



PATIENT

Maddie Molyneaux

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

10 Years

WEIGHT

28.2 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hayley Biederbeck

HOSPITAL NAME

Lomsnes VH

REFERRING VET

Dr. Hayley Biederbeck

INVOICE

13312

DATE

1/7/22

PRESENTING CLINICAL SIGNS

History: Intermittent anorexia since Jan 4th, firm/bloated abdomen noted this week. Previously not an issue Last travel to USA was 2019, otherwise stayed in Alberta. No known toxin exp though does try to eat things finds at dog park routinely

Abnormal PE/Chem/CBC/UA Results: Elevated ALT/ALP at Emerg, concerned for free fluid on AFAST - referred to LVH Normal on PE aside from distended abdomen. Removed 2760ml of straw coloured fluid from abdomen today

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 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 5 cm. The left kidney measured 5 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** was mildly enlarged. Vascular congestion was noted. Multifocal hyper- and hypoechoic nodular changes were noted, nondisruptive.

Liver

The **liver** was small and irregular with micro- and macronodular changes. Free fluid noted, likely owing to portal hypertension. The gallbladder wall was thickened and echogenic. Excessive debris was noted in the gallbladder.

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

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.



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Free Abdomen

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A large amount of anechoic ascites noted throughout the **abdomen**.

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ULTRASONOGRAPHIC FINDINGS

- Hepatic cirrhosis pattern with secondary ascites, owing to portal hypertension
- Vascular congestion of the spleen, hyperplasia pattern
- Age-related pancreatic changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild potential for hepatic neoplasia. Core liver biopsy warranted. However, prognosis is poor owing to diffuse hepatic disease.

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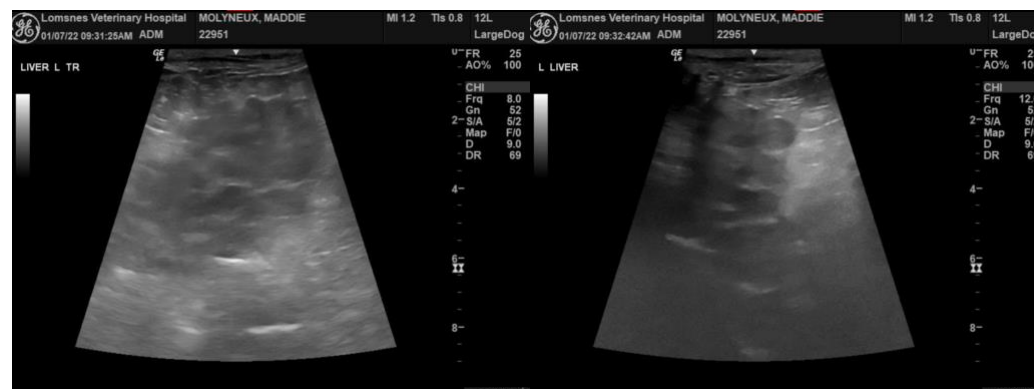
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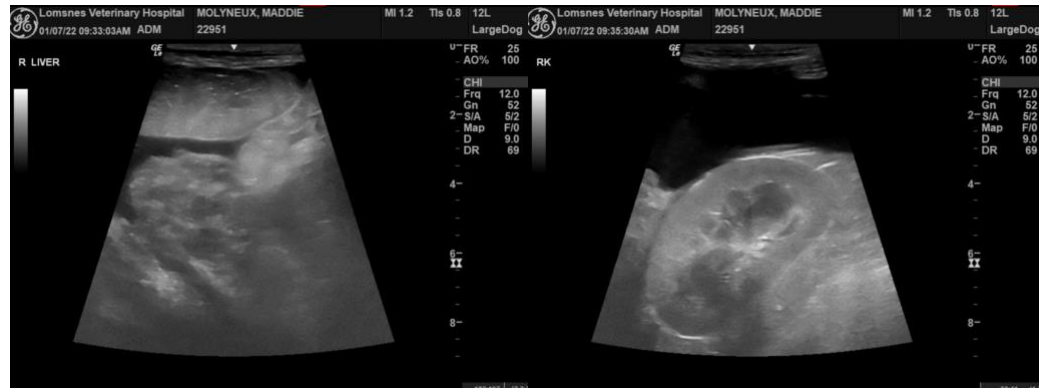
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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