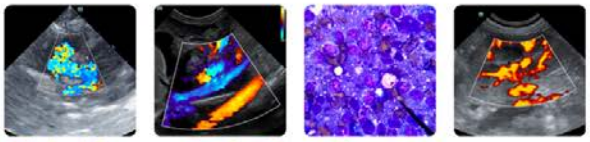

PATIENT

Ginger Helfer

SPECIES

Canine

BREED

Dachshund x

SEX

Spayed Female

AGE

13 Years

WEIGHT

20.7 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ian Anderson

HOSPITAL NAME

Chester Animal Clinic

REFERRING VET

Dr. Ian Andreson

INVOICE

72374

DATE

12/5/25

PRESENTING CLINICAL SIGNS

The owner reports a 1-month history of excessive drinking and urination, including inappropriate urination in the house. A soft tissue sarcoma was surgically removed approximately 6 months ago. The owner was informed that the margins were incomplete and that recurrence was possible. An oncology referral was recommended at that time but was declined. History of bladder stones.

Abnormal PE/Chem/CBC/UA Results: Integumentary: - A mass is present just behind the right armpit, measuring approximately 6 cm in diameter. - A group of smaller masses is palpable just caudal to the larger mass. - A soft mass is present at the tail base, measuring approximately 4 cm in diameter. This mass is reported to be chronic and unchanged. Musculoskeletal: Ambulation is impaired with reduced mobility, which is a chronic issue. Significant joint laxity is noted in the joints of the forelimbs, with valgus rotation noted at the elbow. Lab work attached

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 1.0 cm beyond the cystourethral junction.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Microcystic cortical changes noted. The left kidney measured 3.7 cm. The right kidney measured 4.6 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 left adrenal gland measured 0.66 cm at the caudal pole and 0.57 cm at the cranial pole. The right adrenal gland measured 0.97 cm at the cranial pole and 0.60 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

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. This is consistent with vacuolar hepatopathy and some level of

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remodeling and history of inflammatory component. Multifocal hypoechoic nodular changes noted, measuring up to 5.0 mm.

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

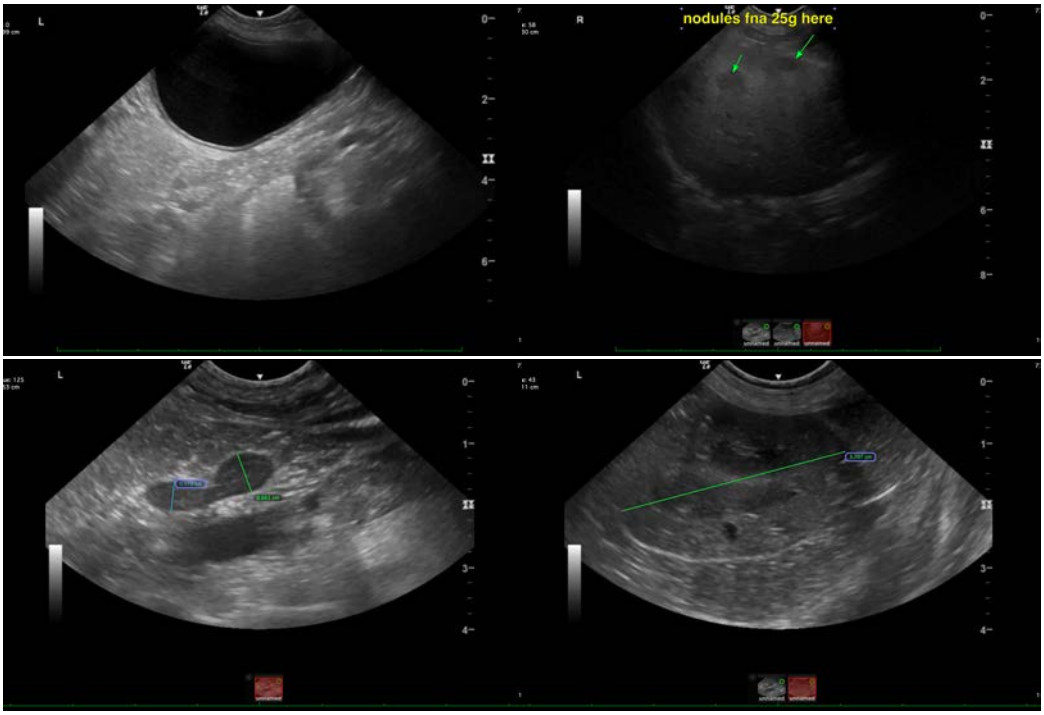
The right limb of the **pancreas** revealed a mixed hypoechoic 3.0 cm region of pathology with regional inflammation.

ULTRASONOGRAPHIC FINDINGS

- Vacuolar hepatopathy/nodular hyperplasia liver pattern. However, I cannot rule out potential metastatic disease.
- Hypoechoic region of right pancreatic limb with regional inflammation – Pancreatitis, necrosis versus carcinoma are primary concerns.
- Moderate degenerative renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the liver and hypoechoic region of the pancreas indicated. Prognosis is guarded depending upon cytology results. Right subxiphoid palpation warranted to assess for discomfort near the right pancreatic limb.



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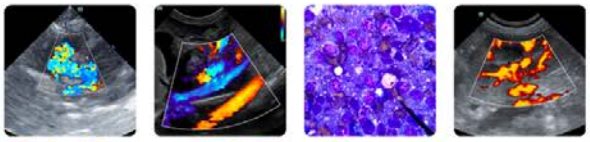

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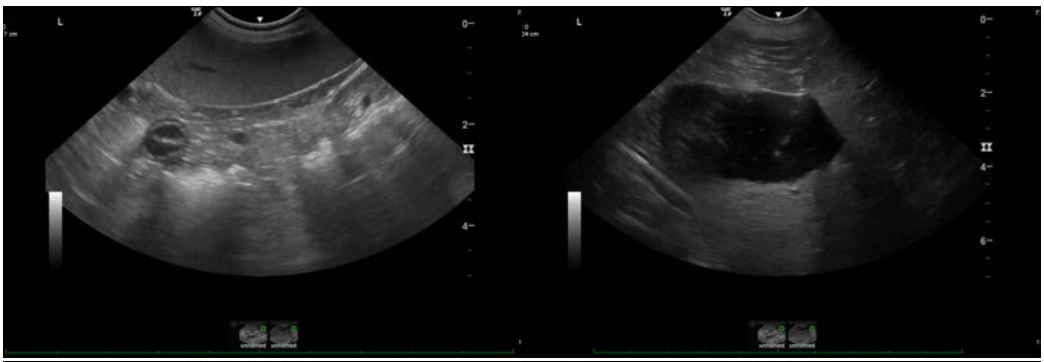

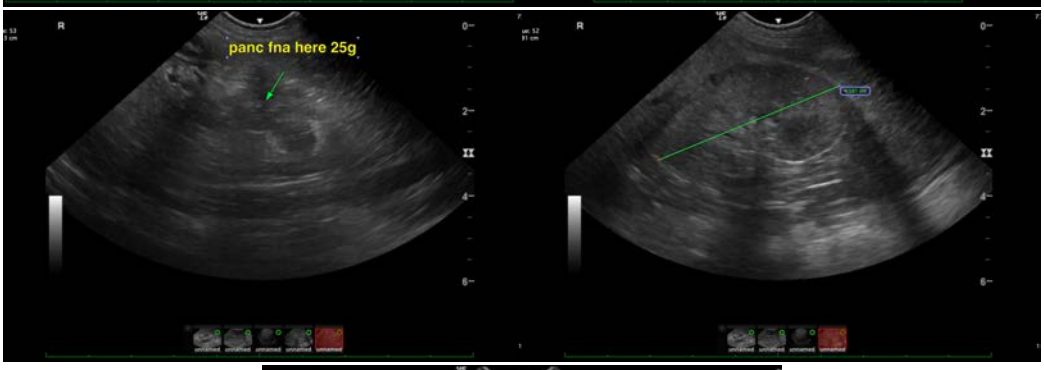

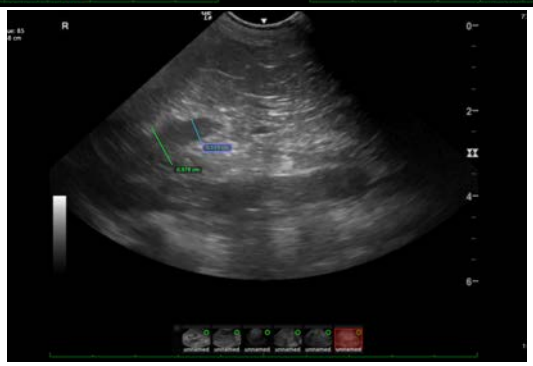

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,
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