



PATIENT

Brautwurst Longoria

SPECIES

Canine

BREED

Dachshund

SEX

Neutered male

AGE

9 years

WEIGHT

27.3 lbs

PRESENTING CLINICAL SIGNS

Pt presented 7 days ago for collapsing episode that O thought was a seizure that and seemed post-ictal. PT acted like he was going to vomit so O went to let pt outside and while going to the door to go outside pt fell over. When pt stood up seemed confused, weak and runny stools. Abnormal PE/Chem/CBC/UA Results: On exam pt was lateral but BAR. Initial BW showed mild anemia and 191-ALT, 573-ALP and 25-GGT. Pt responded well to Pred, keppra and doxy but repeat CBC showed worsening anemia.

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 residual prostate measured 0.6 cm. The iliac trifurcation was unremarkable.

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 5.0 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Moss

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 was visualized obliquely and measured 0.6 cm at the cranial pole and 0.7 cm at the caudal pole. The right adrenal gland measured 0.8 cm at the cranial pole and 0.6 cm at the caudal pole.

HOSPITAL NAME

Harvest Hills VH

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

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Liver

The **liver** revealed a moderately complex left-sided mass. The right liver appeared to have minor increased portal markings and coarse architecture. An 8+ cm microcavitated and disruptive liver mass was noted. This occupied the left liver. However, further imaging is necessary for this spatial differentiation or CT evaluation for surgical planning. The pattern would suggest carcinoma; however, granulomatous mass is possible. The gallbladder revealed minor polyps and a trace amount of sand.

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Gastrointestinal

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The **stomach** was over distended with chyme. The small intestines and colon were unremarkable.

SPECIES

Pancreas

Canine

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.

BREED

Dachshund

ULTRASONOGRAPHIC FINDINGS

SEX

Hepatic mass.

Neutered male

Otherwise, geriatric abdomen.

AGE

9 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

27.3 lbs

FNA of the parenchymal portion of the mass is warranted for further definition. Given the seizure activity brain CT with contrast would also be ideal if abdominal CT is being performed. There was no evidence of hemorrhage at the time of the sonogram. However, prior hemorrhage from the mass with resorption is a potential.

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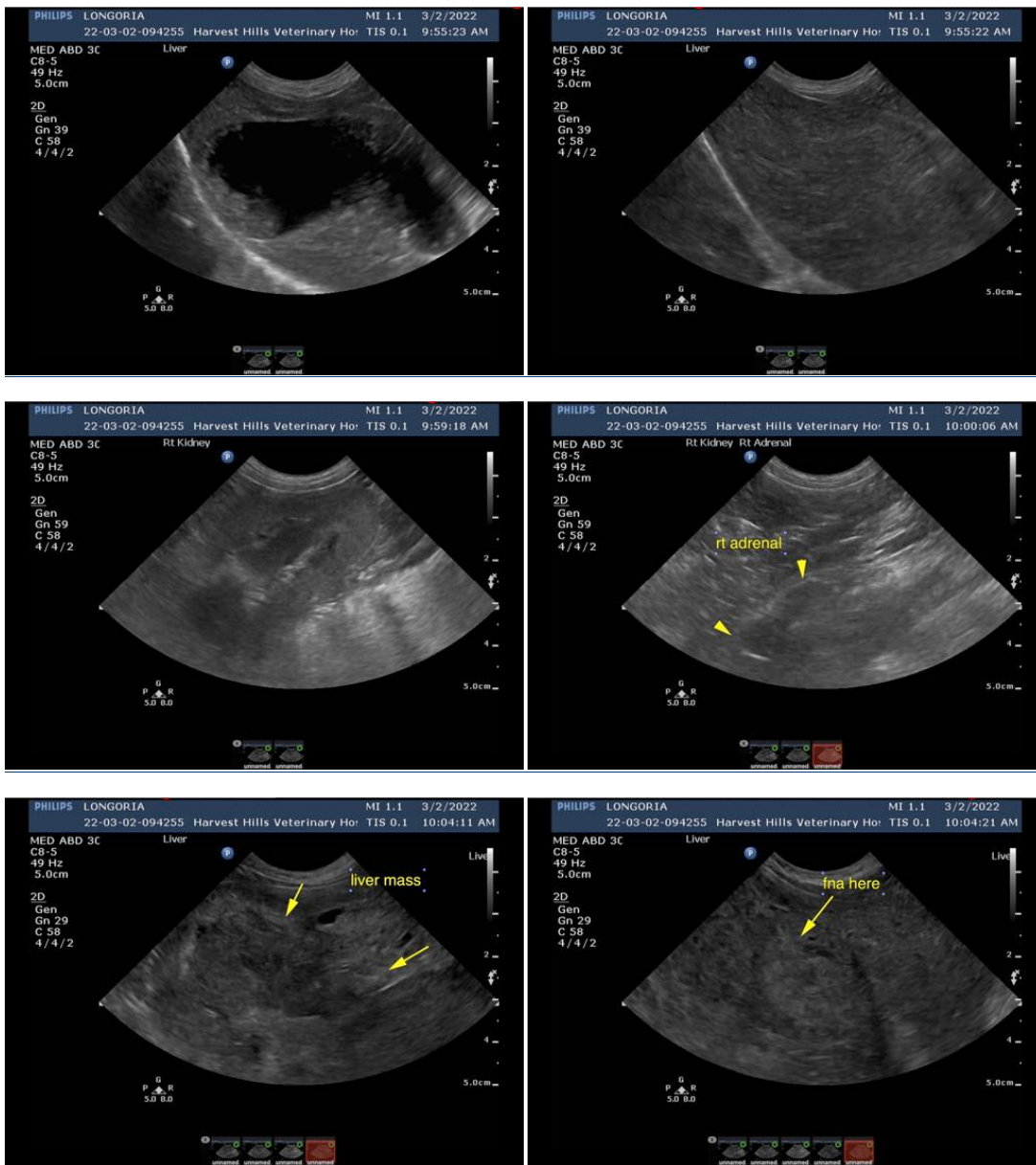
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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