



PATIENT

Bernie Abbott

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

5 Years

WEIGHT

13.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. de Cordon

HOSPITAL NAME

Mason Dixon AEH

REFERRING VET

Dr. de Cordon

INVOICE

17771

DATE

10/17/22

PRESENTING CLINICAL SIGNS

History: Had D+ and V+ last weekend and yesterday but it resolved for a week and now is back. O adopted 1 month ago. Possibly ate a bag of treats and Rovera 2 weeks ago. When adopted had high liver enzymes.

Abnormal PE/Chem/CBC/UA Results: Abnormal, tender on palpation of abdomen, possible organomegaly CHEMISTRY: mild hyperphosphatemia, mild hyperglobulinemia, mild hypercholesterolemia, marked elevation of ALT, AST, ALP, moderate elevation of GGT, Mild elevation of Tbil Electrolytes: mild hypomagnesemia RADIOGRAPHS: Marked hepatomegaly, suspected gall bladder debris/emphysema, decreased serosal detail consistent with peritoneal effusion

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **kidneys** were mildly swollen with pyelectasia. The right kidney measured 4.9 cm. The left kidney measured 5.57 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 1.81 cm x 0.63 cm. The right adrenal gland measured 1.8 cm x 0.5 cm.

Spleen

The **spleen** was enlarged and folded upon itself.

Liver

The **liver** was swollen and irregular in contour. The right cranial liver revealed an echogenic abscess adjacent to the diaphragm. Multifocal hyperechoic localized echoes were noted within the structure, suggestive for anaerobic infection. The gallbladder was deviated ventrally. Slight areas of echogenic free fluid were noted with reactive mesentery around the cranial abdomen and liver lobes, which would suggest rupture

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



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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.

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Free Abdomen

Enhanced **mesentery** in the cranial abdomen, suggestive for peritonitis.

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ULTRASONOGRAPHIC FINDINGS

- Hepatic abscess, likely anaerobic infection. There is a possibility of underlying neoplasia in the right cranial liver; it would be difficult to access surgically, however, surgical approach is essential
- Concurrent peritonitis and free fluid noted
- Swollen kidneys, nephritis pattern
- Swollen spleen with splenic fold

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Regarding the swollen spleen and liver, underlying round cell neoplasia is possible, however, more likely reactive state of both organs. Prognosis is guarded.

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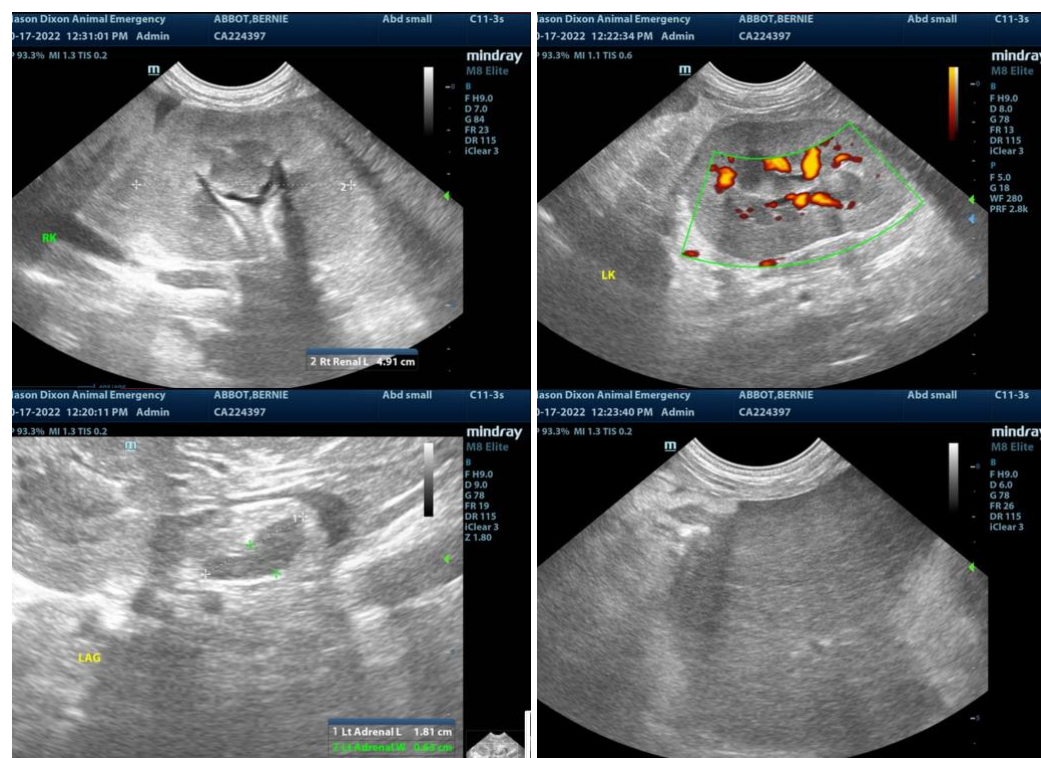
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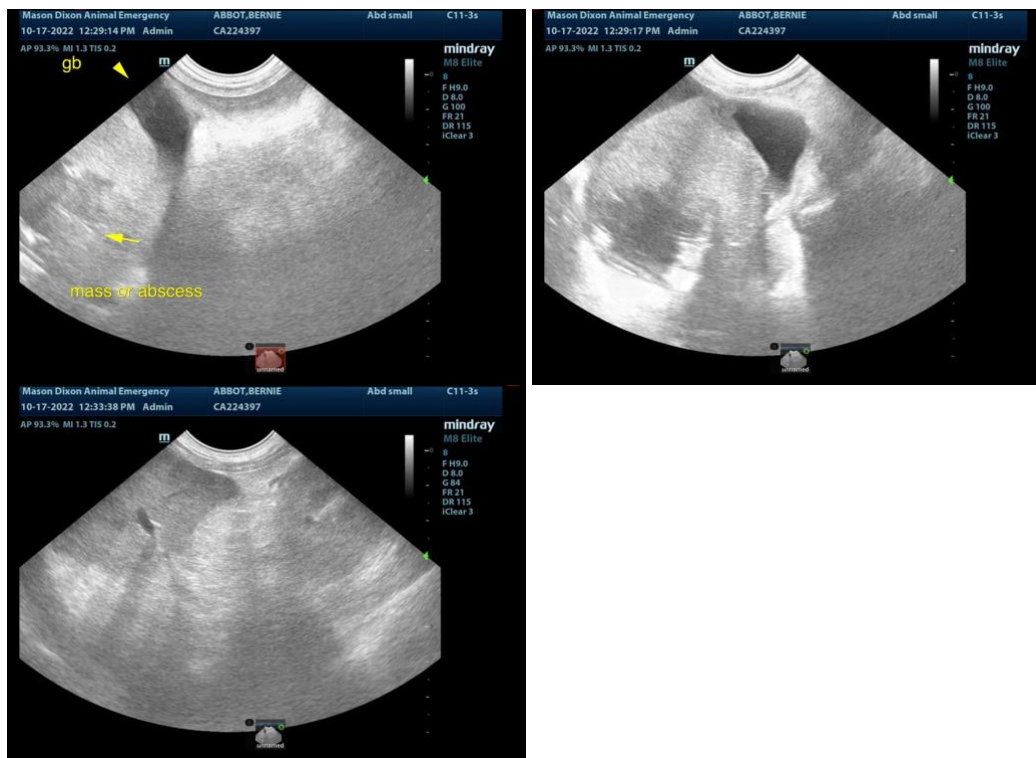
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
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