



PATIENT

PRESENTING CLINICAL SIGNS

Bella Ornoy

History: Severely depressed and lethargic patient distended abdomen, fluid wave.

SPECIES

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

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.

Mix

SEX

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. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.9 cm. The right kidney measured 6.9 cm.

Spayed female

AGE

Approx. 5 years

WEIGHT

Adrenal Glands

25 kg

The left **adrenal gland** was 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 0.5 cm. The region of the right adrenal gland was imaged with no evidence of pathology.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. McFadden

Spleen

The **spleen** was enlarged and irregular in contour with subtle micronodular changes. The spleen was folded upon itself. A large amount of echogenic free fluid was noted.

HOSPITAL NAME

Van Isle

Liver

The **liver** was enlarged, irregular and mildly heterogenous. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

REFERRING VET

Dr. McFadden

Gastrointestinal

INVOICE

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.

42154

DATE

1/16/23



PATIENT

Pancreas

Bella Ornoy

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.

SPECIES

Canine

Free Abdomen

BREED

Mix

A moderate amount of ascites was noted. Enhanced mesentery was noted throughout the abdomen. Heterogenous omental changes may be consistent with round cell neoplasia.

SEX

Spayed female

Heart

Rapid view of the heart revealed no evidence of pathology.

AGE

Approx. 5 years

ULTRASONOGRAPHIC FINDINGS

Ascites.

WEIGHT

25 kg

Splenomegaly.

Hepatomegaly.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for round cell neoplasia/lymphomatosis, mastocytosis or similar. Abdominocentesis and immediate cytospin is recommended. Slide preparation is recommended to assess for neoplastic cells and 25-gauge FNA of the spleen and liver paired with the abdominocentesis sample. If by chance the abdominocentesis reveals septic abdomen then exploratory surgery is indicated, yet the pathology does not appear surgical.

IMAGING PERFORMED BY

Dr. McFadden

HOSPITAL NAME

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PATIENT

Bella Ornoy

SPECIES

Canine

BREED

Mix

SEX

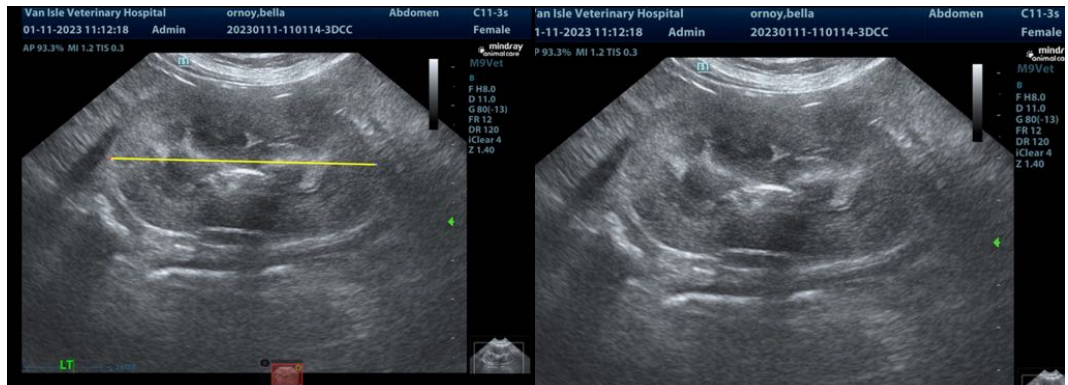
Spayed female

AGE

Approx. 5 years

WEIGHT

25 kg



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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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