



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Cashew Koya
History: Presented at our hospital for did well after vaccines last night, then started breathing heavy at 2 am, now head twitching/ salivating. Previous Health Concerns: <3 murmur Current Medications: Benadryl

SPECIES Canine
BREED Mini Dachshund
SEX MN
AGE 13yr
WEIGHT 9.8kg
Abnormal PE/Chem/CBC/UA Results: MM/CRT: pale pink, 1 sec Mentation: dull; non-responsive Level of Pain: (0-4) non-responsive to noxious stimuli BCS (0-5): 4 Oral-Nasal-Throat: severe dental disease with gingival recession upper canines Cardiovascular: tachycardia, grade 4/6 left sided heart murmur Respiratory: harsh BV sounds but no crackles heard Abdominal: large abdominal mass palpable caudal abdomen Neurological: laterally recumbent; right sided head tilt/unable to stand walk; mentally dull-non-responsive to noxious and non-noxious stimuli Radiograph: cardiomegaly, no pulmonary edema noted, large mid to caudal abdomen mass present, unable to visualize urinary bladder, hepatomegaly PCV/TP: 35/6 Chemistry: Creat 1.8 H, Phosphorus 7.6 H, Glucose 135 H, ALT 139 H, ALP 392 H CBC: WBC 19.72 H, PMN 18.45 H, Lymph 0.76 L, Eso 0.03 L, stress leukogram, RBC 3.63 L, Hgb 8.6 L, HCT 24.4 L, plat 98 L EPOC: TCo2 11.5 L, pH 7.288 L, Na 138 L, Cl 105 L, Lactate 12.22 H, Creat 1.95 H, HCT 27% L Blood pressure: #4 cuff; 153/114 (127); 134/44 (70); 184/167 (174)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder exhibited concentric mural thickening and contained a minor amount of urine. The trigone, and pelvic urethra presented normal thicknesses and normal tone.

The kidneys revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 left kidney measured 4.9 cm in length. The right kidney measured 5.4 cm in length.

Adrenal Glands

The left adrenal gland was enlarged, irregular and mineralized with phrenic vein occupation.

Spleen

The spleen revealed a complex mixed echogenic mass with regional nodular omental changes and nodular splenic changes. The surrounding perisplenic free fluid may suggest hemorrhage.

Liver

The liver images submitted revealed multifocal heterogeneous nodular parenchymal changes suggestive of metastatic disease.

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

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Lupole

INVOICE

11264ag

DATE

08/03/2022



PATIENT

The base and limbs of the pancreas were observed to have heterogeneous parenchymal changes.

Cashew Koya

Free Abdomen

SPECIES

Peritoneal free fluid was noted in the abdomen. Perisplenic nodular omental changes noted.

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

- Splenic, omental and probable hepatic neoplasia-hemangiosarcoma pattern
- Enlarged irregular left adrenal gland with phrenic vein occupation-suspect carcinoma

Mini Dachshund

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Given the appearance of the abdomen and suspected neoplasia, a poor prognosis is indicated.

MN

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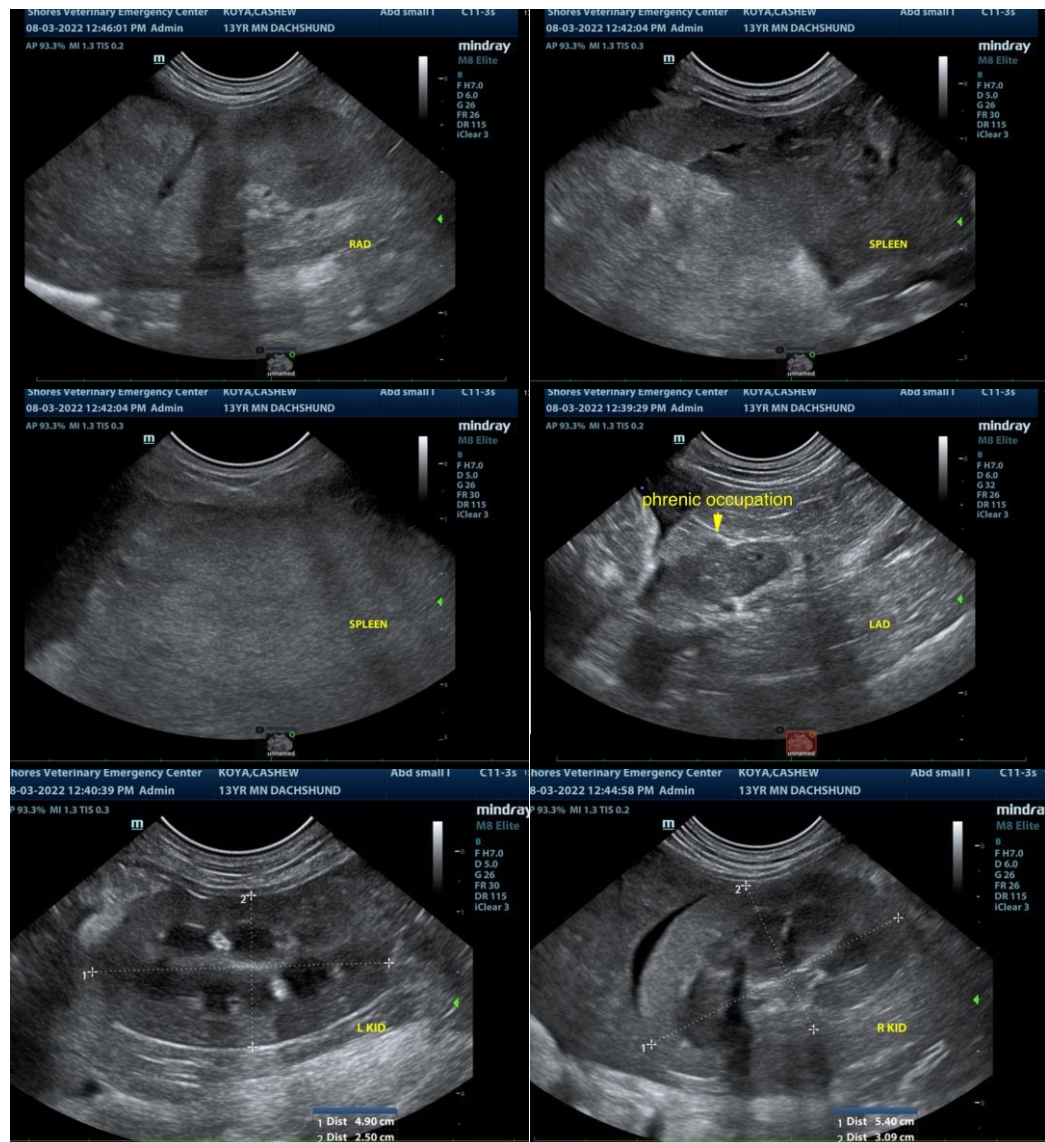
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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