



PATIENT

Meatloaf Ahearn

SPECIES

Canine

BREED

Bulldog

SEX

Neutered male

AGE

10 years

WEIGHT

58.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Striegel

HOSPITAL NAME

VC Hardyston

REFERRING VET

Dr. Striegel

INVOICE

68514

DATE

11/10/25

PRESENTING CLINICAL SIGNS

History: Presented 11/6 for 3 day history of labored breathing and distended abdomen. Free fluid on ballottement, confirmed on AFAST. Declined further diagnostics & abdominocentesis. Sent home with low dose furosemide and doxycycline. 11/8 ~2L fluid drained from abdomen & sent for analysis. Full US today, less abdominal free fluid, developing dependent oedema.

Abnormal PE/Chem/CBC/UA Results: Full CBC & Chem 21 WNL Fluid analysis: Fluid results below, Cytology PENDING Light Red, Cloudy SG 1.025 Protein 3.8 g/dL WBC 210 (0-3000) per ul RBC 30000 per uL

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.

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 left kidney measured 5.8 cm.

The residual prostate was uniform and measured 1.4 cm.

Adrenal Glands

The left **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 left adrenal gland measured 0.64 cm. The region of the right adrenal gland was imaged with no evidence of pathology.

Spleen

The **spleen** revealed mild, irregular contour with a relatively normal size and measured 1.5 cm. The spleen was volume contracted.

Liver

The **liver** revealed hepatic vein dilation and vena cava dilation. This is consistent with passive congestion. Uniform hepatic swelling was noted. The gallbladder and common bile duct were unremarkable.



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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. 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

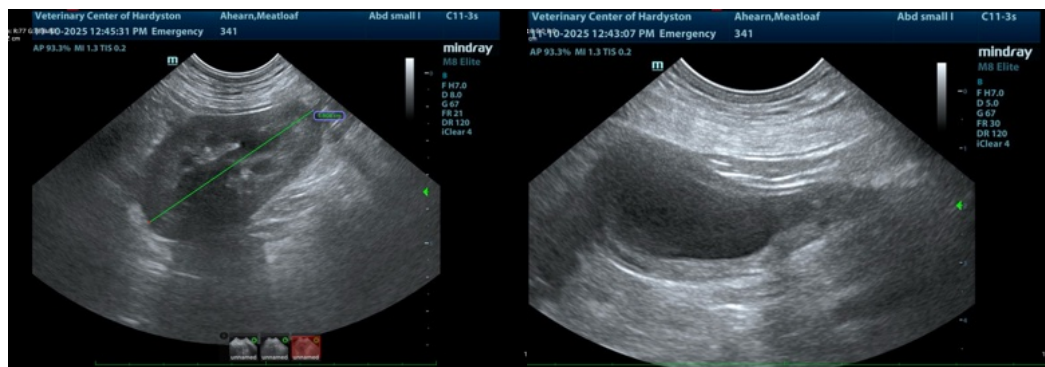
Ascites was noted in this patient. Enhanced mesentery was noted in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Slight, irregular spleen.
- Passive congestion liver pattern.
- Secondary ascites, suspect right-sided heart failure or other thoracic pathology causing passive congestion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs and echocardiogram are warranted if not already performed. Ultrasound-guided FNA of the spleen can be considered. This may be a normal variant or potentially involved in an early neoplastic process.





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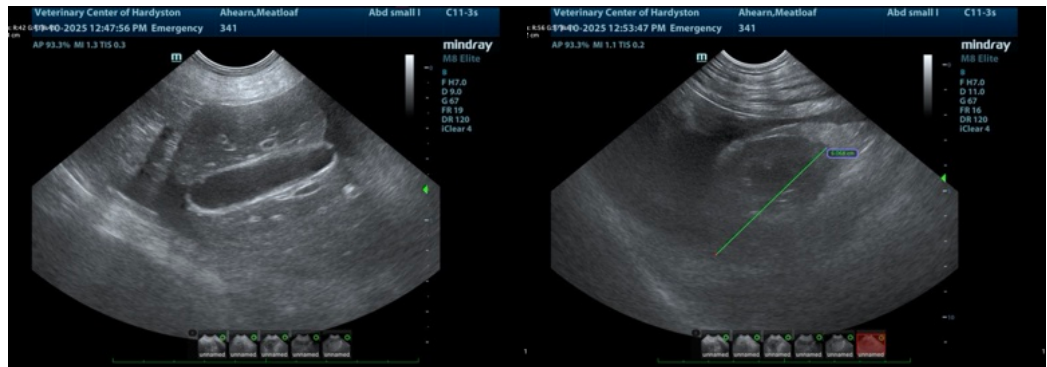
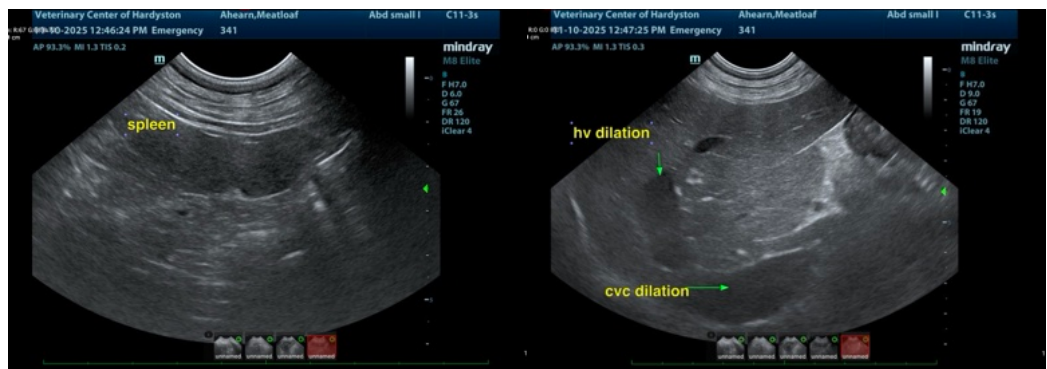
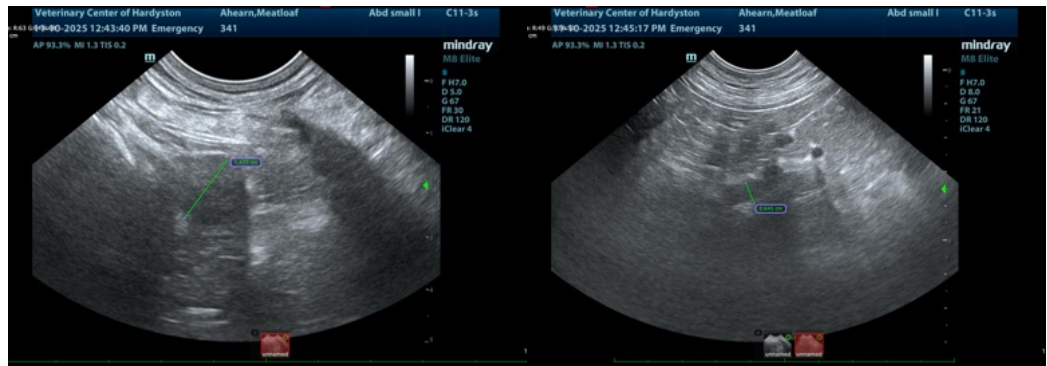
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

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