



**PATIENT**

Dixie Magie

**PRESENTING CLINICAL SIGNS**

Straining to urinate and defecate. Hx of SARDS. Abdominal radiographs will be sent as well (radiographs will be emailed separately).

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Dachshund X

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

**SEX**

Spayed Female

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 and no evidence of pelvic dilation was present. The left kidney measured 4.0 cm. The right kidney measured 4.0 cm.

**AGE**

11 Years

**Adrenal Glands**

**WEIGHT**

21 Pounds

The **adrenal glands** were not visualized.

**Spleen**

The **spleen** revealed a focal expansive parenchymal mass at the caudal pole measuring 2.5 cm. Minor heterogeneous parenchymal changes and capsule expansion.

**INTERPRETED BY**

Eric Lindquist, DMV

**Liver**

The **liver** was uniformly swollen and presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. An isoechoic nodule was noted in the left cranial liver, measuring approximately 2.0 cm with similar echotexture to that of the splenic mass. The gallbladder was normal with a slight amount sand and debris present.

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Katie Buss

**Gastrointestinal**

**HOSPITAL NAME**

Kings Vet Hospital

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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. The visible descending colon was unremarkable, visible 2.0 cm caudal to the cystourethral junction. No evidence pathology.

**REFERRING VET**

Dr. Katie Buss

**Pancreas**

**INVOICE**

38027

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.

**DATE**

5/26/22



**PATIENT**

Dixie Magie

**ULTRASONOGRAPHIC FINDINGS**

- Splenic mass
- Liver nodule

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I cannot rule out deep pelvic urethral or colorectal pathology in this patient, given the patient history. Regarding the abdominal organs that represent pathology, the splenic mass and isoechoic liver nodule are concerning. FNA of both would be indicated, or screening FNA of the liver nodule and splenectomy. Cystoscopy would be warranted, given the patient history, and/or colonoscopy. Orthopedic disease in the lumbosacral or pelvic region should also be considered.

**BREED**

Dachshund X

**SEX**

Spayed Female



**AGE**

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**WEIGHT**

21 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS



**IMAGING PERFORMED BY**

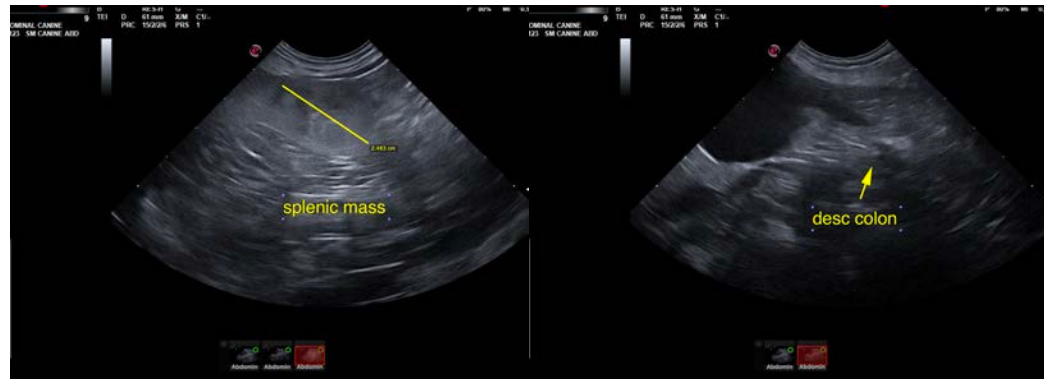
Dr. Katie Buss

**HOSPITAL NAME**

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**SPECIES**

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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

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