



PATIENT

Abbey Lee

SPECIES

Canine

BREED

Dachshund

SEX

Spayed female

AGE

13 years

WEIGHT

5.9 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Trudeau

HOSPITAL NAME

Petworks VH

REFERRING VET

Dr. Trudeau

INVOICE

43840

DATE

4/13/23

PRESENTING CLINICAL SIGNS

History: Gr 4-5/6 cardiac murmur, facial twitching/tremors modified ultrasound with out sedation due to becoming cyanotic , possible neurological concerns and the murmur palpable abdominal mass
Abnormal PE/Chem/CBC/UA Results: CBC/Chem - NSF except mild increase in Urea

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 his age patient. Medullary structure differed distinctly from that of the cortex. The right kidney revealed slight pyelectasia. The left and right kidney measured 4.73 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.

Spleen

The **spleen** revealed mild to moderately complex expansive 7.0+ cm parenchymal mass. A separate mass was noted on the spleen and measured 4.0 cm. There was no evidence of rupture noted at the time of the sonogram; however, some vascular congestion was noted within the splenic vasculature.

Liver

The **liver** was mildly swollen with slightly increased portal markings and generalized enlargement. Scalloping contour was noted. The liver impinged upon the diaphragm. This is suggestive for potential infiltrative disease versus benign vacuolar hepatopathy. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

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. Small and large intestine



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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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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Dachshund

ULTRASONOGRAPHIC FINDINGS

SEX

Two separate splenic masses, potential concurrent infiltrative hepatic disease.

Spayed female

Age related changes were noted elsewhere.

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

13 years

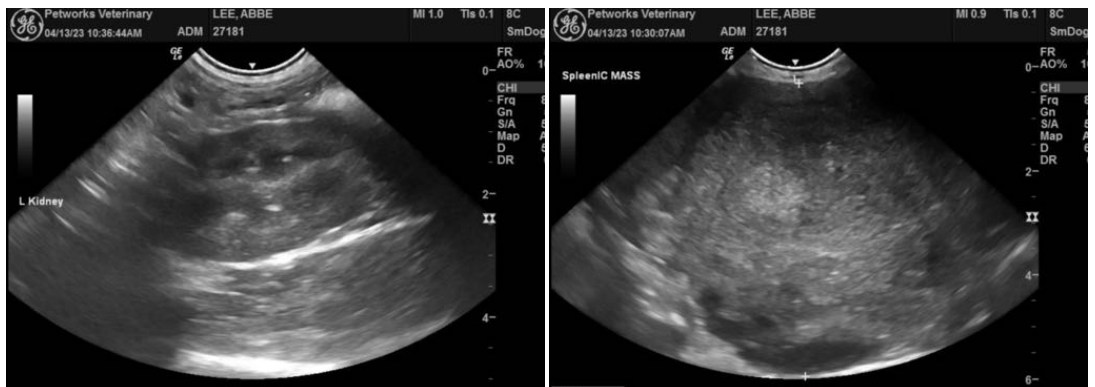
25-gauge screening FNA of the splenic mass and liver is recommended or direct FNA of the liver to assess for underlying neoplasia versus benign hepatopathy. If benign then splenectomy and liver biopsy is indicated. Chest radiographs and echocardiogram is recommended to assess for comorbidities. Round cell neoplasia of the spleen versus hemangiosarcoma or vacuolar hepatopathy versus related round cell neoplasia of the liver.

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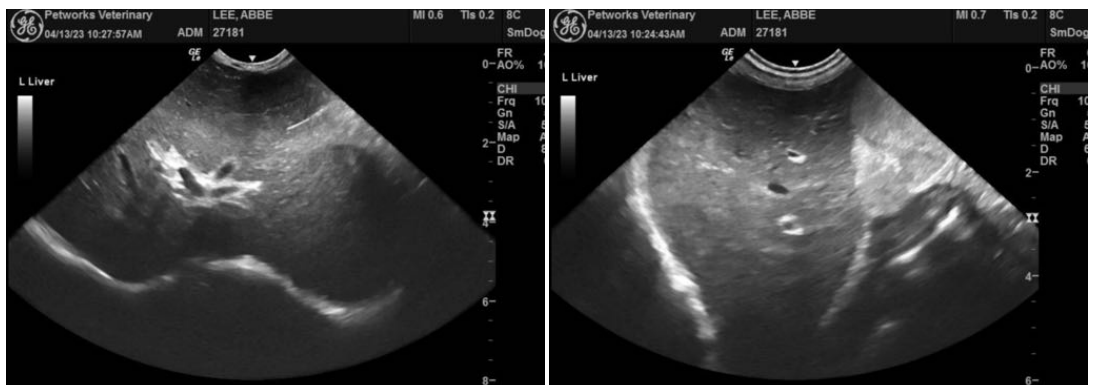
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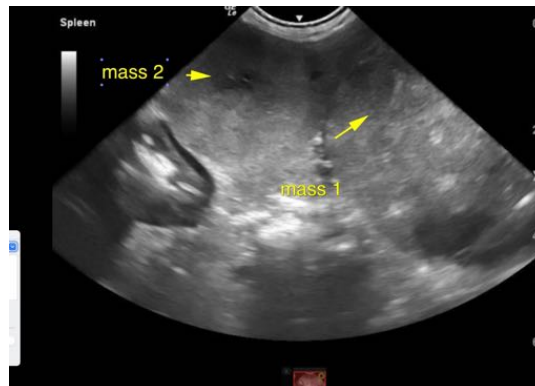
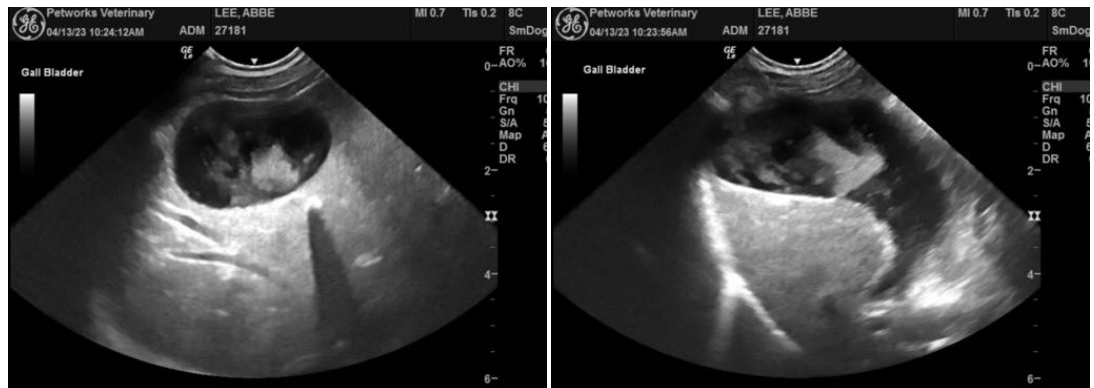
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com