



PATIENT

Tullee Cogburn

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

12 Years

WEIGHT

7 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Robyn Lantz

HOSPITAL NAME

Eastgate VC

REFERRING VET

Robyn Lantz

INVOICE

15784

DATE

5/27/22

PRESENTING CLINICAL SIGNS

History: P has been losing weight. P isn't wanting to eat. P has become very picky. P was vomiting once a day for a while. Sunday P stopped eating. P's BM have become soft and less regular.

Abnormal PE/Chem/CBC/UA Results: Seizures: history of 3-4 per year, most recent April dental disease mm loss/GI: Secondary GI (renal, neoplasia, hepatic), primary (panc), open Hyperglob - Infection, open ALP-GGT elevation - biliary disease, open PSL elevation, minor: secondary to hepatic, primary panc, open _ Complete Blood Count NSF _Mild non regen anemia Neutrophilia/monocytosis: infection, inflammation, open _Proteinuria: High USG vs PLN, open RBC: cysto vs inflammation, open _

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 were noted. Ureteral papillae were normal.

The **right kidney** revealed significantly disrupted architecture with loss of corticomedullary definition and irregular contour. Multifocal expansive cortical nodular lesions with disrupted mineralizations noted, strongly suggestive for carcinoma. The mass appears resectable- CT evaluation would be ideal for surgical planning, as retroperitoneal attachment may be an issue. The right kidney measured 6.77 cm.

The **left kidney** revealed age-related changes, measuring approximately 5.0 cm. Increased cortical echogenicity noted.

Adrenal Glands

The region of the **left adrenal gland** revealed no evident pathology.

The **right adrenal gland** was unremarkable.

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 were noted.

Liver

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



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elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

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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.

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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.

ULTRASONOGRAPHIC FINDINGS

AGE

12 Years

- Right renal mass, mineralizing. Suspect carcinoma
- Age-related left renal changes with increased cortical echogenicity
- Age-related hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

7 Pounds

FNA could be considered, however, may compromise the contained aspect of the mass itself, given that no overt metastatic lesions are present. Chest radiographs and CT for surgical planning indicated, especially with respect to the retroperitoneal space and/or direct exploratory surgery indicated.

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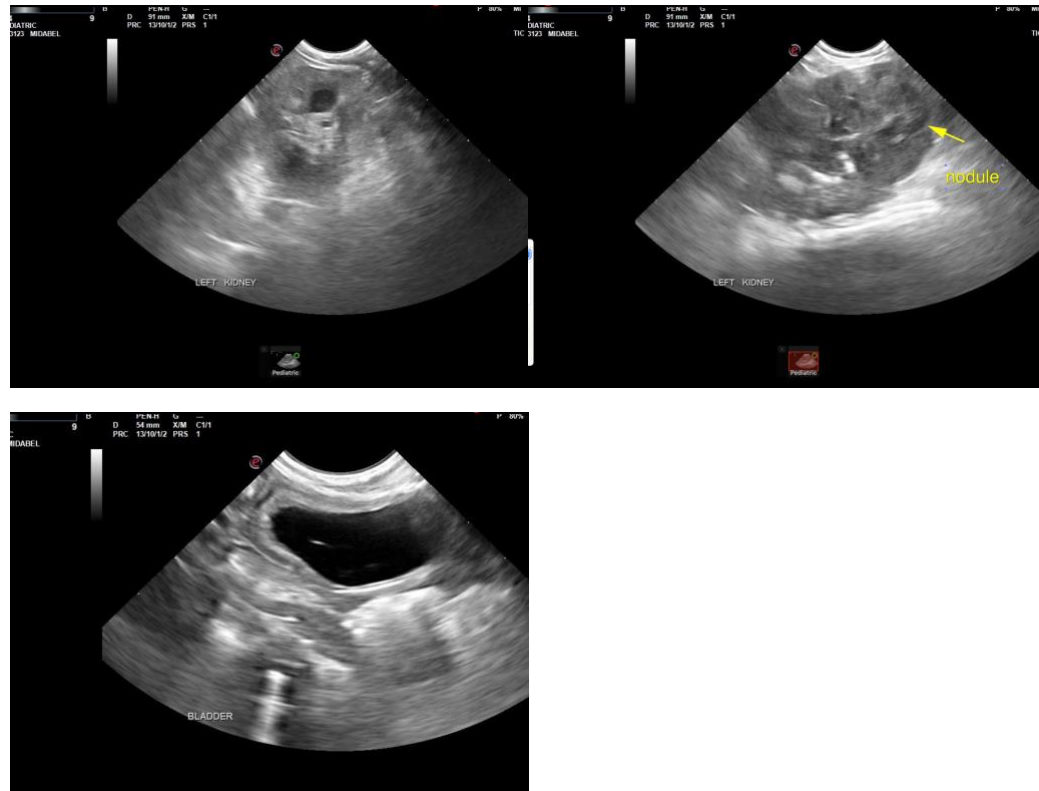
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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