

PATIENT

Baxter Flair

PRESENTING CLINICAL SIGNS

History: Poor appetite for 3 days. Ascites present. - moderate fluid wave abdomen. Current Medications cerenia, IV fluids Radiographic Findings ascites, appears to have an enlarged liver lobe

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: very mild liver elevations. Precision PSL (Lipase) 427 (24-140 n). K+ = 5.7 (3.6-5.5 n), Na+ 139 (139 - 154 n) otherwise unremarkable - including urinalysis

BREED

Basset Hound

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 residual prostate measured 1.07 cm.

SEX

Neutered Male

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 right kidney measured 7.47 cm. The left kidney measured 7.47 cm.

AGE

10 Years

WEIGHT

72 Pounds

Adrenal Glands

The **right adrenal gland** was visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some mild heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 2.98 cm x 0.98 cm at the cranial pole and 0.94 cm at the caudal pole. The **left adrenal gland** was heterogenous and mildly enlarged, measuring 1.03 cm at the cranial pole and 0.86 cm at the caudal pole x 2.66 cm in length.

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

HOSPITAL NAME

Q Street AH

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

REFERRING VET

Dr. Bretschneider

Liver

Mild coarse **hepatic** architecture noted. A large amount of ascites noted with passive congestion liver pattern. Generalized hepatomegaly noted owing to the congestion. The gallbladder and common bile duct were unremarkable. The vena cava to aortic ratio was 1.3:1.

Gastrointestinal

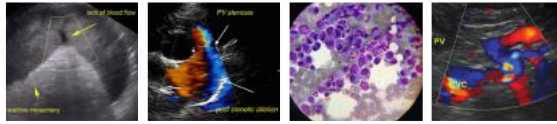
Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No

INVOICE NUMBER

13874

DATE

10/19/21



PATIENT obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Baxter Flair

Pancreas

The **pancreas** was obscured by enhanced mesentery.

SPECIES

Heart

Canine The **cardiac** presentation revealed severe pericardial effusion. Separation of the pericardial from the epicardium was approximately 3.0 cm at maximum width. The heart was volume contracted with periodic arrhythmias. Some irregularity was noted at the junction of the right ventricular free wall and right auricle, measuring approximately 2.0 cm x 2.0 cm. The remainder of the heart was volume contracted with irregular arrhythmia.

BREED

Basset Hound

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

- Passive congestion ascitese pattern
- Mild bilateral adrenal hypertrophy
- Age-related renal changes
- Pancreas obscured by enhanced mesentery
- Volume contracted spleen
- Cardiac tamponade with suspicion for right auricular irregularity

AGE

10 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

72 Pounds

Unremarkable abdomen other than the passive congestion and secondary ascites. I recommend pericardiocentesis and drainage. Reassessment of the sonogram after drainage warranted- this may allow for better resolution in the right auricular area. Very guarded prognosis. Differentials include idiopathic pericardial effusion versus emerging right auricular hemangiosarcoma, pericarditis minor potential.

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

HOSPITAL NAME

Q Street AH

REFERRING VET

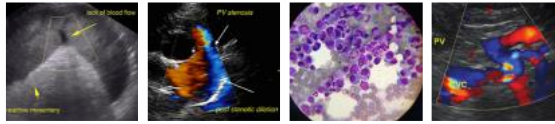
Dr. Bretschneider

INVOICE NUMBER

13874

DATE

10/19/21



PATIENT

Baxter Flair

SPECIES

Canine

BREED

Basset Hound

SEX

Neutered Male

AGE

10 Years

WEIGHT

72 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUS

HOSPITAL NAME

Q Street AH

REFERRING VET

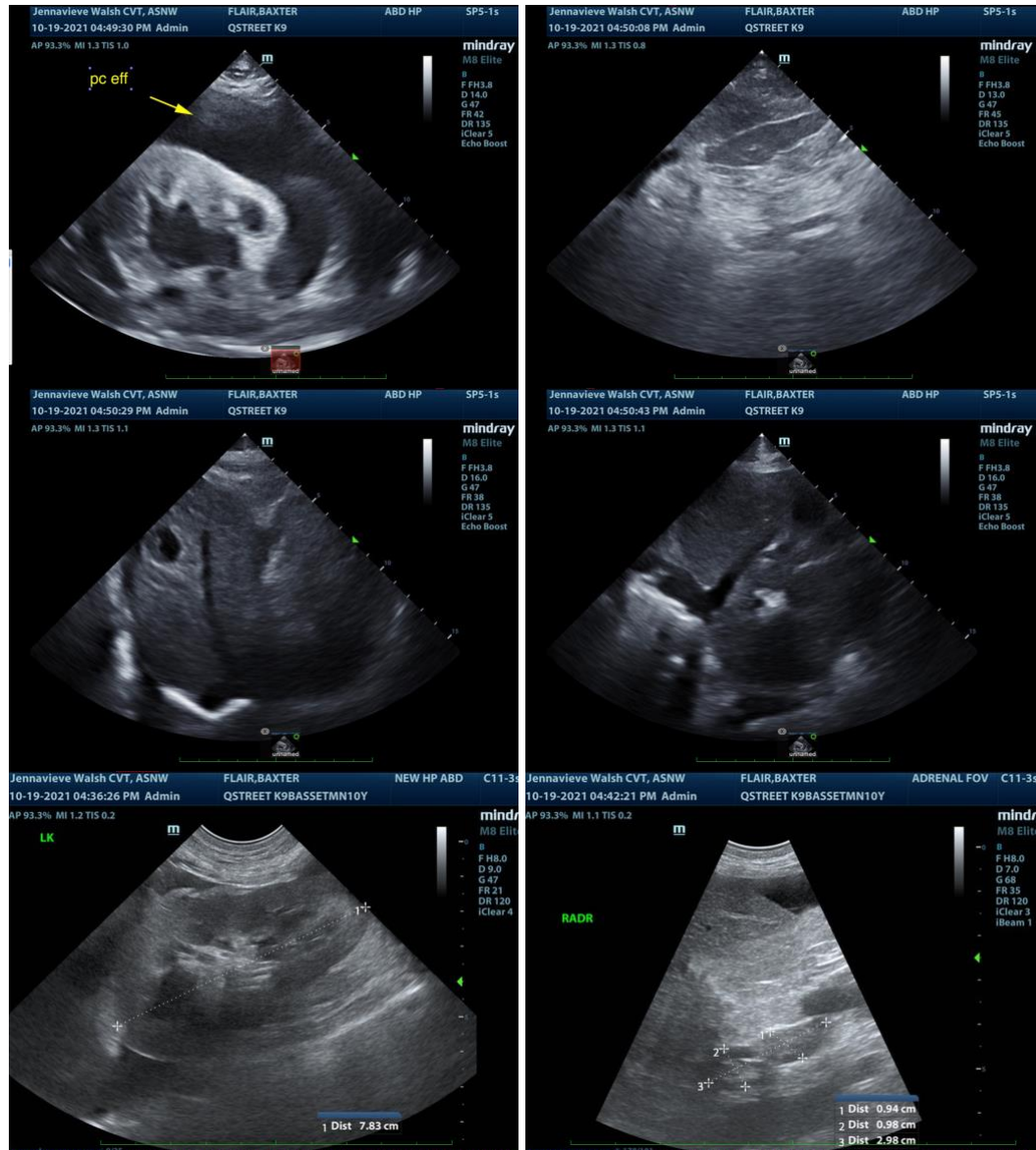
Dr. Bretschneider

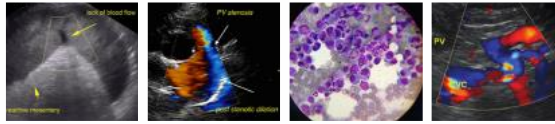
INVOICE NUMBER

13874

DATE

10/19/21





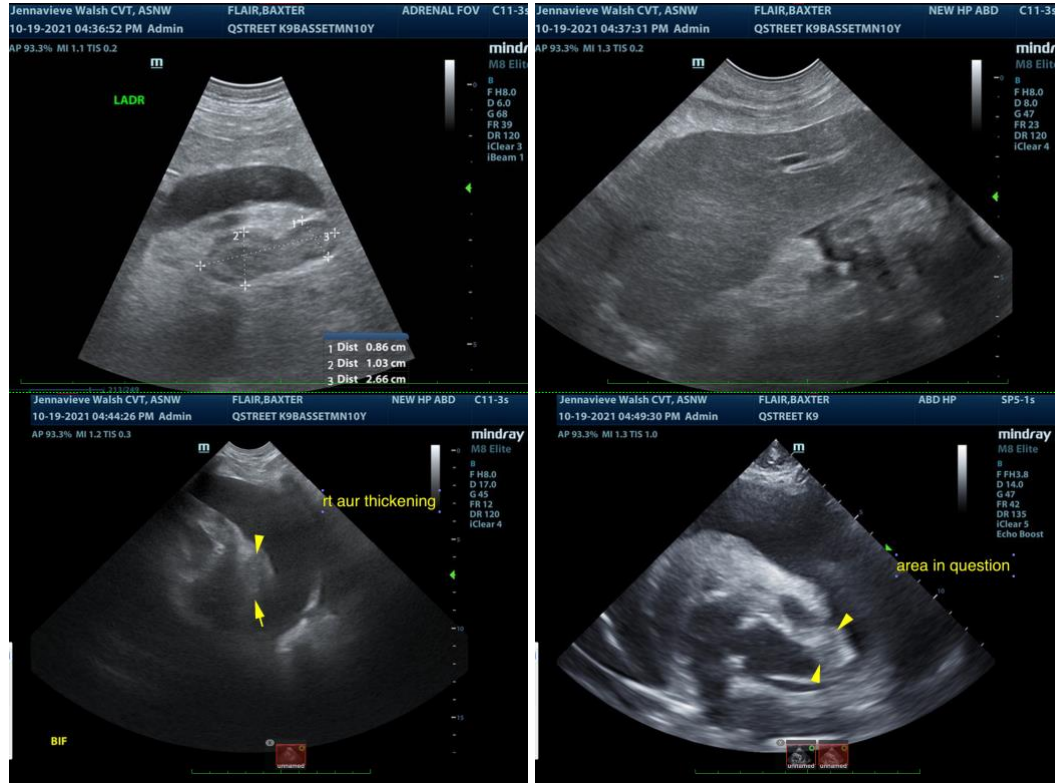
PATIENT
Baxter Flair

SPECIES
Canine

BREED
Basset Hound

SEX
Neutered Male

AGE
10 Years



WEIGHT
72 Pounds

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.

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

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

HOSPITAL NAME

Q Street AH

REFERRING VET

Dr. Bretschneider

INVOICE NUMBER

13874

DATE

10/19/21