



**PATIENT**

Patchouli Navarro

**SPECIES**

Canine

**BREED**

Catahoula X

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

31.6 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Slenbaker

**INVOICE**

33915

**DATE**

1/2/22

**PRESENTING CLINICAL SIGNS**

Presented at our hospital for tonight distended abdomen. Previous Health Concerns: Nov 20 – pericardial effusion. drained, no heart mass was noted by cardiologist per owner. Abnormal PE/Chem/CBC/UA Results: Bloodwork: Phos 7.0; TP 4.8; GLU 139; ALT 236; ALP 163; Na 138; K 5.2; Chl 104; Na/K ratio 26.5; WBC 27.88; NEU 25.15; NEU % 90.2; LYM% 6.0; EOS% 0.4; PLT 542 Rads: globoid heart, enlarged liver, abdominal effusion. Abdominal tap: straw colored fluid, cytology pending.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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 were 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 and no evidence of pelvic dilation was present. The left kidney measured 7.36 cm. The right kidney measured 7.64 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 2.23 cm x 0.55 cm at the cranial pole and 0.48 cm at the caudal pole.

**Spleen**

The **spleen** presented a focal hypoechoic nodule measuring 7.0 mm, isolated. This may be related to a neoplastic process, yet is not overtly the problem at this time.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Hepatic vein dilation noted with passive congestion. Gallbladder polyps noted, not pathological, measuring up to 1.0 cm each.

Transdiaphragmatic view revealed a large amount of pericardial effusion.

**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**

Hyperechoic **pancreatic** changes noted with some remodeling.



**PATIENT**

**Free Abdomen**

Patchouli Navarro

A large amount of free fluid was noted in the abdomen.

**SPECIES**

Canine

- Hypoechoic splenic nodule
- Passive congestion liver pattern
- Hyperechoic pancreatic changes
- Abdominal ascites – secondary to pericardial effusion

**BREED**

Catahoula X

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Echocardiogram recommended to assess for right auricular masses as well as pericardial drainage recommended in this patient.

**SEX**

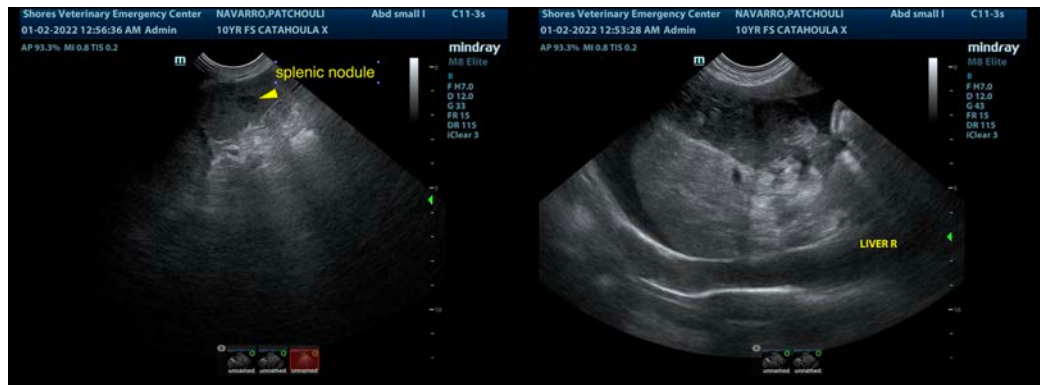
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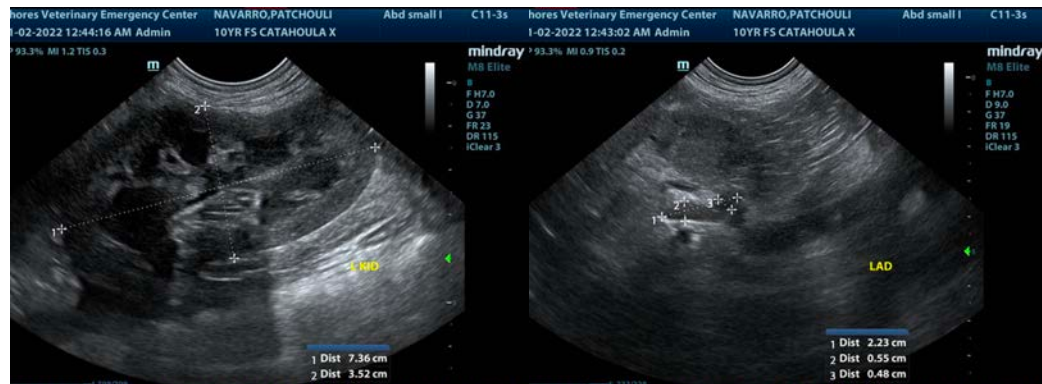
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)