



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Boots Gacono  
Presented at our hospital for: 2pm started acting lethargic. Did not eat dinner. BM in the house. Laying around this evening, panting, shivering. Belly seems distended. Previous Health Concerns: Liver Disease (one year Current Medications: Denamarin (6 weeks)

**SPECIES** Abnormal PE/Chem/CBC/UA Results: REG vet- progressive increase liver values from 11/20 through 12/20 ALT: 146 -233 -257 NOW 742(H) ALP : 588 1549 3628 NOW > 993 GGT; 14 - 30 -60 - NOW 87 cPI- normal EPOC- NSF rad- hepatomegaly noted

**BREED** Canine

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Dachshund

**Urinary System**

**SEX** 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.

Neutered male

**AGE** 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 5.64 cm with slight pinpoint mineralization. The right kidney measured 5.55 cm.

12 years

**WEIGHT** 9.4 kg

**INTERPRETED BY**

**Adrenal Glands**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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 left adrenal gland measured 0.6 cm.

**IMAGING PERFORMED BY**

Erin Wicks

**Spleen**

**HOSPITAL NAME**

Shores VEC

The **spleen** revealed a slight, focal, hypoechoic nodule that measured 0.7 cm and was non-disruptive.

**REFERRING VET**

Dr. Lupole

**Liver**

The **liver** revealed increased portal markings and irregular hepatic swelling. Cystic changes were noted in the right and left liver. The gallbladder presented an inflamed mucocele with striating bile and over distension. Free fluid was noted between the liver lobes.

**INVOICE**

97461

**Gastrointestinal**

**DATE**

12/20/21

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.



**PATIENT**

**Pancreas**

Boots Gacono

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.

**SPECIES**

Canine

**Free Abdomen**

**BREED**

Dachshund

Free fluid was noted in the abdomen.

**SEX**

Neutered male

Inflamed gallbladder mucocele with irregular hepatic swelling and cystic changes. Possible abscessation.

**AGE**

12 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend immediate exploratory surgery with expectations towards cholecystectomy after inspection of the liver as to whether the liver appears neoplastic or if this is an inflammatory event upon hepatomas or benign hepatopathy. The prognosis is very guarded. Abdominocentesis and cytospin of the free fluid is warranted. FNA of the liver can be considered while stabilizing the patient to assess for underlying hepatic neoplasia along with the inflamed gallbladder mucocele, which necessitates surgical intervention. If bile peritonitis is evident on abdominocentesis then immediate exploratory surgery is warranted. The prognosis is extremely guarded.

**WEIGHT**

9.4 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

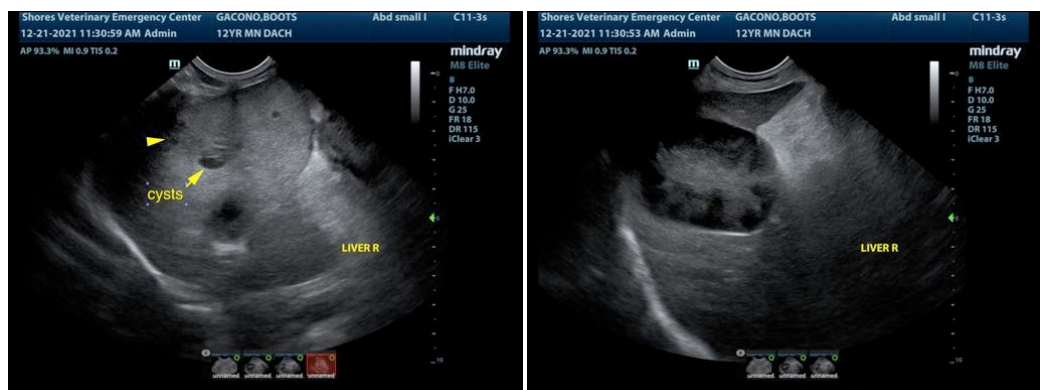
Dr. Lupole

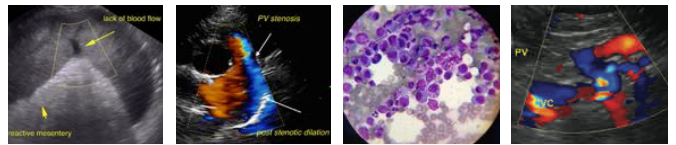
**INVOICE**

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**DATE**

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**PATIENT**

Boots Gacono

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

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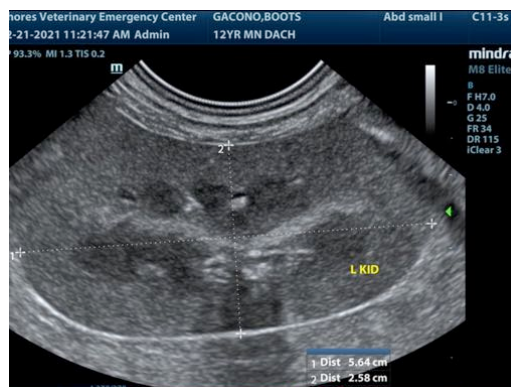
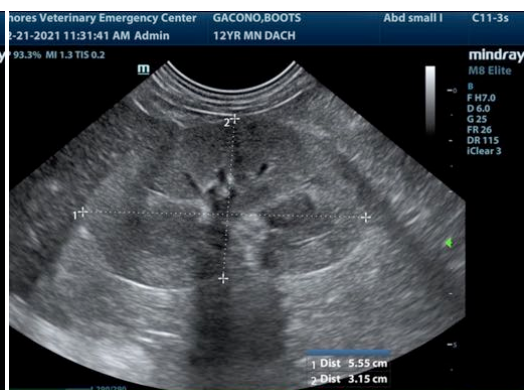
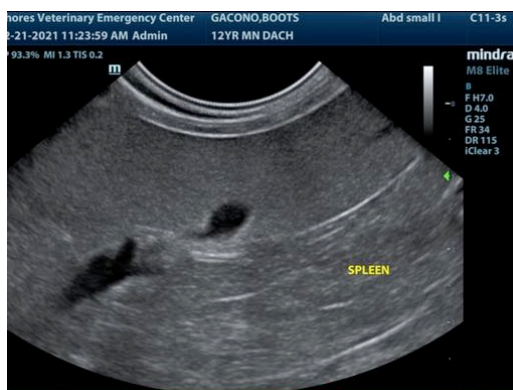
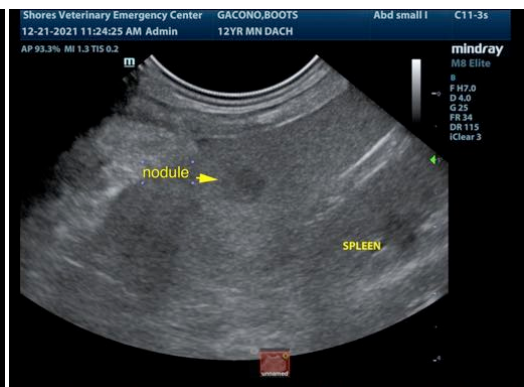
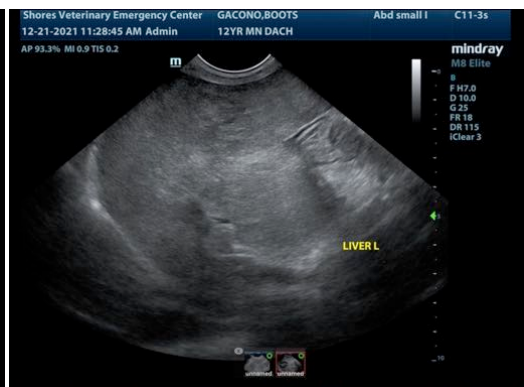
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**PATIENT**

Boots Gacono

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.

**SPECIES**

Canine

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.

**BREED**

Dachshund

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

9.4 kg

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