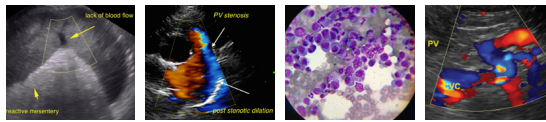




PATIENT	PRESENTING CLINICAL SIGNS
Kilo Libby	not eating for 5 days. hemorrhagic effusion found in abd. Abnormal PE/Chem/CBC/UA Results: cbc-high nrbc's w/o anemia chem-elev. live enzymes t4-low u/a wnl
SPECIES	
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Australian Shepherd	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.
SEX	
Neutered Male	The kidney cortices revealed multifocal hypoechoic nodules with some loss of structural detail. The left kidney measured 5.74 cm. The right kidney measured 6.7 cm. Hyperechoic medullary rim sign noted on both kidneys.
AGE	
12 Years	Adrenal Glands
WEIGHT	
40.8 Pounds	The left adrenal gland was enlarged and mildly irregular, measuring 2.67 cm x 1.47 cm at the caudal pole and 0.87 cm at the cranial pole. The right adrenal gland measured 2.92 cm x 0.73 cm at the cranial pole and 0.55 cm at the caudal pole.
INTERPRETED BY	Spleen
Eric Lindquist, DMV DABVP, Cert. IVUSS	The spleen presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.
IMAGING PERFORMED BY	Liver
Sara Hansen	The liver was enlarged and mildly heterogenous. The gallbladder and common bile duct were unremarkable. Hepatic veins were not dilated. No evidence of passive congestion.
HOSPITAL NAME	Gastrointestinal
Edgewood AC	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.
REFERRING VET	Pancreas
Dr. Callahan	Heterogeneous changes noted around the pancreas .
INVOICE	Free Abdomen
35210	
DATE	
1/31/22	Patient presented a tense abdomen. A moderate amount of free fluid noted. Rapid view of the heart revealed no evident pathology other than volume contraction.



PATIENT **ULTRASONOGRAPHIC FINDINGS**

Kilo Libby

- Hepatomegaly
- Nodular kidneys
- Enlarged, irregular left adrenal gland
- Free fluid

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

Australian Shepherd

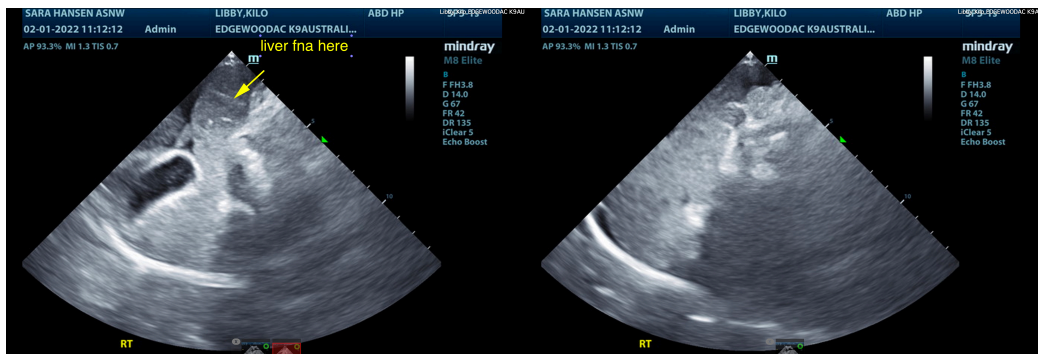
Strong concern for neoplasia in this patient. Ultrasound guided abdominocentesis and cytospin under sedation warranted to assess for lymphomatosis, carcinomatosis or similar. If the abdominocentesis reveals septic abdomen, then exploratory would be warranted. However, the liver and tissue in the cranial abdomen in general appears heterogeneous and concerning. No obvious masses noted. However, significant irregular tissue noted, primarily in the liver, area of the pancreas, and renal cortices.

AGE

12 Years

WEIGHT

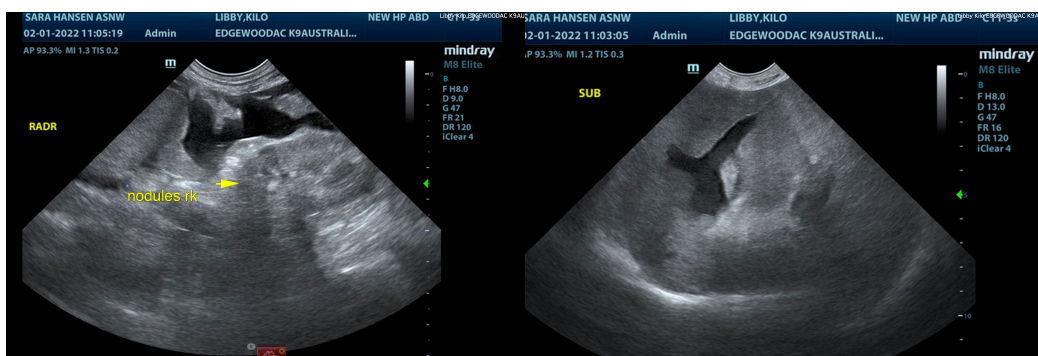
40.8 Pounds



INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS



IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Edgewood AC

REFERRING VET

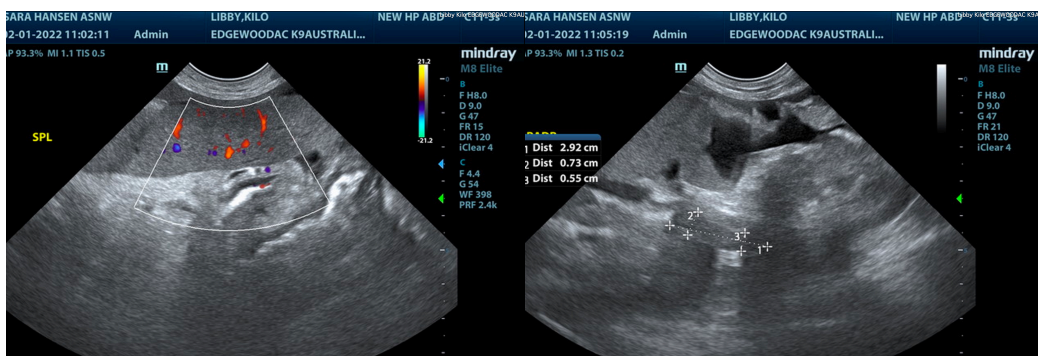
Dr. Callahan

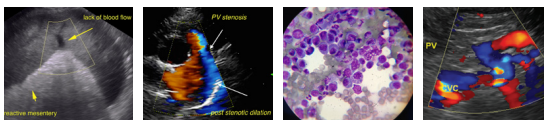
INVOICE

35210

DATE

1/31/22





PATIENT

Kilo Libby

SPECIES

Canine

BREED

Australian Shepherd

SEX

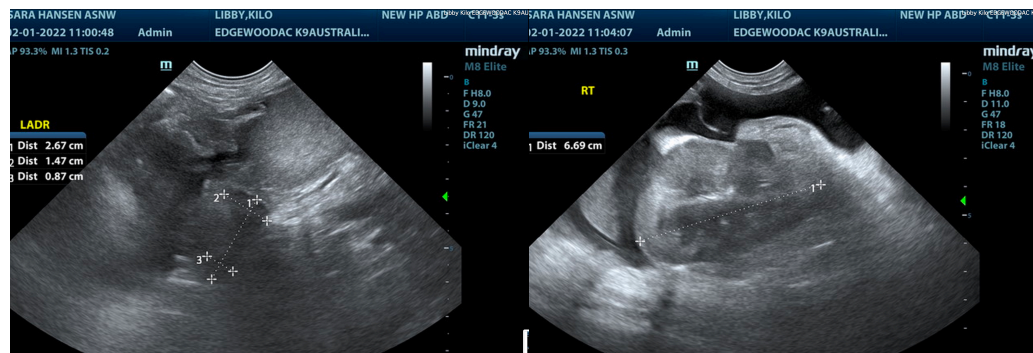
Neutered Male

AGE

12 Years

WEIGHT

40.8 Pounds



INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Edgewood AC

REFERRING VET

Dr. Callahan

INVOICE

35210

DATE

1/31/22

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