



PATIENT

Lexi Caruso

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

13 Years

WEIGHT

17 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Michael Ferber

HOSPITAL NAME

East Meadow VC

REFERRING VET

Dr. Michael Ferber

INVOICE

21164

DATE

2/17/23

PRESENTING CLINICAL SIGNS

History: ADR / large bowel diarrhea - 2 days Hx of urolithiasis 2021 (struvites) with UTI current diet = urinary SO no signs of lower urinary tract disease (as per o), but uroliths noted on rads and US. Mass effect in mid abdomen noted on survey radiographs

Abnormal PE/Chem/CBC/UA Results: CBC Chem / UA / C+S pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed minor apical ventral wall thickening and sand accumulation (approximately 1.3 cm). 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 moderate 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. Cortical mineralization was noted in the kidneys. The left kidney measured 4.0 cm. The right kidney measured 4.6 cm.

Adrenal Glands

The **right adrenal gland** was visualized obliquely and appeared irregular. The body of the right adrenal gland measured approximately 1.0 cm at the cranial pole and 0.8 cm at the caudal pole, however, minor irregular projection was noted.

The **left adrenal gland** was not visualized.

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 a mild change, consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

Gastrointestinal

The **stomach** revealed shadowing luminal material, measuring approximately 3.0 cm, suggestive for foreign matter. The small intestine and colon were unremarkable.

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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Free Abdomen

An undifferentiated **mid abdominal mass** was noted, measuring approximately 5.0 cm, impinging upon regional intestine yet no direct connection could be made.

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ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

- Mid abdominal mass
- Irregular right adrenal gland
- Shadowing material in the stomach, suspected foreign matter
- Benign hepatopathy
- Bladder sand with minor bladder wall thickening
- Age-related renal changes with cortical mineralization

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

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Further imaging of both the left and right adrenal glands and the mass, with respect to the vena cava and aorta is indicated, or CT evaluation with contrast. This mass could be connected to either adrenal, as the left adrenal was not overtly visualized. 25-gauge ultrasound guided FNA of the mass could be considered after coagulation panel. Blood pressure measurements are recommended. If hypertension is an issue, then urine catecholamine to assess for pheochromocytoma is also indicated. Prognosis is guarded.

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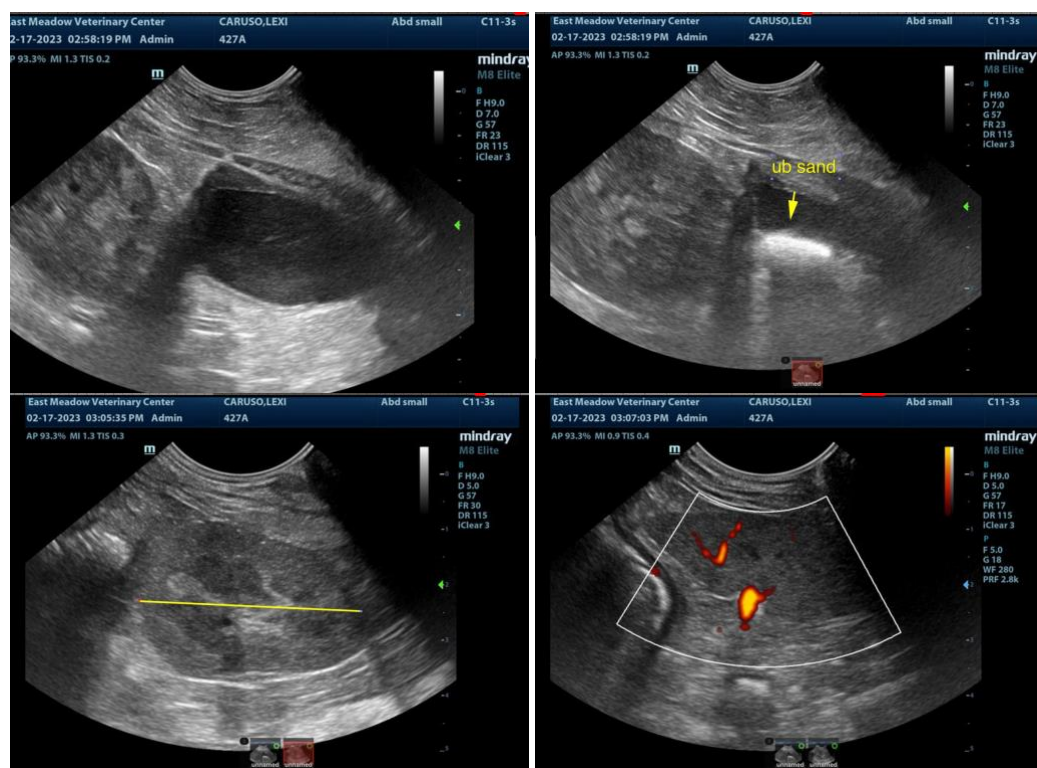
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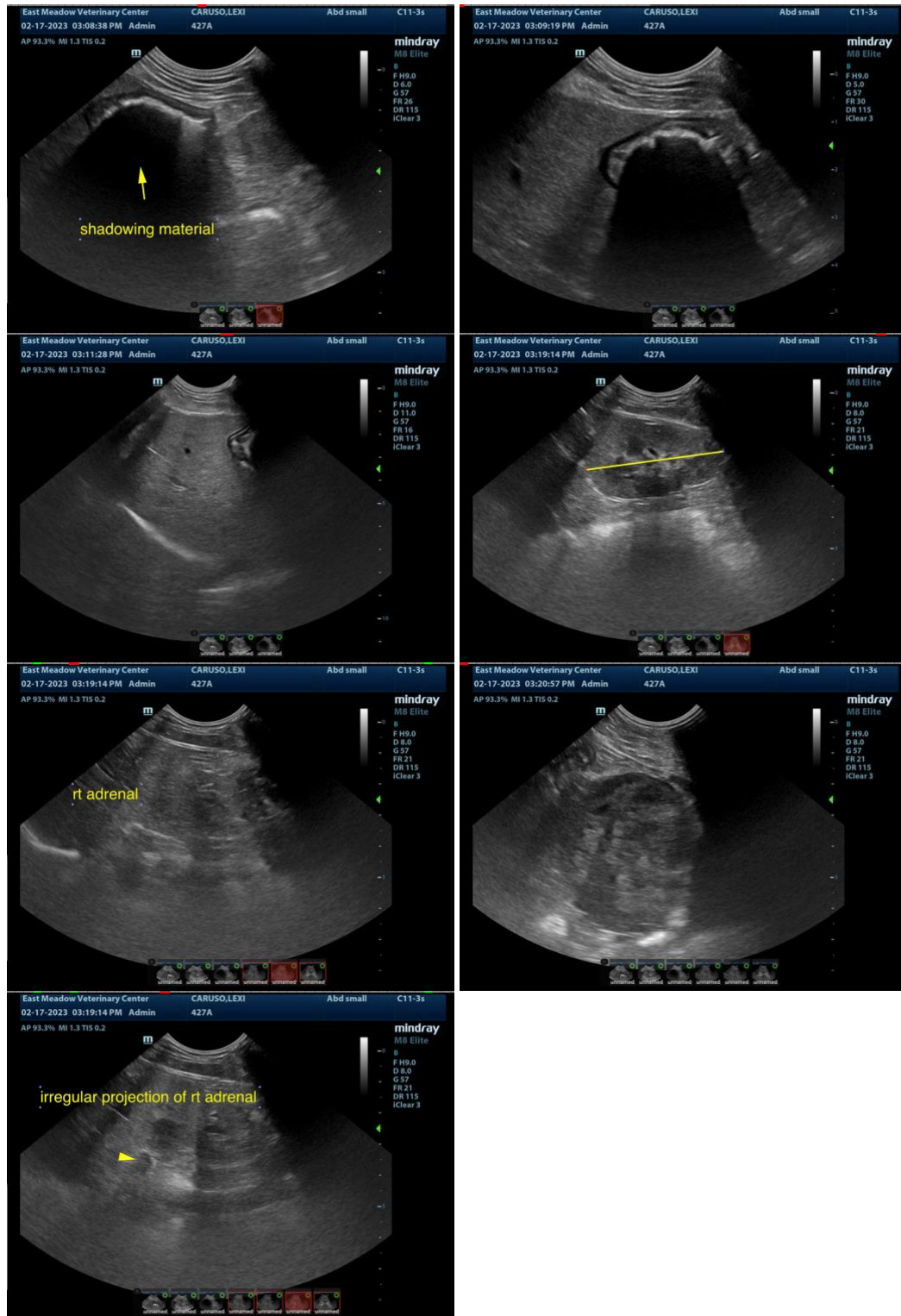
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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