

**DATE**

8/11/21

PRESENTING CLINICAL SIGNS

Lethargy for one week. Palpable splenic mass.

Current Medications: None

Lab Results: Mild increased alt.

PATIENT

Radiographs: Splenic mass visible on radiographs.

Date of Previous IntraPet Ultrasound: No previous

Arlo Plant

Sedation: not needed

Stat Report: not requested / declined

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****BREED**

Dachshund

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.

SEX

Neutered male

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 this age patient. Medullary structure differed distinctly from that of the cortex. Slight trace pyelectasia was noted. Slight mineralization was noted in the kidneys. The right kidney measured 5.48 cm. An anechoic cyst was noted at the cranial pole of the left kidney measured 1.55 cm.

AGE

2007

WEIGHT

18.8 lbs

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was 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 1.89 x 0.85 cm at the caudal pole and 0.86 cm at the cranial pole. The left adrenal gland measured 2.01 x 0.79 cm at the caudal pole and 0.77 cm at the cranial pole.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Spleen**

The **spleen** was mildly enlarged with a uniform, cavitated 3.5 cm mass at the mid body. A separate 8.5 cm significantly complex, mixed, hyperechoic and hypoechoic mass was noted at the cranial body of the spleen. The smaller splenic mass was non-vascular. Regional inflammation was noted.

HOSPITAL NAME

Stevenson Village VH

REFERRING VET

Dr. Feinberg

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted.

INVOICE

91149

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 upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. The right limb of the pancreas measured 1.85 cm.

Heart

Rapid view of the heart (SDEP 3 position) revealed subjectively normal function without pathology in the right auricle or pericardium.

ULTRASONOGRAPHIC FINDINGS

Two separate splenic masses with localized free fluid.

Age related renal changes with cortical cyst.

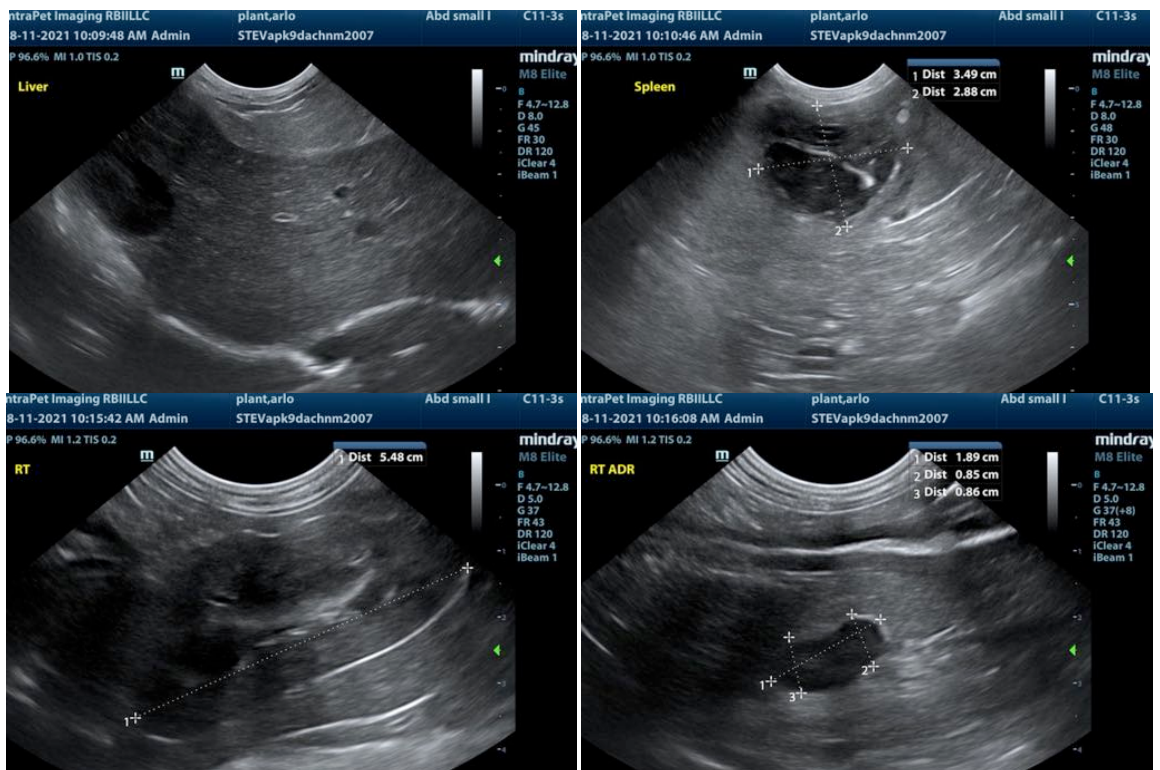
Mild bilateral adrenal hypertrophy, typical for the breed, possibly related to emerging Cushing's disease.

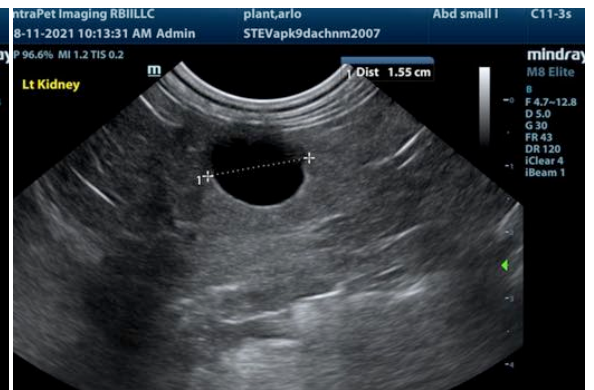
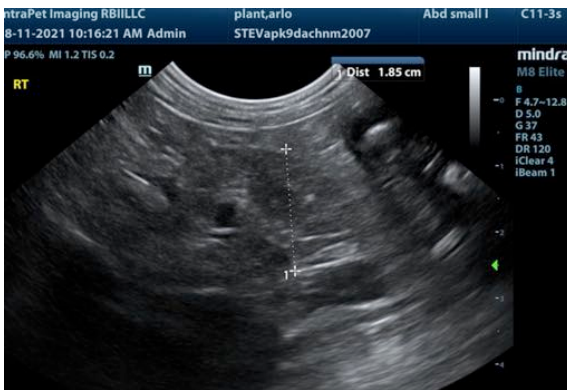
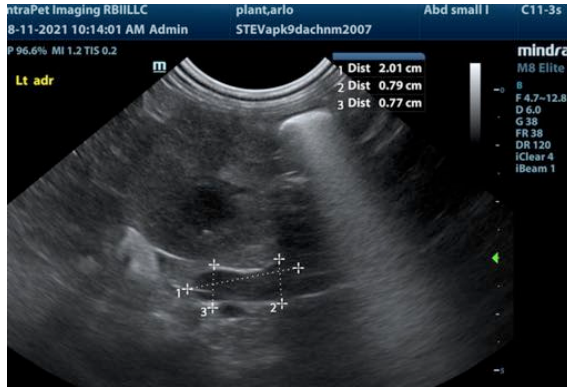
There is no evidence of organ metastasis.

Age related pancreatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend three view chest radiographs followed by exploratory surgery with inspection and biopsy of the liver would be warranted. Stromal tumor versus hemangiosarcoma and possibly benign lesions are all potentials for the splenic pathology.





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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