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Clinical Sonography & Telecytology
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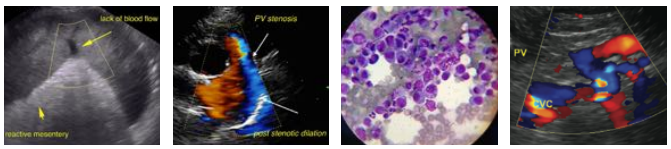


PATIENT

Yoshee Feeney

SPECIES

Canine

BREED

Dachshund

SEX

Spayed female

AGE

14 years

WEIGHT

13 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Andover AH

REFERRING VET

Dr. Hummel

INVOICE

42068

DATE

10/24/22

PRESENTING CLINICAL SIGNS

History: Black tarry stool, + fecal occult blood, anorexia, R/o neoplasia vs other. Current meds: sucralfate 1/2 10 BID, Amoxicillin 100 BID
Abnormal PE/Chem/CBC/UA Results: ALT 143, BUN 33, Ca 7.2, RBC 4.3, Hg 9.9, HCT 32

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal. 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. Minor mineralization was noted in the kidneys. The right kidney measured 4.33 cm. The left kidney revealed minor pyelectasia and the left kidney measured 4.01 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 1.54 x 0.58 cm at the caudal pole and 0.64 cm at the cranial pole. The right adrenal gland measured 1.63 x 0.73 cm at the caudal pole and 0.7 cm at the cranial pole.

Spleen

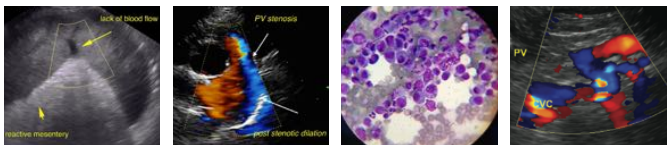
The **spleen** was mildly heterogenous and folded upon itself cranially.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively subnormal liver size with normal contour and structure. The caudal aspect of the right liver lobe revealed an expansive mass. The mass appears to be resectable and connected to fairly normal liver by a bridge of approximately 1.5 cm. A large vessel was noted in the middle of the mass. It appears resectable; however, the surgeon should be prepared for vascular stock between the mass and normal liver. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive.

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



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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. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

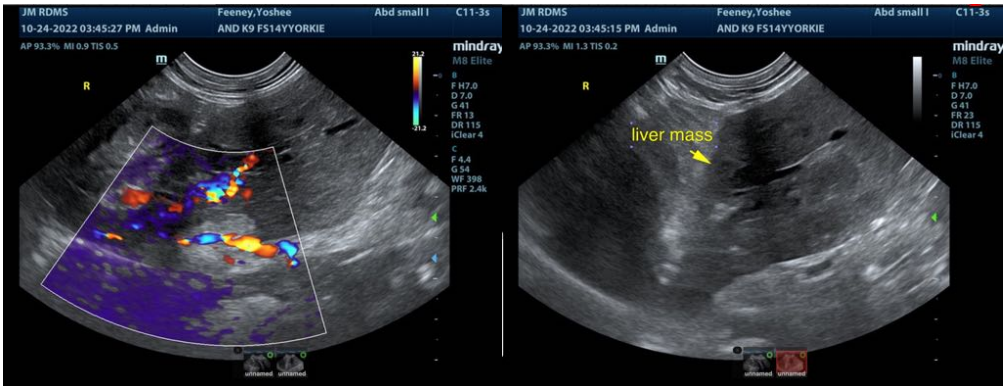
ULTRASONOGRAPHIC FINDINGS

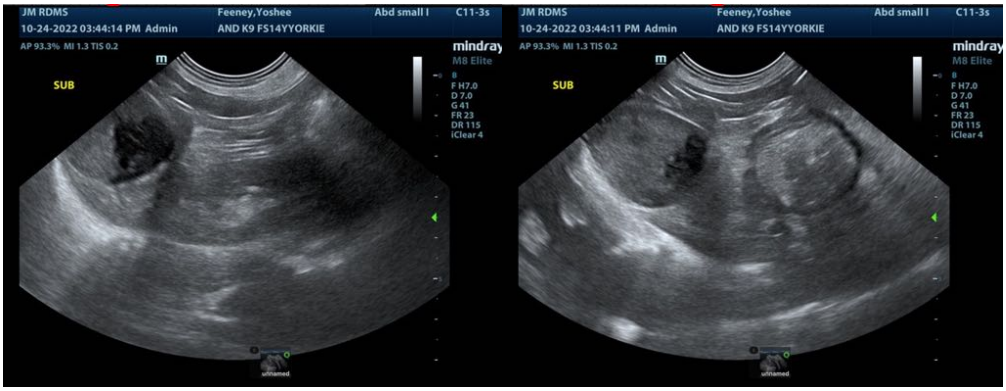
Right sided liver mass, highly vascular.

Otherwise, age related abdominal changes with renal pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical removal of the liver mass is recommended. I suspect carcinoma. It appears to be isolated. Histopathologically benign tumor is possible, yet less likely. Urinary work-up is warranted if not already performed to assess for concurrent UTI.





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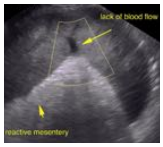
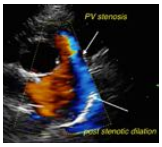
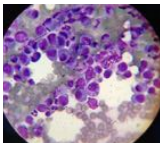
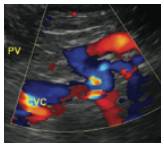

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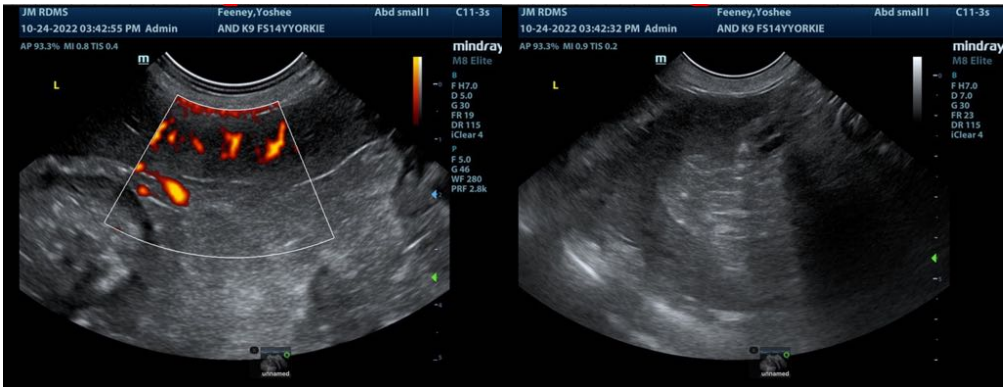

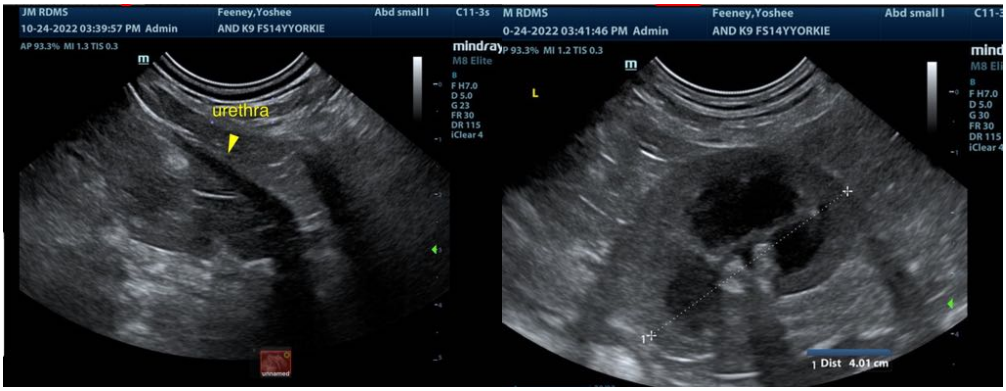

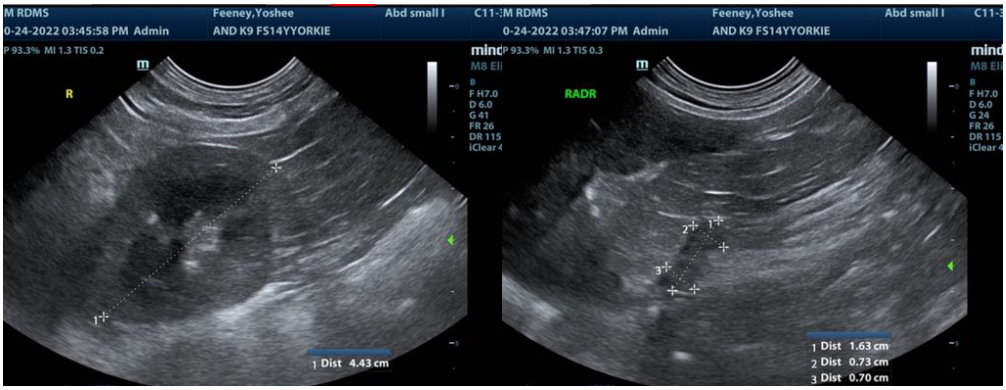

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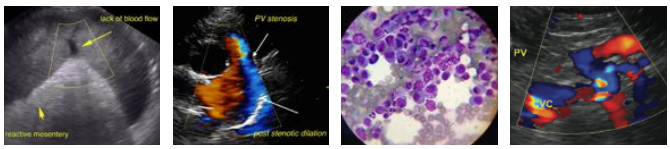

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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