**DATE**

10/4/21

**PRESENTING CLINICAL SIGNS**

History: Weight loss; elevated Tbili, GGT, & AlkP on lab work. Currently being treated for bronchitis. Chest/abdominal radiographs performed at AAVEC show enlarged liver.

Current Medications: Hydrocodone, Convenia, Prednisone.

Lab Results: Attached separately within request.

Radiographs: Per AAVEC notes- enlarged hepatic silhouette.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: not needed

Stat Report: not requested

**PATIENT**

Ginger Carpenter

**SPECIES**

Canine

**BREED**

Miniature Dachshund

**SEX**

Spayed Female

**AGE**

5/1/04

**WEIGHT**

17.5 lbs

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

Bayside AMC

**REFERRING VET**

Dr. DeLozier

**INVOICE**

92153

**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** 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 right kidney measured 5.0 cm. The left kidney measured 4.75 cm.

**Adrenal Glands**

The right **adrenal gland** revealed a heterogenous, nodular change that measured approximately 1.0 cm. The right adrenal gland was uniformly enlarged and measured 2.32 x 0.8 cm at the caudal pole and 0.9 cm at the cranial pole. The left adrenal gland measured 2.5 x 0.77 cm at the caudal pole and 0.67 cm at the cranial pole.

**Spleen**

The **spleen** revealed a focal, hypoechoic nodule that measured 1.52 x 0.97 cm and was mildly disruptive. A separate, hyperechoic, connective tissue or lipomatous type nodule was noted at the mid body.

**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. The right cranial liver revealed a 3.06 x 2.86 cm, mixed, hypoechoic expansive nodule. Other subtle nodular changes were noted in the liver.

**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**

Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid,

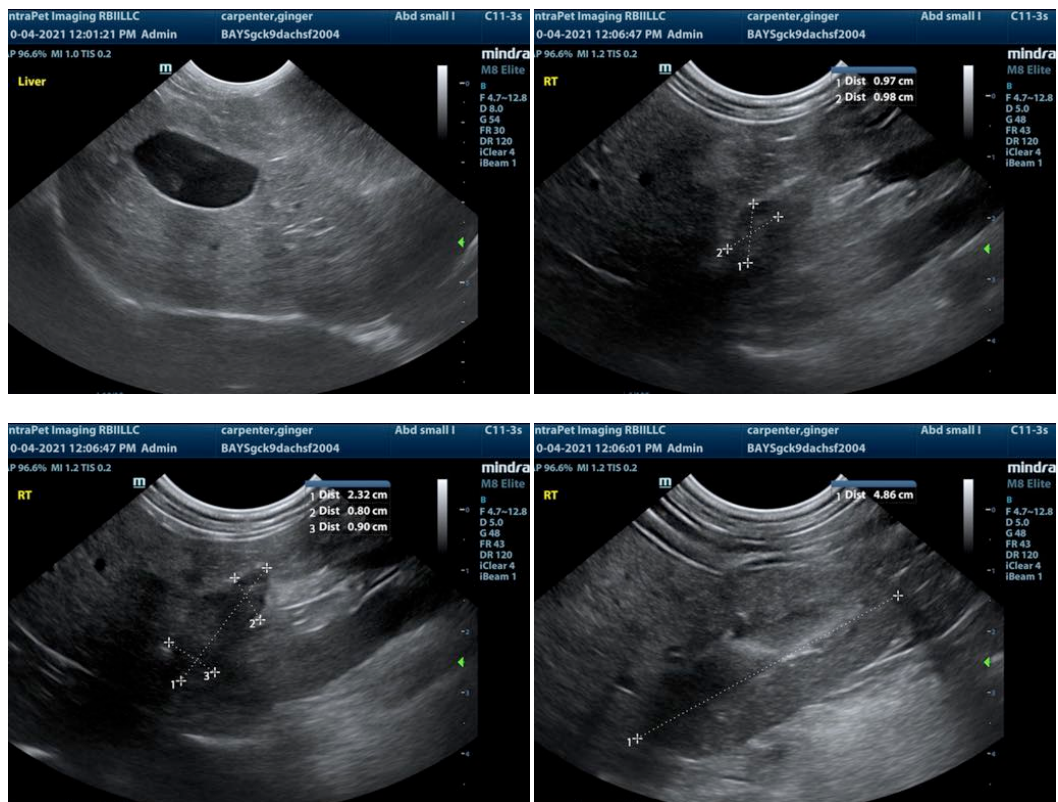
saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxiphoid palpation reveals pain response. No overt masses were noted.

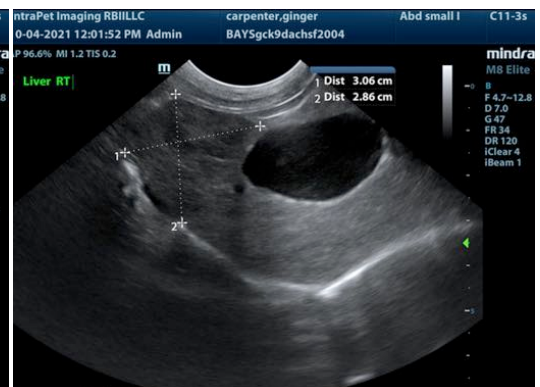
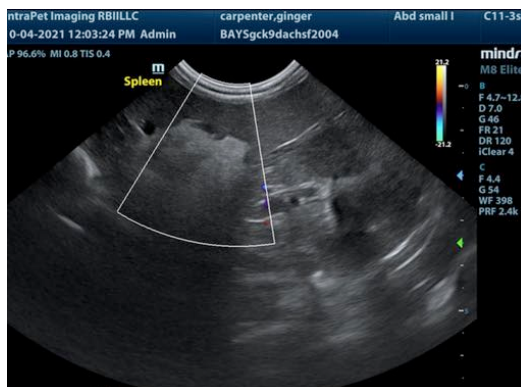
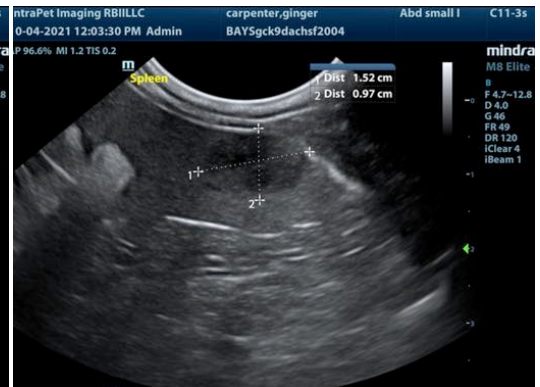
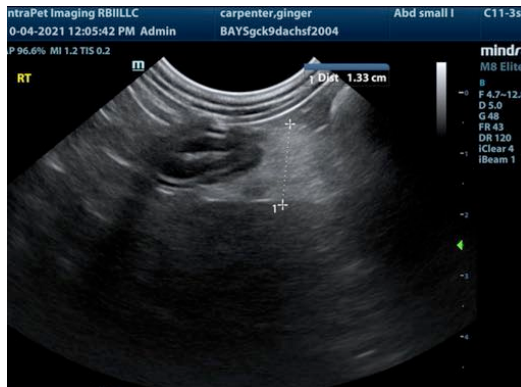
### ULTRASONOGRAPHIC FINDINGS

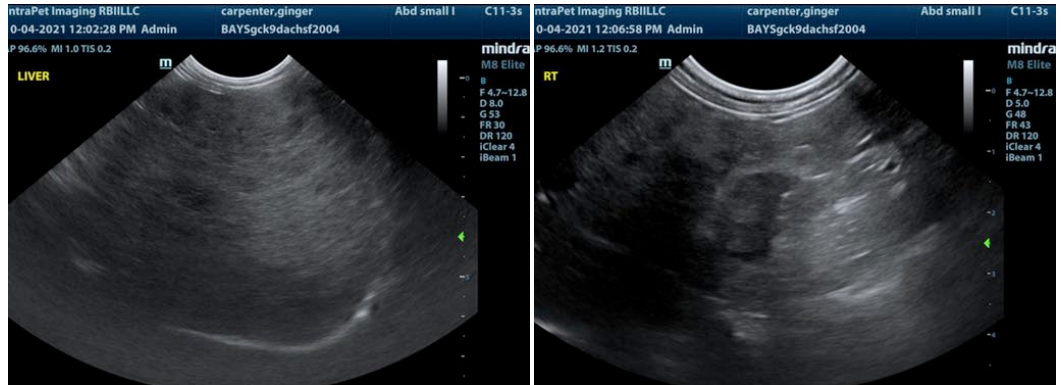
Undefined hepatic nodular changes and swelling.  
Splenic nodule with a separate splenic lipomatous type mass.  
Age related abdominal changes noted.  
Mild bilateral adrenal hypertrophy and right nodular changes.  
Pancreatic fibrosis.

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multi-focal neoplasia is possible. FNA of the spleen and liver is recommended. Guarded prognosis. Splenitis and hepatitis is possible, yet less likely. The right adrenal gland was somewhat nodular and expansive with regional, hyperechoic surrounding fat. This may represent an emerging neoplastic event such as carcinoma. Pheochromocytoma should be monitored. However, immediately I am most concerned about the splenic and hepatic lesions.







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.

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