

DATE PRESENTING CLINICAL SIGNS

1/4/23

Swollen abdomen, poor appetite, lethargic, Pale MM.
Current Medications: Gabapentin 100mg BID for discomfort started 12/26, Cefpodoxime 100mg SID started 12/27.

PATIENT

Chowder Beasley

Lab Results: Increased neutrophils/Monocytes. ALT 280, BUN 33, glucose 145
Radiographs: VHS 13, fluid filled abdomen.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Declined.

SPECIES

Canine

Imaging Performed By: Stephanie Warga RDCS, RVT.

BREED

Boston Terrier

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 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. 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 7.86 cm. The left kidney measured 4.73 cm.

AGE

6/9/10

WEIGHT

20.8 lbs

Adrenal Glands

The right **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 right adrenal gland measured 1.78 x 0.64 cm at the caudal pole and 0.72 cm at the cranial pole. The left adrenal gland was heterogenous, mildly mineralized and slightly enlarged measuring 1.82 x 0.76 cm at the caudal pole and 0.76 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Maryland Mobile VC

Spleen

The **spleen** was heterogenous, irregular and nodular. The spleen also appeared volume contracted. There was no evidence of masses; however, diffuse parenchymal disease is present.

REFERRING VET

Dr. Hahn

Liver

The **liver** was heterogenous, swollen and irregular in contour. The vena cava was dilated and measured 1.62 cm. The gallbladder and common bile duct were unremarkable.

INVOICE

42508

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.

Pancreas

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.

Free Abdomen

A severe amount of ascites was noted with enhanced mesentery.

ULTRASONOGRAPHIC FINDINGS

Heterogenous, mineralized and enlarged left adrenal gland.

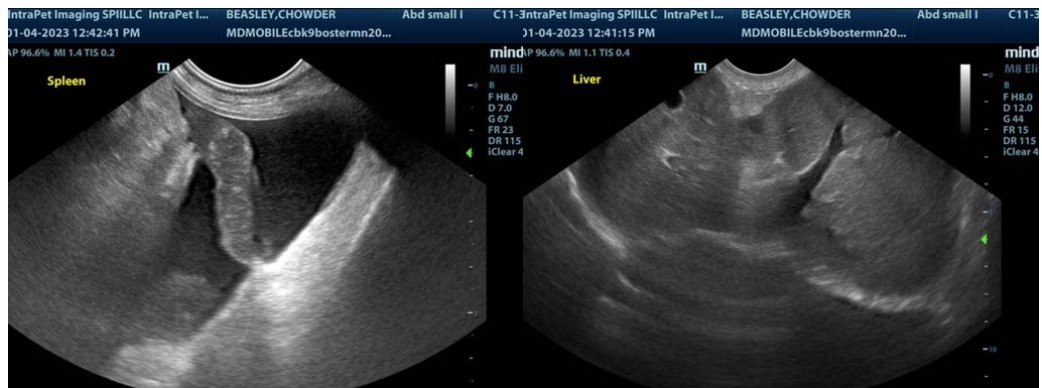
Heterogenous, irregular and nodular spleen.

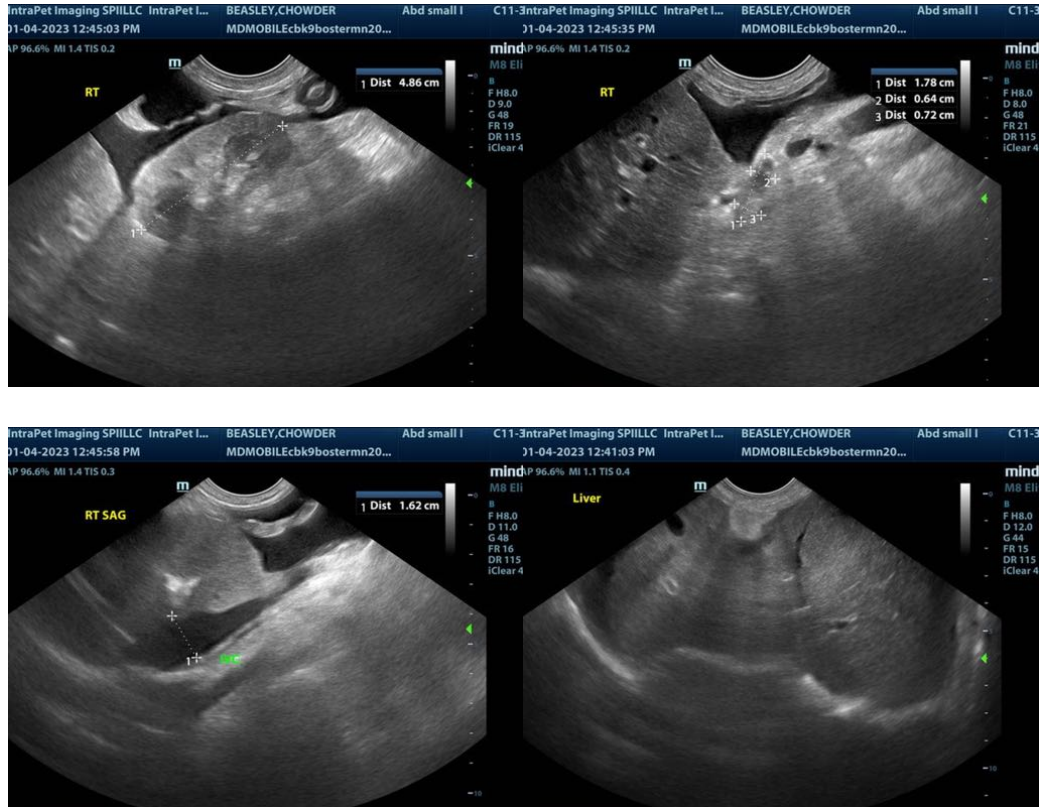
Heterogenous, swollen and irregular in contour hepatic changes.

Large amount of ascites with enhanced mesentery.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen, abdominocentesis with cytospin can be considered. However, the primary pathology is likely thoracic. I recommend focusing on thoracic diagnostics for this particular case.





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
Eric.Lindquist@SonoPath.com