



PATIENT PRESENTING CLINICAL SIGNS

Frodo Pilla Abnormal PE/Chem/CBC/UA Results: ALT: 206, ALK: 653, GGT: 3, USG: 1.015,

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Dachshund

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.

SEX

Neutered male

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 4.22 cm.

AGE

11 years

Adrenal Glands

WEIGHT

19 lbs

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 2.16 x 0.66 cm. The right adrenal gland measured 2.32 x 0.75 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Dr. Rodriguez

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 was noted.

HOSPITAL NAME

Foxfield VS

Liver

REFERRING VET

Dr. Rodriguez

The **liver** revealed coarse architecture with increased portal markings. Hyperechoic nodule was noted in the left cranial liver and measured 1.17 x 0.75 cm. The nodule is non-disruptive. A separate mass was noted and measured 2.5 x 1.99 cm in the cranial liver. The mass deviated the diaphragm. Separate hyperechoic nodules were noted in the liver and consistent with lipogranulomas. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

INVOICE

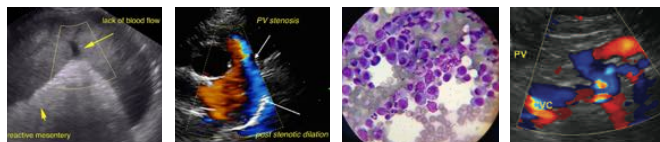
96233

Gastrointestinal

DATE

2/22/22

The **gastric** wall was mildly thickened including the gastroesophageal inlet without loss of mural detail. However, mural hypertrophy was present. The remainder of the intestinal tract was unremarkable.



PATIENT

Pancreas

Frodo Pilla

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

ULTRASONOGRAPHIC FINDINGS

BREED

Upper gastrointestinal thickening.

Dachshund

Liver mass and nodular hyperplasia pattern with parenchymal remodeling. Chronic inflammatory hepatopathy. The mass may represent a benign hyperplasia. However, an underlying carcinoma is a potential.

SEX

Neutered male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

FNA of the liver mass is indicated. Bile acid profile is indicated. If any upper GI signs are present then GI protectant protocol is indicated.

11 years

WEIGHT

19 lbs

INTERPRETED BY

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DABVP, Cert. IVUS

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

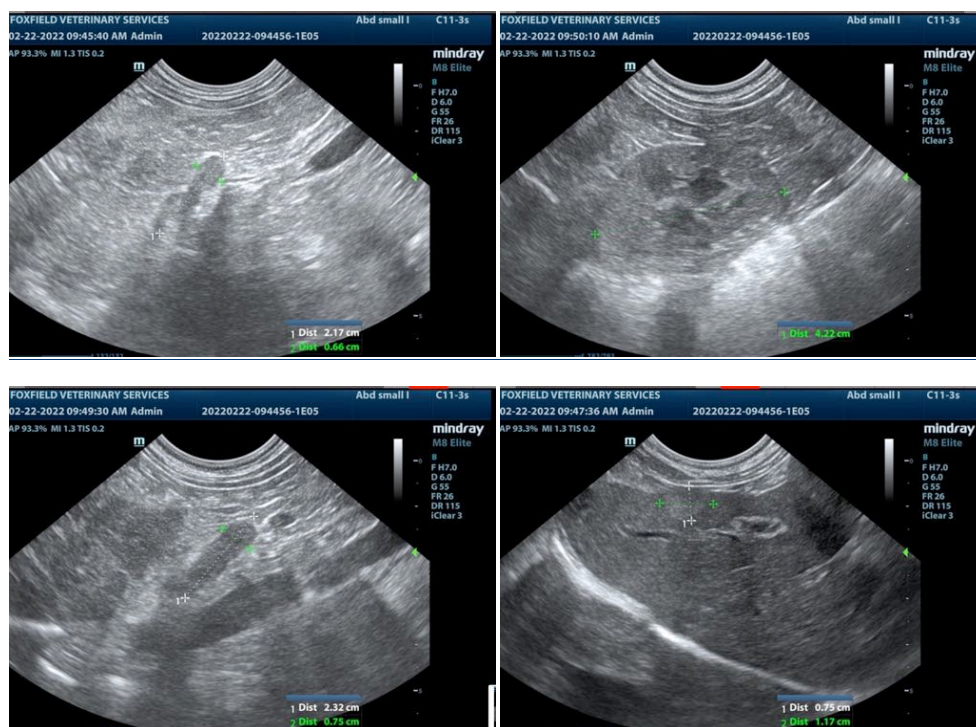
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PATIENT

Frodo Pilla

SPECIES

Canine

BREED

Dachshund

SEX

Neutered male

AGE

11 years

WEIGHT

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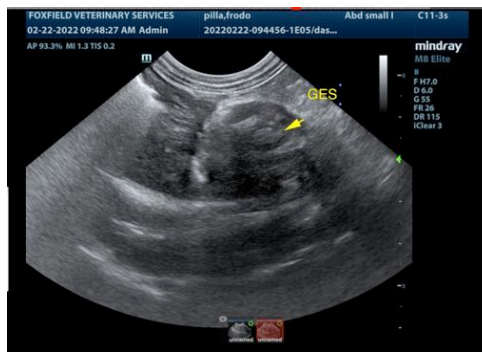
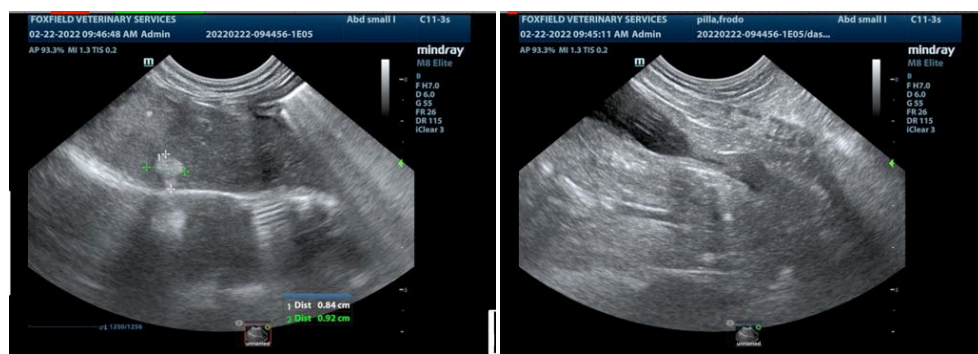
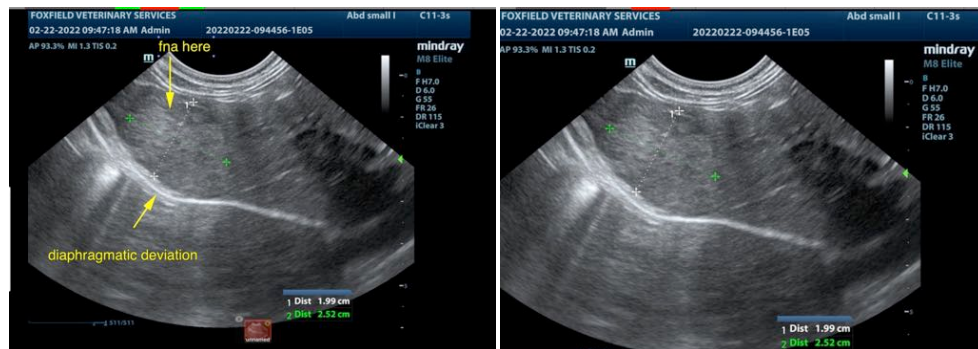
Dr. Rodriguez

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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.

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