



**PATIENT**

Oreo Sullivan

**PRESENTING CLINICAL SIGNS**

History: Patient presents for decreased appetite.

**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. A minimal amount of urine was present at the time of the sonogram. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

**SEX**

Neutered male

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen.

**AGE**

12 years

Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.21 cm. The left kidney measured 4.56 cm.

**WEIGHT**

**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 right adrenal gland measured 1.57 x 0.57 cm at the caudal pole and 0.79 cm at the cranial pole. The left adrenal gland measured 1.5 x 0.5 cm at the caudal pole and 0.52 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS,  
CEO of SonoPath.com

**Spleen**

A cystic and irregular 4.2 cm cavitated **splenic** mass was noted and was deriving from the cranial pole. The mass is at risk for rupture.

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

New Bridge VH

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**REFERRING VET**

Dr. Glennon

**INVOICE**

32110

**Gastrointestinal**

**DATE**

8/3/22

A dense, shadowing foreign body was noted and measured 3.3 cm. The remainder of the intestinal tract was unremarkable.



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**Pancreas**

**SPECIES**

Canine

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.

**BREED**

Dachshund

**ULTRASONOGRAPHIC FINDINGS**

Solitary, cystic splenic mass.

Gastric foreign matter.

**SEX**

Neutered male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

12 years

Chest radiographs and echocardiogram are warranted to assess for metastatic disease followed by splenectomy and gastrotomy. GI biopsies are warranted to rule out underlying disease. The GI tract appears largely unremarkable. Splenic hemangiosarcoma is possible, yet benign cystic lesion, yet is precarious for rupture or torsion.

**WEIGHT**

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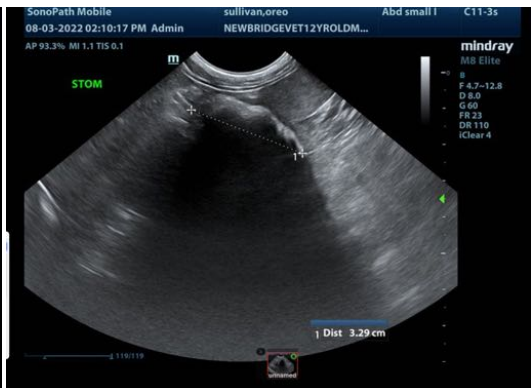
**SEX**

Neutered male

**AGE**

12 years

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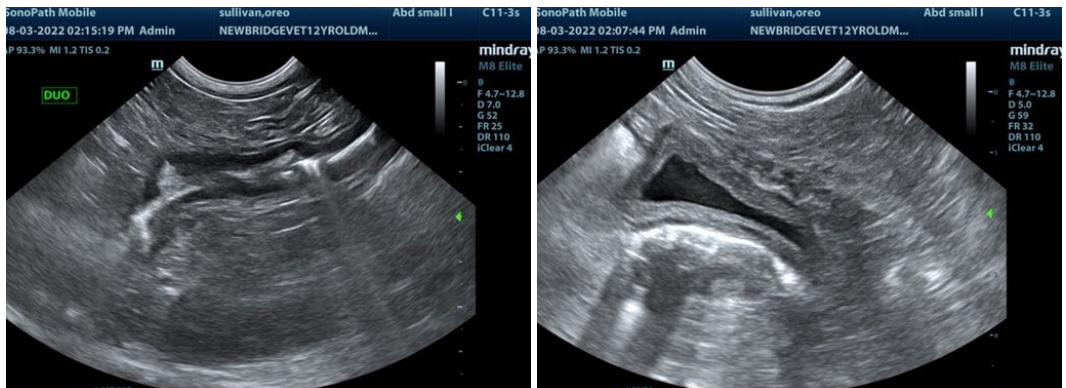
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Neutered male

**AGE**

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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.

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