



PATIENT

Archer Bowman

SPECIES

Canine

BREED

Dachshund

SEX

Neutered male

AGE

12 years

WEIGHT

14.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Coe

HOSPITAL NAME

Riverside AC

REFERRING VET

Dr. Cline

INVOICE

46676

DATE

8/17/23

PRESENTING CLINICAL SIGNS

History: Pendulous/enlarging and painful abdomen (per owner) of one week duration.
Abnormal PE/Chem/CBC/UA Results: PE 8/11/23: Distended abdomen, no fluid wave palpated. BCS 3-4/9. CBC 8/15/23: NSF Chem 8/15/23: Marked elevations in ALKP, ALT (too high to read even with dilution).

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 was noted. Ureteral papillae 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. The right kidney measured 5.7 cm. The left kidney measured 5.27 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 2.03 x 0.52 cm at the caudal pole and 0.58 cm at the cranial pole. The right adrenal gland measured 1.7 x 0.45 cm.

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 was noted.

Liver

The **liver** in this patient revealed an expansive left sided liver mass that occupied the majority of the left liver. Some right liver appeared fairly unremarkable. This may be resectable, yet it impinges upon the gallbladder and medial liver and impinged upon the portal hilus. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.



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Gastrointestinal

Expansive mass effect upon the **gastrointestinal tract** was noted and displaced the gastrointestinal tract caudally. Regional inflammation was noted as well as hypoechoic areas of necrosis and fluid accumulation. The stomach and intestine was 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.

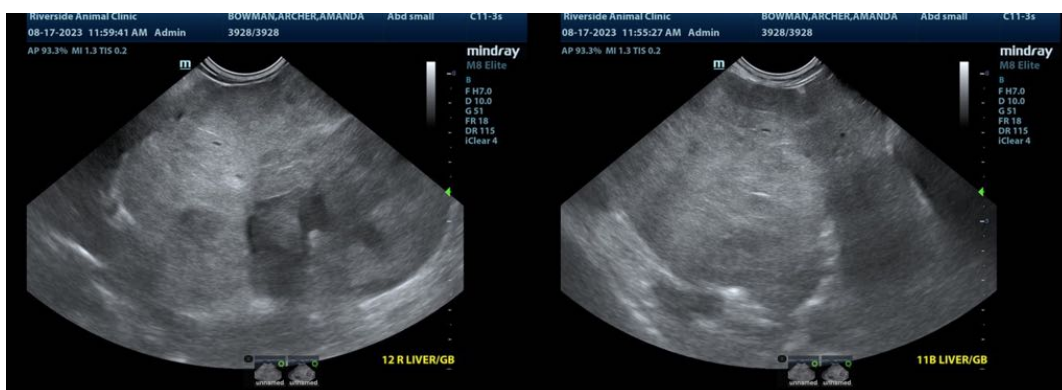
ULTRASONOGRAPHIC FINDINGS

Expansive left sided liver mass with peripheral inflammation, likely carcinoma, possible resectable. Possibly resectable with aggressive resection.

Slight free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate CT evaluation of the liver would be necessary for further definition and surgical assessment.





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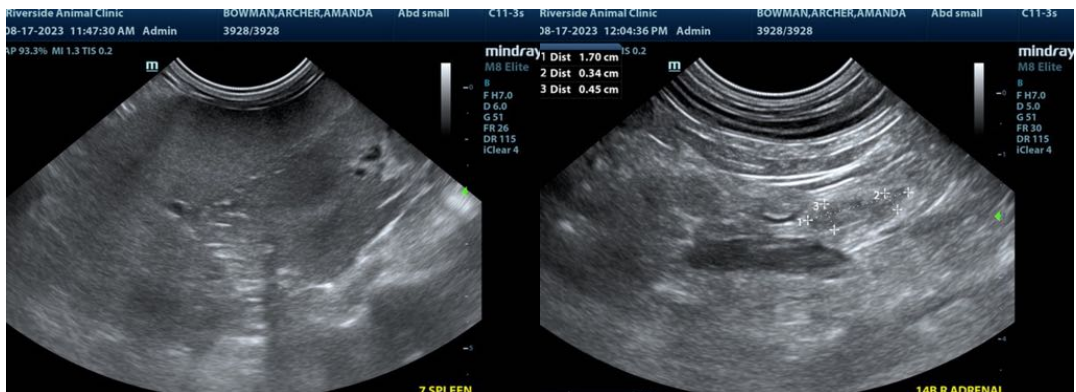
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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