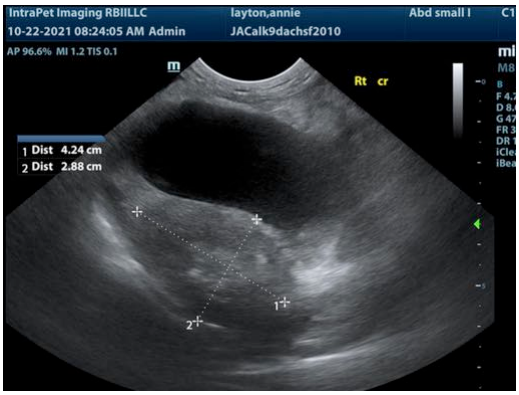
JACalk9dachsf2010
AP 96.6% MI 1.3 TIS 0.2
RT CR
1 Dist 1.93 cm


IntraPet Imaging RBIILLC
layton,annie
Abd small I
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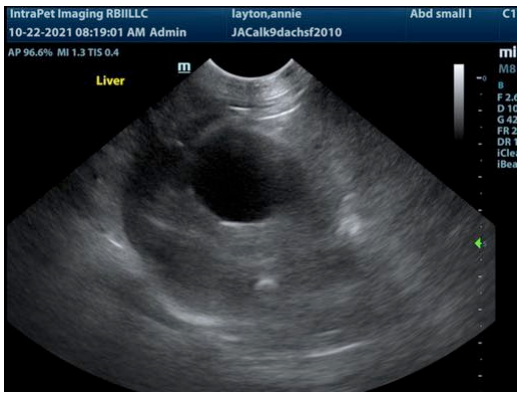
JACalk9dachsf2010
AP 96.6% MI 1.2 TIS 0.1
Rt cr
1 Dist 4.24 cm
2 Dist 2.88 cm


IntraPet Imaging RBIILLC
layton,annie
Abd small I
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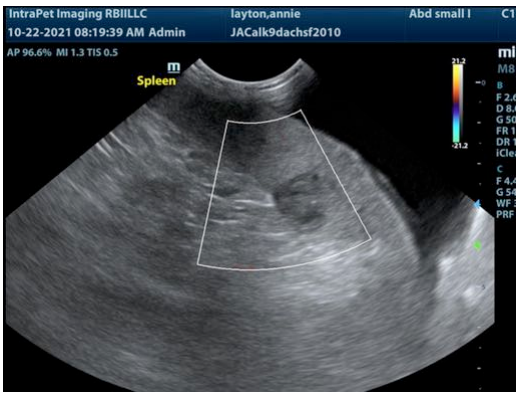
JACalk9dachsf2010
AP 96.6% MI 1.3 TIS 0.4
Liver


IntraPet Imaging RBIILLC
layton,annie
Abd small I
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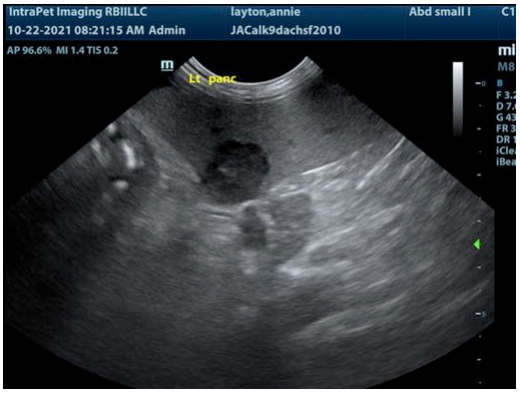
JACalk9dachsf2010
AP 96.6% MI 1.3 TIS 0.5
Spleen




**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
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