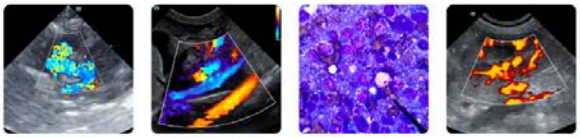

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Ziggy Nanda

SPECIES

Canine

BREED

Frenchie x Pug

SEX

Intact Male

AGE

10 Weeks

WEIGHT

3.3 kg

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Colborne Vet Clinic

REFERRING VET

Dr. Arora

INVOICE

72179

DATE

11/28/25

PRESENTING CLINICAL SIGNS

The patient presents with abdominal distension accompanied by palpable fluid accumulation, indicating ascites. Additional symptoms include vomiting, diarrhea, and lethargy. Current Medications Cerenia inj, strongid

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 2.0 cm beyond the cystourethral junction.

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 4.61 cm. The left kidney measured 4.1 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 1.59 cm x 0.39 cm at the caudal pole and 0.34 cm at the cranial pole. The right adrenal gland measured 1.53 cm x 0.93 cm at the cranial pole and 0.36 cm at the caudal pole.

Spleen

The **spleen** measured 1.0 cm. It presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** was enlarged with multifocal heterogeneous ill-defined nodular changes particularly in the cranial abdomen with generalized hepatomegaly. The gallbladder and common bile duct were unremarkable. Portal vein to vena cava ratio was 1:1. No evidence of intrahepatic or extrahepatic shunting. However, echogenic ascites noted throughout the abdomen with omental adhesions and enhanced heterogeneous parenchymal changes consistent with peritonitis. Potential underlying neoplastic or infectious disease.

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.

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Pancreas

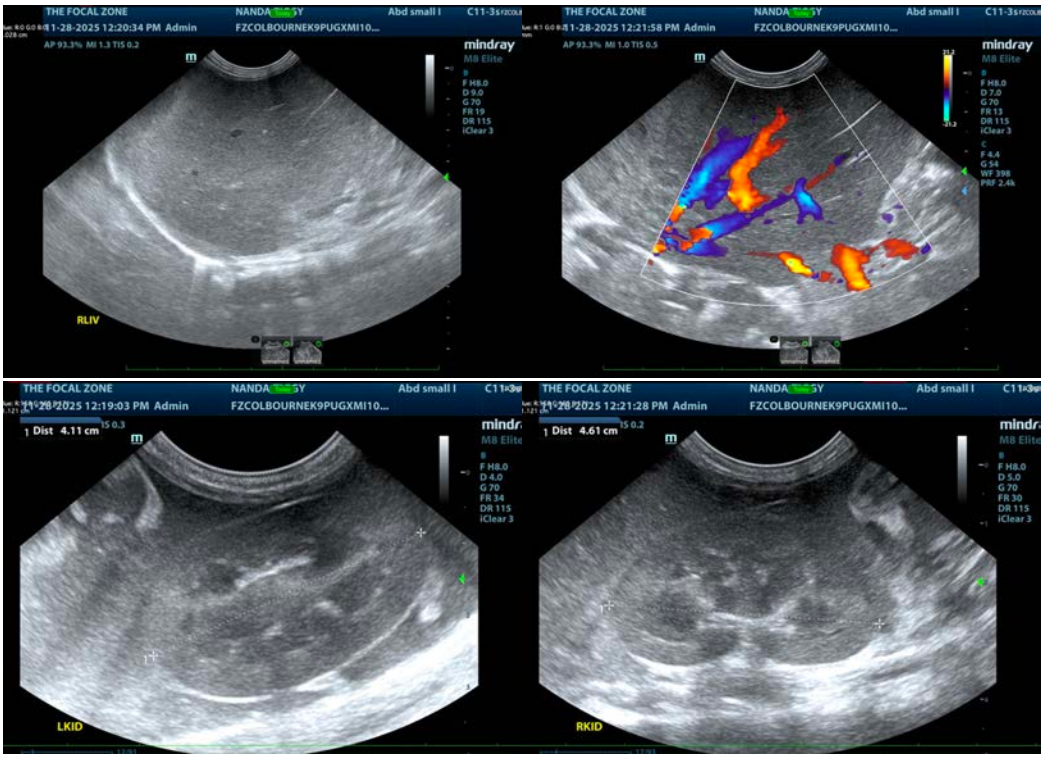
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Enlarged, heterogeneous liver with nodular changes.
- Echogenic ascites and omental adhesions.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominocentesis and cytospin as well as culture of the fluid obtained in the abdomen as well as potential FNA of the liver. Largest mass formation measured approximately 4.0 cm in the cranial abdomen. However, this may represent abscessation and not necessarily a neoplastic process, given the age of the patient. Prognosis is extremely guarded depending upon sampling results.



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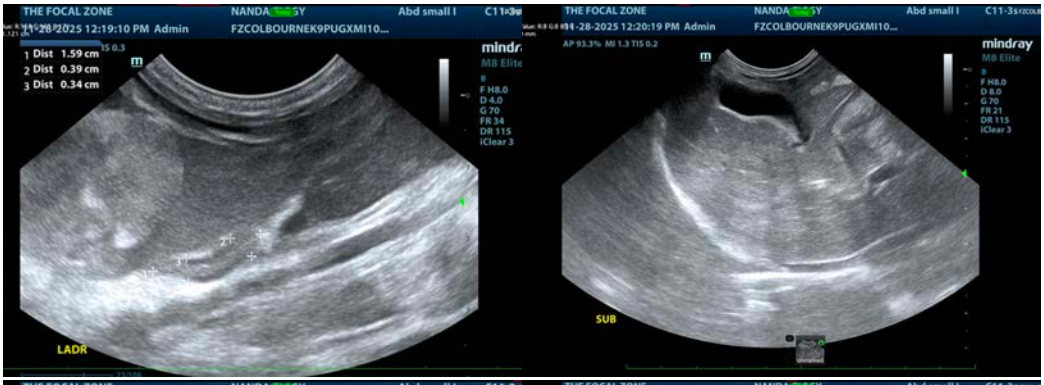

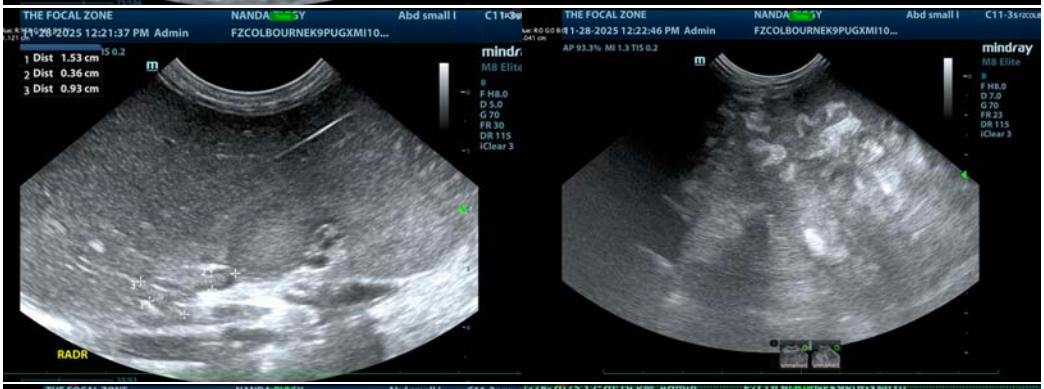

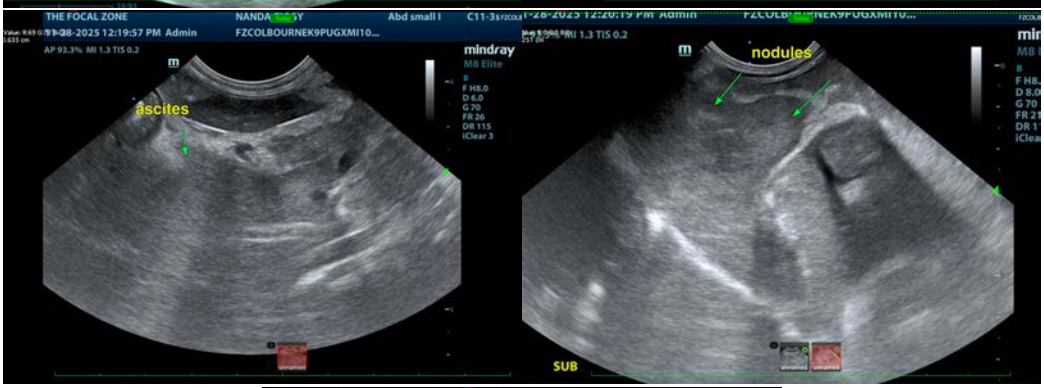

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com
info@SonoPath.com