



**PATIENT**

Charlie Priebe

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Neutered Male

**AGE**

15

**WEIGHT**

17.4

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Waffle

**HOSPITAL NAME**

Torch Lake VC

**REFERRING VET**

Dr. Martin

**INVOICE**

43643

**DATE**

6/30/23

**PRESENTING CLINICAL SIGNS**

Presented for referral ultrasound from Sprinkle Road Veterinary Clinic for suspected mass on spleen or liver.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Minimal amount of urine present at the time of the sonogram. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra 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 and no evidence of pelvic dilation was present. Cortical striations noted, consistent with remodeling. The right kidney measured 5.38 cm. The left kidney measured 5.48 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. The left adrenal gland measured 1.81 cm x 0.58 cm at the cranial pole and 0.48 cm at the caudal pole. The right adrenal gland measured 0.88 cm at the cranial pole and 0.69 cm at the caudal pole.

**Spleen**

A mixed hypoechoic fairly uniform mass was noted measuring 4.7 cm with surrounding free fluid. The mass appeared to be deriving from the mid body of the **spleen**. Regional inflammation noted/enhanced mesentery. Slight areas of free fluid noted.

**Liver**

The right medial **liver** revealed a mass measuring 3.0 cm and irregular contour. Enhanced mesentery noted. A separate left-sided mass was noted. These may be completely unrelated to the splenic mass. The left-sided mass was mixed echogenic and significantly disorganized, measuring approximately 10 cm with regional inflammation. The gallbladder and common bile duct were unremarkable yet deviated.

**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**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain



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upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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**ULTRASONOGRAPHIC FINDINGS**

- Splenic mass
- Coalescing hepatic masses
- Age related renal and pancreaetic changes

**BREED**

Dachshund

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

CT evaluation for potential surgical planning could be considered. However, both masses appear fairly aggressive. Hemangiosarcoma of the spleen +/- metastatic lesion to the liver versus hepatocellular carcinoma are primary differentials.

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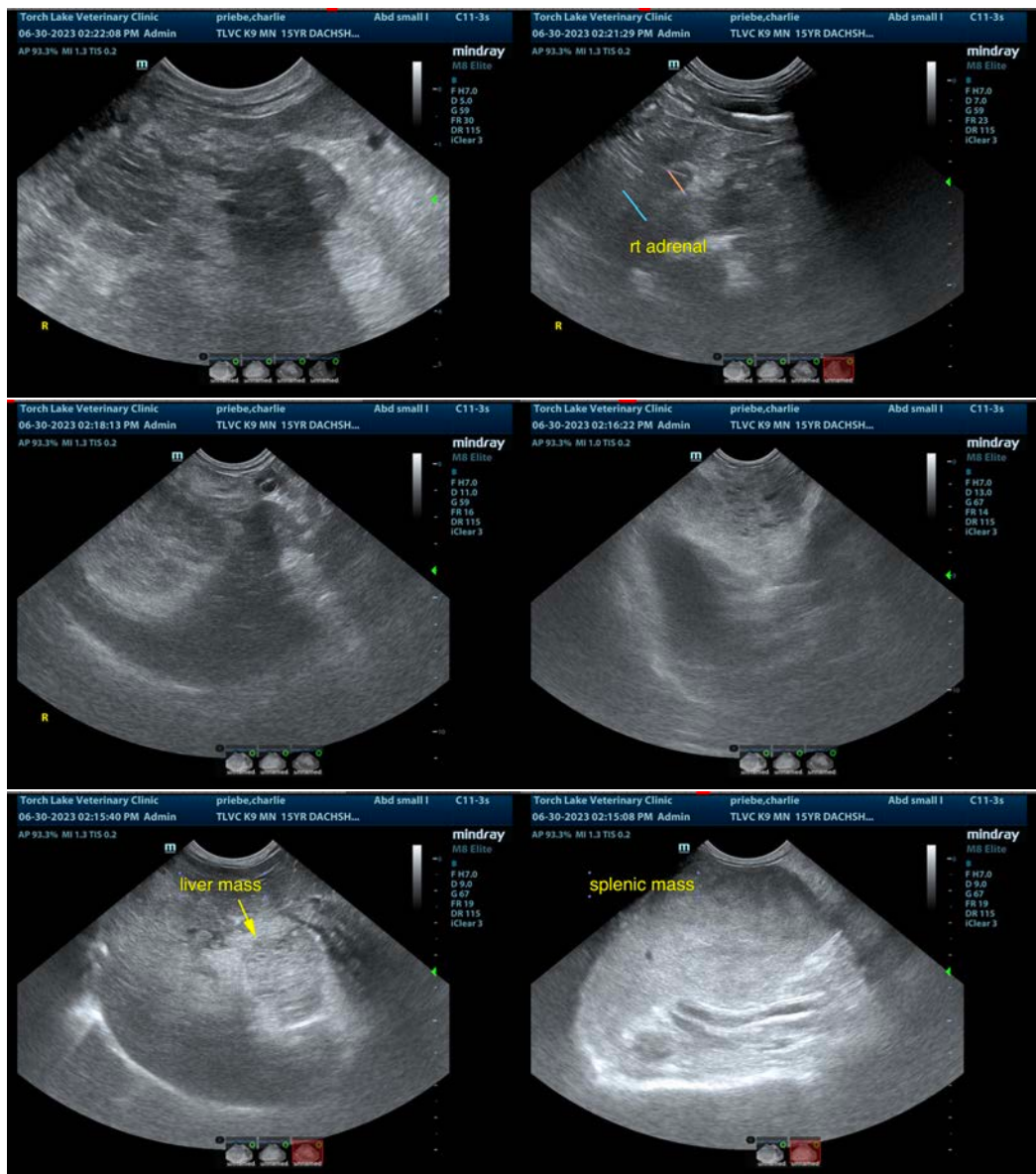
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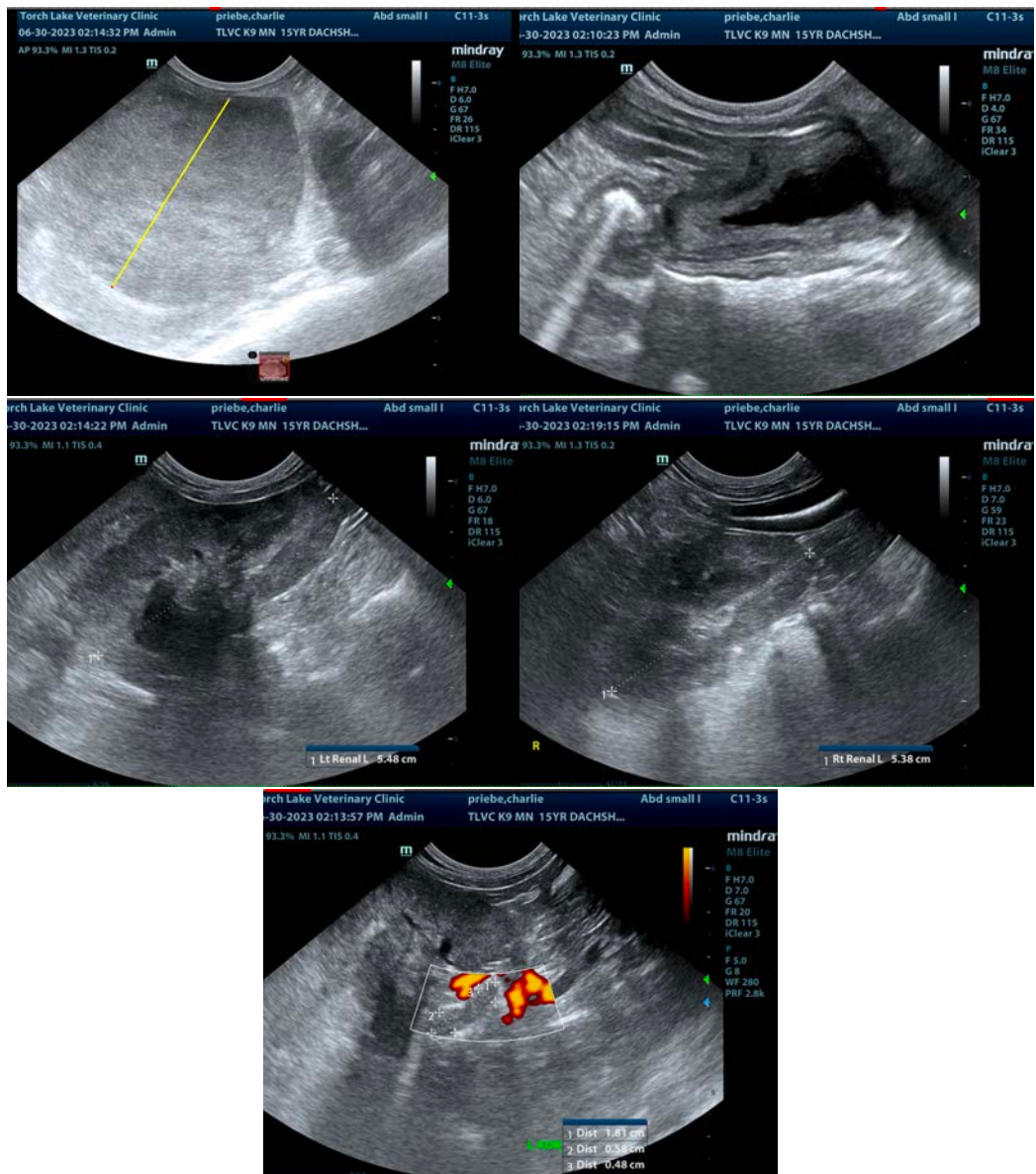
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**

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