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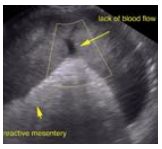
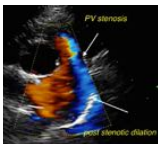
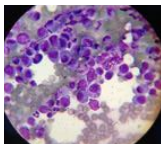
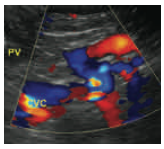

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1-800-838-4268 info@sonopath.com

PATIENT

Chuck Dunklee

SPECIES

Canine

BREED

Dachshund Terrier Mix

SEX

Neutered male

AGE

12 years

WEIGHT

13.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Baum

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Bau,m Lyons
Veterinary Service

INVOICE

94381

DATE

12/7/21

PRESENTING CLINICAL SIGNS

Blood work done on 11/12/2021elevated TP, ALB, GLOB, ALT, TBIL, MPV
Presented for predental exam. Abdomen painful but not off feed. cPLI elevated
Chem panel 11/25/2021
PercisionPSL 234
Triglyceride 463
Platelet count 430
T4 3.8
the rest WNL

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. Occasional cortical cyst was noted measuring up to 0.47 cm. The right kidney measured 4.07 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 0.61 cm at the caudal pole and 0.56 cm at the cranial pole. The left adrenal gland measured 0.76 cm at the caudal pole and 0.64 cm at the cranial pole.

Spleen

The **spleen** was folded upon itself caudally and was fairly uniform with occasional heterogenous change. This is not clinically significant.

Liver

The **liver** revealed an isoechoic mass that measured 3.6 x 3.85 cm with mild disruption of architecture in the mid cranial liver adjacent to the diaphragm. The remainder of the liver revealed slight coarse architecture and mildly increased portal markings. The changes are largely expected for this age patient. The nodular change impinged upon the gallbladder without significant deviation.

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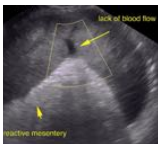
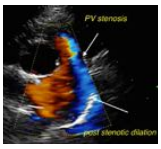
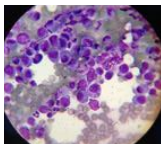
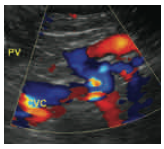

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was retention of ingesta noted int eh stomach. 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** revealed minor, heterogenous parenchymal changes with remodeling.

ULTRASONOGRAPHIC FINDINGS

Mid cranial liver mass; however, likely benign or low grade.

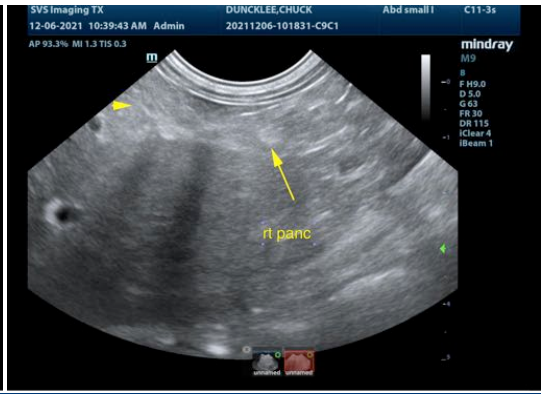
Retention of ingesta in stomach.

Minor pancreatic remodeling.

Age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA is indicated. Hepatoma versus hyperplasia with a minor potential for underlying carcinoma. Given the bilirubin and ALT elevations FNA of the general parenchyma as well as the liver lesion is recommended. The cause of abdominal pain is unclear. Deep subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected. However, referred back should be considered as a possibility in this case as viscerally the abdominal changes are largely expected for a geriatric patient. Given the history of bilirubin and ALT elevation and acute insult onto the liver may have occurred such as Leptospirosis or similar with the current hepatic presetnation being the sequelae of that insult. However, the “mass” in the cranial liver even though subjectively benign or low-grade should be sampled. It does not appear overtly resectable and may be adhered to the diaphragm.



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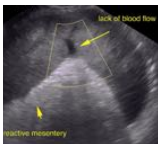
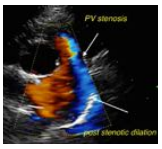
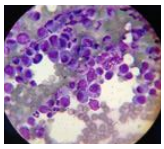
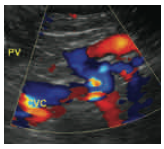

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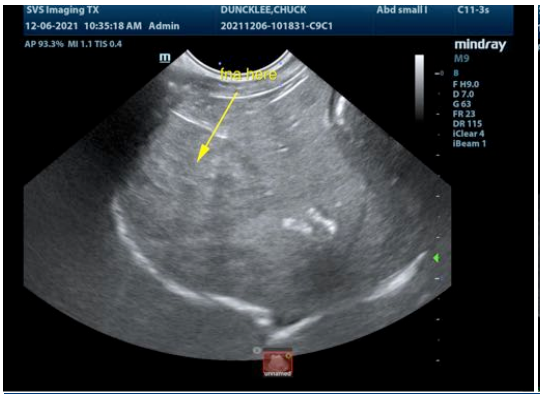

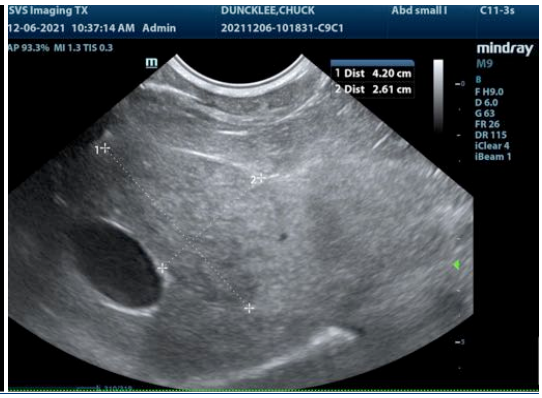

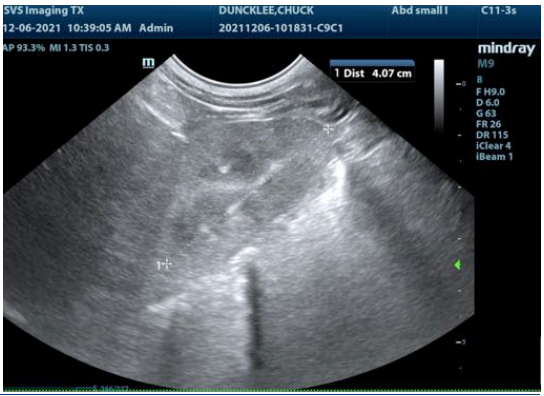

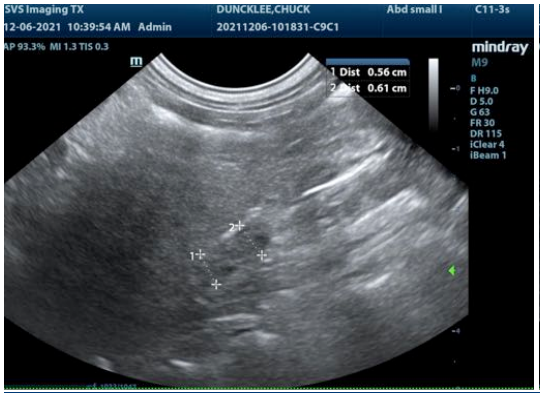

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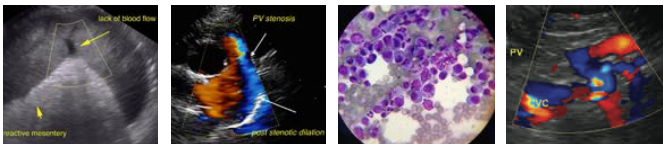

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com