



PATIENT PRESENTING CLINICAL SIGNS

Little One Garcia History: Bloating, ascites – drained ±150 ml serosanguinous fluid.
Physical Examination: N/A.
SPECIES Urinalysis: N/A.
Canine CBC: N/A.
BREED Serum Biochemistry: N/A
Dachshund Radiographic Findings: Ascites and possible mass/masses.

SEX

Female

Age

12 years

WEIGHT

21 #

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med), PhD, Dipl.
ECVIM

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with no sediment evident. Small urolith (0.3 cm) present.

Normal trigone area, proximal urethra (0.3 cm), and iliac blood vessels.

Normal iliac lymph nodes (1.4 cm). Ureters not visualized.

Normal renal size (left 4.8 cm, right 5.2 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. Bilateral pinpoint mineralization.

Reproductive System

N/A.

IMAGING PERFORMED BY

Sonya Myers, DVM

Adrenal Glands

Normal position, echogenic appearance, shape, and size. Left 0.51/0.7 cm, right 0.44/0.7 cm.

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Oviedo Veterinary Care and
Emergency

Spleen

Normal size (0.9 cm) and echogenic appearance. Smooth homogenous parenchyma and normal vasculature. Irregular and scalloped appearance of the capsule with focal areas of outward bulging. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

REFERRING VET

Dr Megaly

Liver

Normal size with a diffuse mottled echogenic and nodular appearance, loss of portal markings, and irregular capsule. Nodules are irregular and hypoechogenic up to 0.9 cm in size and with some resulting in bulging of the overlying capsule. Large irregular expansive mottled echogenic lobulated vascular mass (10.4 x 11.4 cm) with areas of mineralization. Full gall bladder containing moderate amount of hyperechogenic sediment. Thickened and hyperechogenic appearance of the gall bladder wall. Normal bile duct.

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DATE

11/4/22


PATIENT *Gastrointestinal*

Little One Garcia

Normal appearance of the stomach, duodenum, small intestine, and ileo-cecal junction, with no loss of layering, normal wall thickness and peristaltic activity, and no distension of the lumen. Thickened colon (0.5 cm) with no loss of layering.

SPECIES

Canine

Pancreas

Normal size (right 1.2 cm) and echogenic appearance. Regular capsule. Normal appearance of the mesentery and fat surrounding the pancreas.

BREED

Dachshund

Free Abdomen
SEX

Female

Mesenteric (2.5 cm) and hepatic lymphadenomegaly (1.5 x 3.2 cm) with a rounded shape and hypoechogenic appearance.

Age

12 years

Hyperechogenic appearance of the mesentery with multiple hypoechogenic nodules up to 1.1 x 1.3 cm in size.

Acellular ascites and pleural effusion.

ULTRASONOGRAPHIC FINDINGS
WEIGHT

21 #

Primary Findings:

- Hepatic mass.
- Nodular hepatopathy.
- Mesenteric and hepatic lymphadenomegaly.
- Mesenteric nodules and inflammation.
- Bicavitary effusion.
- Splenic pathology.

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Secondary Findings:

- Urolith.
- Cholecystitis.
- Colitis.
- Age-related renal changes.

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REFERRING VET

Dr Megaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the hepatic mass, nodular hepatopathy, splenic pathology, lymphadenomegaly, mesenteric nodules and inflammation, and bicavitary effusion; the most likely diagnosis would be metastatic neoplasia.

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Further assessment that could be considered would be 3-view thoracic radiographs, analysis of the effusions, and FNA cytology of the hepatic mass, liver, spleen, lymph nodes, and mesentery.

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At this point palliative therapy would be indicated.



PATIENT IMAGES

Little One Garcia

Liver mass

SPECIES

Canine

BREED

Dachshund

SEX

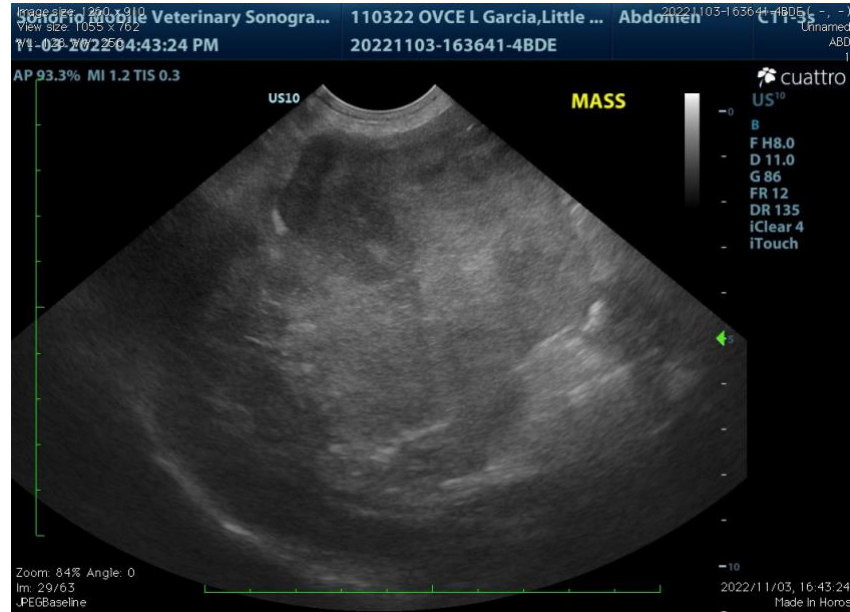
Female

Age

12 years

WEIGHT

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INTERPRETED BY

Liver/ascites/pleural effusion

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PATIENT Mesentery/lymph node

Little One Garcia

SPECIES

Canine

BREED

Dachshund

SEX

Female

Age

12 years

WEIGHT

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PATIENT Urinary bladder

Little One Garcia

SPECIES

Canine

BREED

Dachshund

SEX

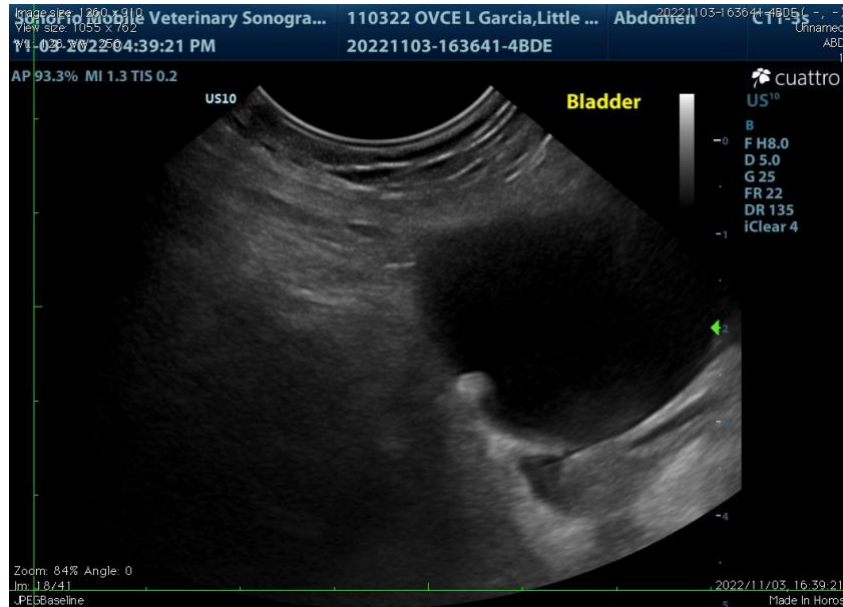
Female

Age

12 years

WEIGHT

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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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