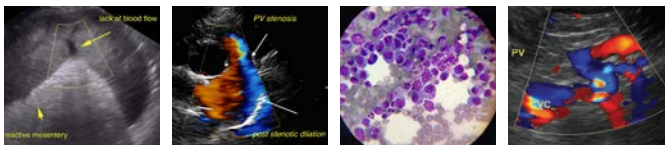

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1-800-838-4268 info@sonopath.com

PATIENT

Maddie Ebersole

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

15 Years

WEIGHT

9.3 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

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Dr. Lupole

INVOICE

38119

DATE

6/1/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for not eating and not drinking. Owner says over past few weeks patient has been having more of a reluctance to eat. Today now patient is refusing all food and water. Owner has tried a variety of food but there is still no interest. Owner also noticed lump on right side that she has been draining pus from. Previous Health Concerns: surgery on spine; paralyzed; crystals in urine (previously) Current Medications: none
Abnormal PE/Chem/CBC/UA Results: Abdominal: painful/very tense abdominal palpation, suspect cranial organomegaly Genitourinary: large urinary bladder, reactive on palpation Musculoskeletal: non-ambulatory hind end Neurological: hind end paralysis; negative superficial pain hind end, negative panniculus to cranial aspect of dorsal midline scar Radiographs: spondylosis along costochondral junctions; loss of detail cranial abdomen, enlarged spleen with no obvious mass, subjectively thickened stomach with no obvious foreign body, mineralized disc material at T10, large urinary bladder with no obvious radio-opaque bladder stones, small amount of stool in colon, no obvious foreign material/obstruction or plication in intestines CBC: NEU: 14.7 H, LYM: 0.49 L, NEU%: 91.8 H, LYM%: 3.1 L EPOC: K+: 5.1 H, Lactate: 3.81 H, BUN: 31 H CHEM: BUN 39.2; IP 5.9; TCHO 372; ALT 533; ALP >993; GGT 25; vAMY 1555

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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. Slight pyelectasia noted in both kidneys. The right kidney measured 5.31 cm.

Adrenal Glands

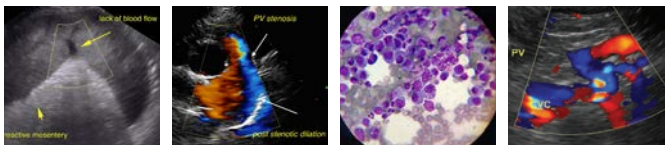
The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The right adrenal gland measured 3.25 cm x 1.3 cm at the cranial pole and 1.1 cm at the caudal pole. The left adrenal gland measured 2.68 cm x 1.04 cm at the cranial pole and 0.93 cm at the caudal pole.

Spleen

The **spleen** revealed heterogeneous irregular nodular changes, both in the body and the cranial pole of the spleen, possibly related to the hepatic presentation.

Liver

The **liver** revealed multiple expansive undifferentiated masses. Reactive mesentery noted around the hepatic masses. Left-sided liver mass or possible abscess noted measuring 2.86 cm. The remainder of



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the liver was swollen and mildly irregular. The gallbladder was overdistended with echogenic wall and striating bile, consistent with chronic cholangitis with mucocele formation.

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

Pancreas

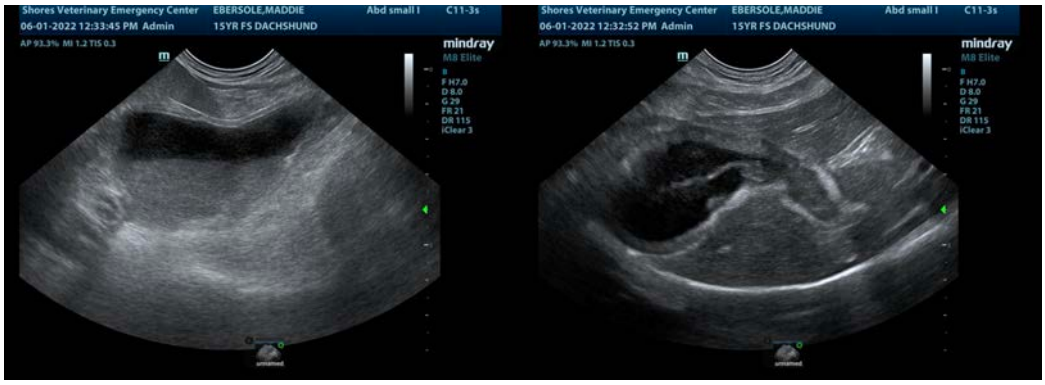
Heterogeneous **pancreatic** changes noted in the right limb, consistent with remodeling and likely active inflammation.

ULTRASONOGRAPHIC FINDINGS

- Left-sided liver mass with possible abscessation
- Chronic cholangitis and emerging mucocele formation
- Pyelectasia in both kidneys, pyelonephritis suspected
- Heterogeneous right pancreatic limb
- Bilateral adrenal hypertrophy
- Urinary debris, likely UTI

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are multiple issues in this patient. Recommend screening FNA of the left liver mass, general hepatic parenchyma, and spleen. Full urinary workup with culture and sensitivity indicated. If the spleen is not involved cytologically, then left liver lobectomy and cholecystectomy could be considered in this patient. However, I'm concerned for focal lesions that are manifesting by a multicentric process. Eventual workup for Cushing's/PDH indicated.



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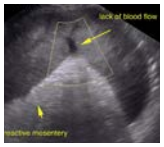
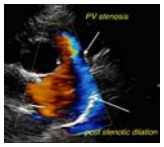
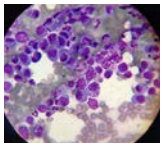
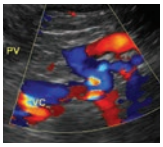

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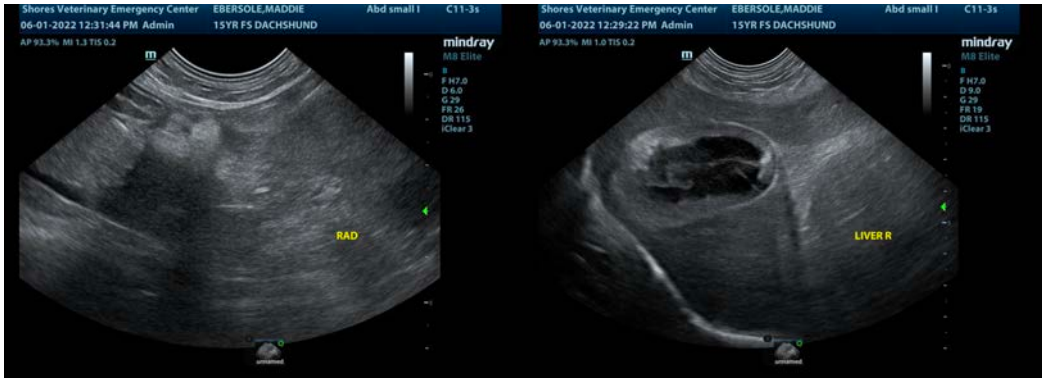

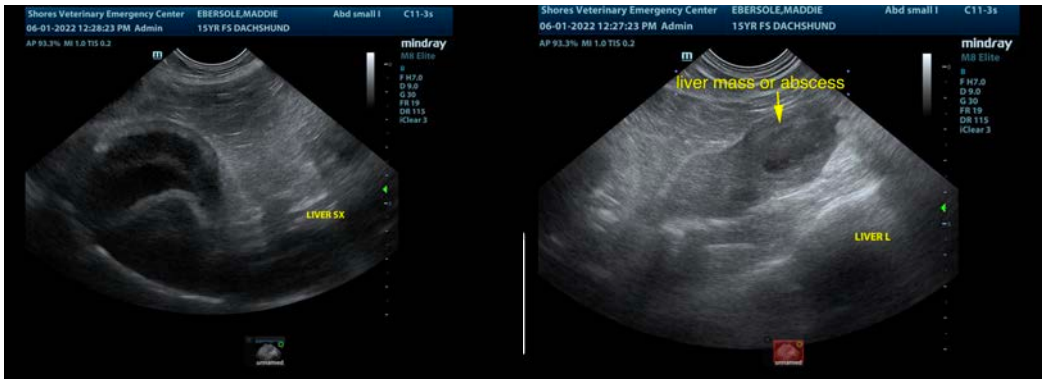

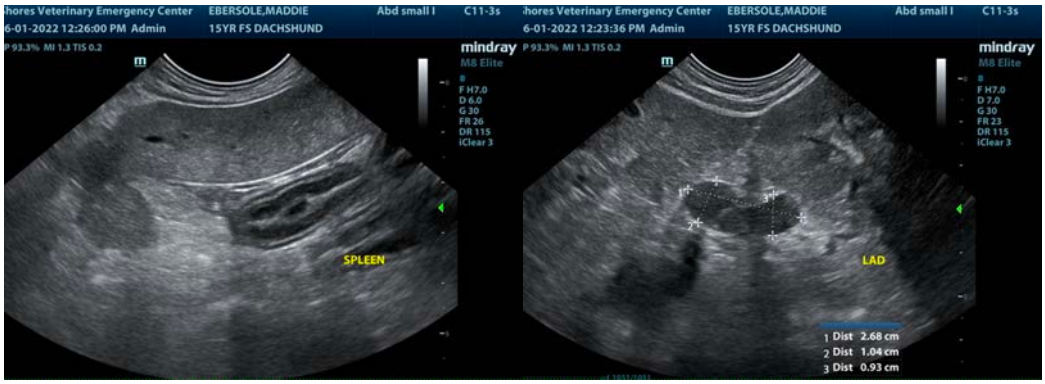

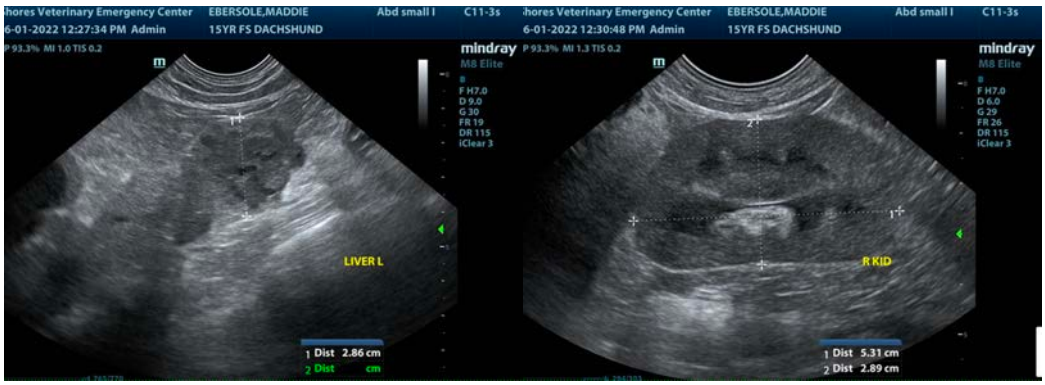

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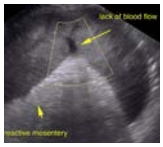
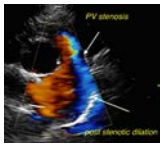
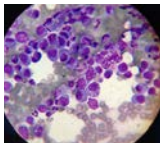
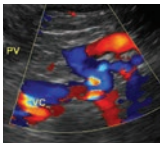

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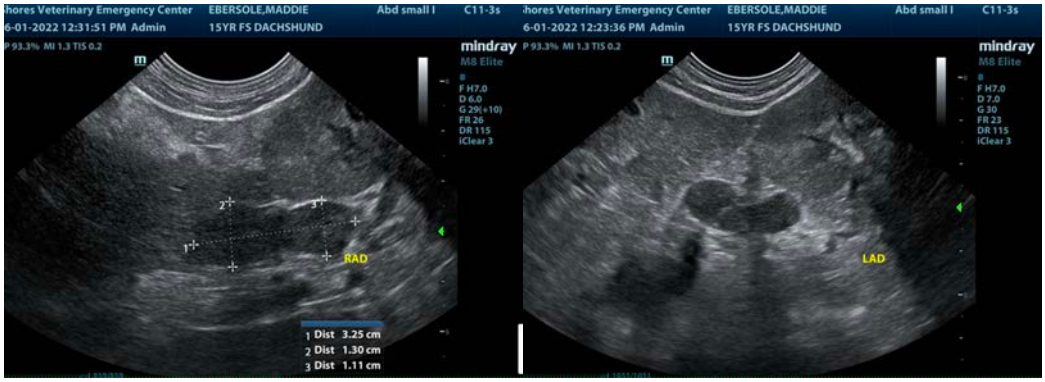

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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