



**PATIENT PRESENTING CLINICAL SIGNS**

Foxy Negley

History: Came in the clinic for an exam after falling down the stairs. Dr. Allyn found a mass in the abdomen.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: PE: MID ABDOMINAL MASS APPROX 4 INCHES IN DIAMETER SYSTOLIC MURMUR PAINFUL TO PALPATION OF THE LUMBAR BACK MODERATE TARTAR/GINGIVITIS UA: Specific Gravity 1.022 pH 5.0 Sediment looked quite. CBC: Hematocrit 37.5% Hemoglobin 13.2g/dL MCH 21.6 pg Reticulocyte Hemoglobin 20.9 pg Lymphocytes 0.738 K/ $\mu$ L CHEM: Potassium 3.9 mmol/L Na: K Ratio 38 AST68 U/L ALP 663U/L Triglyceride 157 mg/dL Lipase b384 U/L Creatine Kinase 391 U/L Spec cPL e608 ug/L Total T4 Total T4 a0.7 ug/dL Heartworm Antigen Ehrlichia canis / ewingii Lyme (Borrelia burgdorferi) Anaplasma phagocytophilum / platys ALL WAS NEGATIVE.

**BREED**

Dachshund

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

**Urinary System**

Spayed Female

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.

**AGE**

15 years

**WEIGHT**

19.2 lbs

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 right kidney measured 4.1 cm. An undifferentiated, mixed, hypoechoic 6.5 cm complex mass with peripheral inflammation was noted. The mass appears to be deriving from the left kidney or spleen. It may involve both organs. This is likely kidney derived and impinged upon the spleen.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Carissa Rhoades

**Adrenal Glands**

The right **adrenal gland** was 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 1.43 x 0.65 cm. The mass in the region of the left kidney obscured the left adrenal gland.

**HOSPITAL NAME**

Elizabeth AH

**REFERRING VET**

Dr. Allyn

**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 was noted. An undifferentiated mass was noted and may be deriving from the spleen, yet it is suspected to be deriving from the left kidney and potentially impinging upon the spleen.

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**DATE**

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**PATIENT**

**Liver**

Foxy Negley

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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**Gastrointestinal**

**SEX**

Spayed Female

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.

**AGE**

15 years

**Pancreas**

**WEIGHT**

19.2 lbs

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.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Heart**

Rapid view of the heart revealed no evidence of pathology other than tachyarrhythmia.

**IMAGING PERFORMED BY**

Carissa Rhoades

**ULTRASONOGRAPHIC FINDINGS**

Mass in the area of the left kidney, completely undifferentiated.

**HOSPITAL NAME**

Elizabeth AH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I suspect left renal sarcoma. I recommend EKG, chest radiographs and exploratory surgery with expectations towards left nephrectomy and splenectomy.

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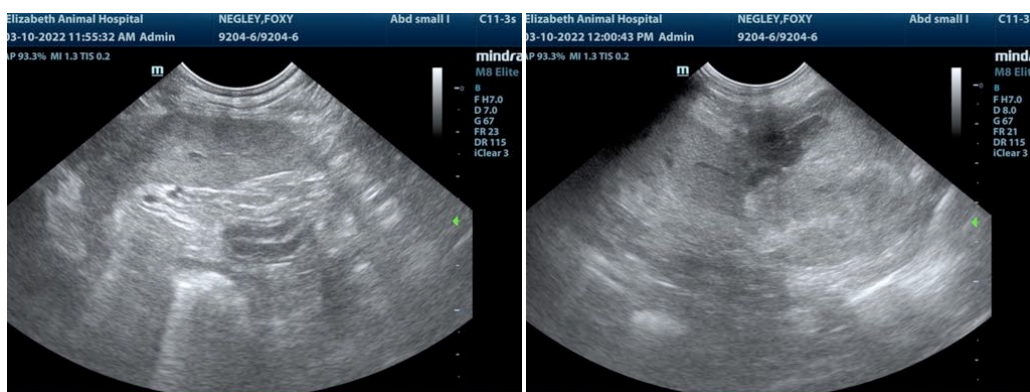
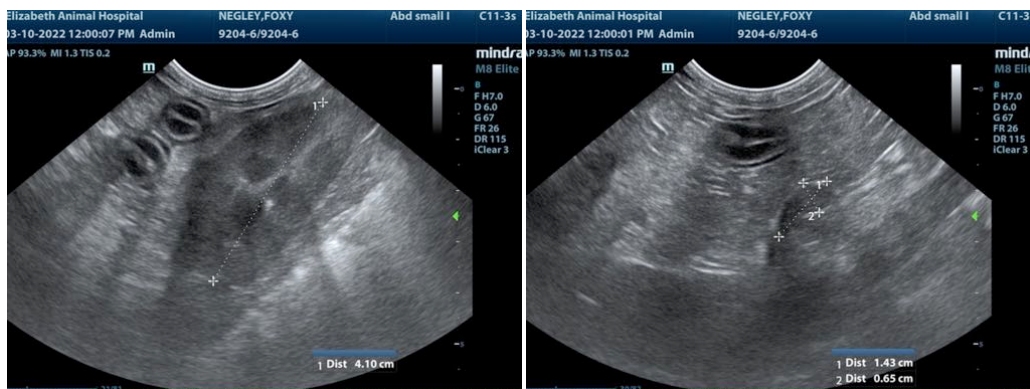
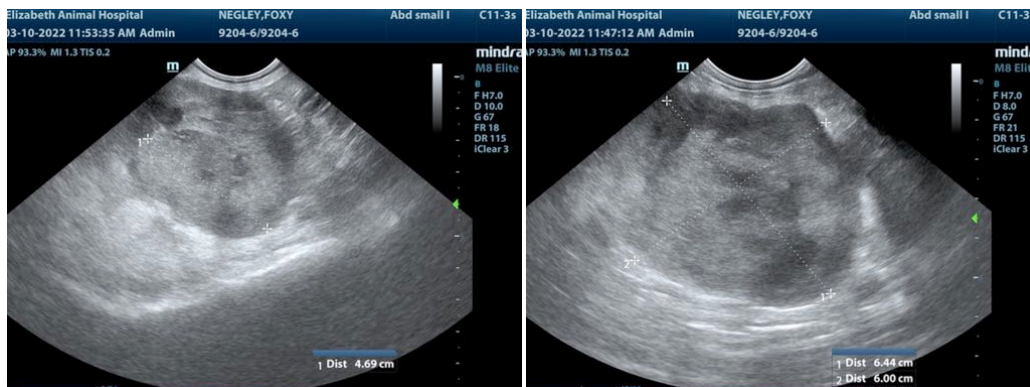
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com



**PATIENT**

info@SonoPath.com

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