



PATIENT

Sparky Simone

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

13 Years

WEIGHT

12.5

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Carlos Abdul-Chani

HOSPITAL NAME

Byram AH

REFERRING VET

Dr. Carlos Abdul-Chani

INVOICE

17911

DATE

11/8/22

PRESENTING CLINICAL SIGNS

History: Second opinion for apparent abdominal discomfort. Besides moderate periodontal disease rest of PE is unremarkable. Patient grunts mildly while being held

Abnormal PE/Chem/CBC/UA Results: All normal

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. Iliac trifurcation was unremarkable.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.7 cm. The left kidney measured 4.32 cm.

Adrenal Glands

The **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are mild and likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 1.68 cm x 0.51 cm at the cranial pole and 0.42 cm at the caudal pole. Slight heterogenous changes were noted at the caudal pole of the left adrenal. The left adrenal gland measured 1.78 cm x 0.6 cm at the caudal pole and 0.43 cm at the cranial pole.

Spleen

The **spleen** revealed a focal nodule, measuring 8.0 mm at the cranial pole with microcystic changes, this is an incidental finding.

Liver

The **liver** was largely normal, however, an expansive mass was noted in the right medial liver with pericapsular inflammatory pattern, appears potential resectable- CT evaluation is indicated. A minor amount of gallbladder debris was present.

Gastrointestinal

The **stomach** itself was unremarkable. The colon was mildly thickened in this patient without loss of mural detail. No neoplastic criteria was met, however, the mucosal layer was mildly thickened with mild hypertrophied muscularis.

Pancreas



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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.

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Other

The transdiaphragmatic view revealed diffuse **alveolar consolidation**.

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ULTRASONOGRAPHIC FINDINGS

- Right medial liver mass- carcinoma, round cell neoplasia, pronounced hyperplasia are all possible.
- Gallbladder debris
- Alveolar consolidation
- Splenic nodule, potentially resectable- nodular hyperplasia and hemangiosarcoma are possible.
- Mildly thickened colon
- Age-related adrenal gland changes

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13 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If deep subxiphoid palpation reveals discomfort in this patient, then the discomfort may be deriving from the right medial liver mass, however, the discomfort may be deriving from orthopedic disease. Chest radiographs are warranted to assess primary respiratory disease as significant comet tail lung pattern and areas of lung consolidation noted through the diaphragm. Full body and spinal CT would be ideal in this patient to further assess the presentation. Prognosis is very guarded. Assessment for tachypnea/respiratory distress is indicated given the transdiaphragmatic lung lesions noted.

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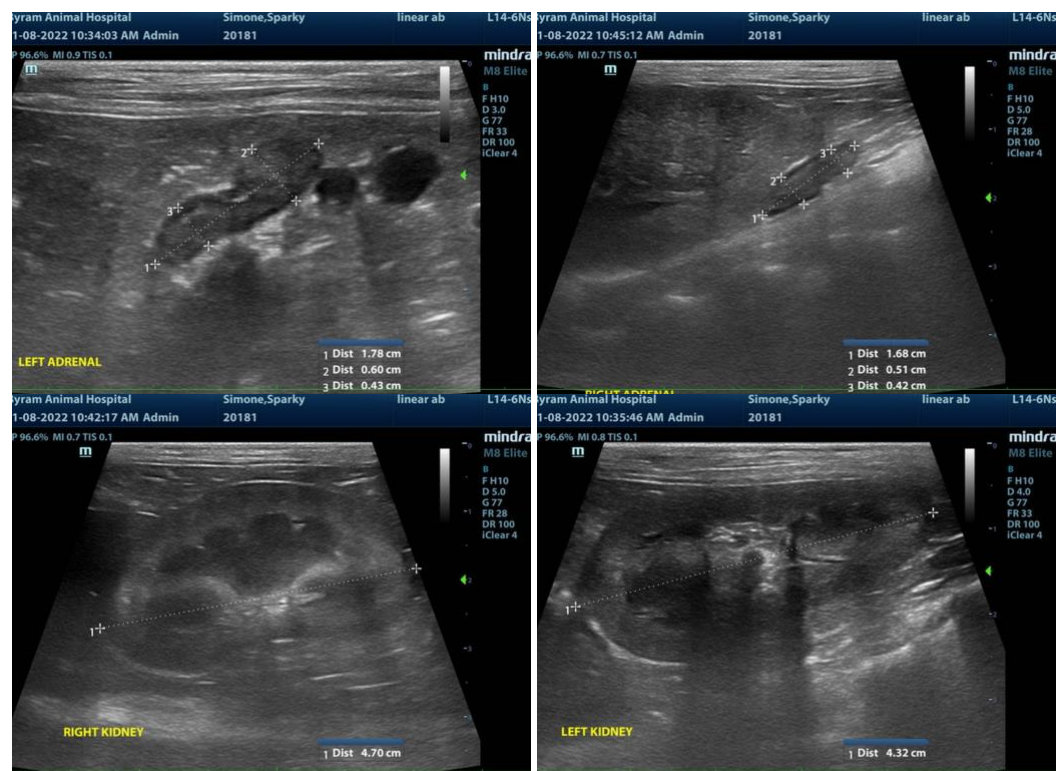
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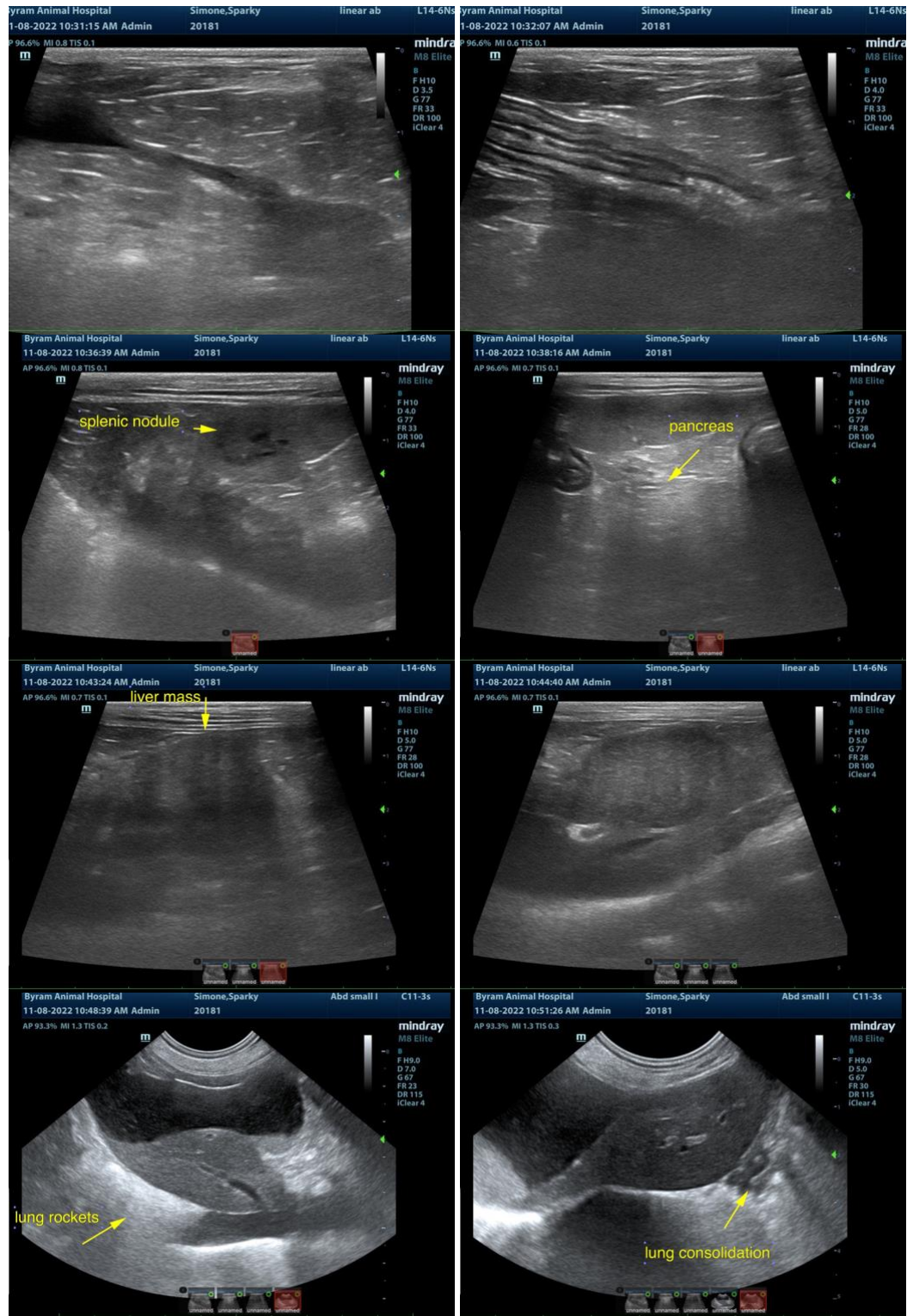
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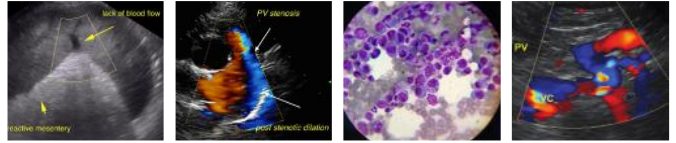
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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