



PATIENT

Bentley Prewitt

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered male

AGE

4 years

WEIGHT

25.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Wymard

HOSPITAL NAME

Brookwood AC

REFERRING VET

Dr. Wymard

INVOICE

42845

DATE

11/30/22

PRESENTING CLINICAL SIGNS

History: Presented 11/29 for Appetite down/vomiting/diarrhea P started acting off 5 days ago. The first day owner noticed that pet's appetite was down and that evening he vomited up a large amount of undigested food. He vomited once daily for 3 days (some food, some bile). He hasn't vomited yesterday or today. This morning they fed chicken and rice, which he ate readily, and he hasn't vomited it up. He has been willing to eat human food and treats, but not his regular food. They did give him some table snacks 6 days ago. No obvious PUPD Meds- none Eats- Royal Canin HP dry Distended abdomen noted on PE Quick scan: moderate amount of free peritoneal fluid, liver margins are rounded and liver appears subjectively small, kidneys/spleen/bladder WNL. No pleural or pericardial effusion. Chest rads: WNL Peritoneal effusion: Protein levels 3.2g/dl, low cellularity on slide: RBCs, few neutrophils, few lymphocytes, few mesothelial cells --> modified transudate Attempted therapeutic abdominocentesis with fenestrated 18g IVC - only able to withdraw about 30ml tonight No evidence of heart dz. Treated w/ cerenia, metronidazole, and Dex SP Returned today (11/30) for supportive care (IV fluids) and AUS. P had moderate amount SC edema present where abdominocentesis was performed yesterday. Free fluid in abdominal cavity has decreased. Eating well today.

Abnormal PE/Chem/CBC/UA Results: 11/29 CBC: moderate lymphopenia (stress, inflammatory), hemoconcentration/polycythemia (stress, dehydration, splenic contraction), remainder WNL Comp: Elevated ALT 293, hyperphosphatemia 6.9, mild hyponatremia 135, remainder WNL

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 prostate measured 1.0 cm.

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 and right kidney measured 5.0 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 and right adrenal gland measured 0.5 cm.

Spleen

The **spleen** was folded upon itself cranially and caudally. The spleen was congested likely owing to portal hypertension. Free fluid is also likely owing to portal hypertension.



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Liver

The **liver** revealed coarse architecture and increased portal markings with macronodular changes. The gallbladder and common bile duct were unremarkable. A significant amount of fibrosis and remodeling was noted.

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

Pancreatic edema was noted.

ULTRASONOGRAPHIC FINDINGS

Diffuse hepatic disease.

Chronic inflammatory hepatopathy with secondary ascites likely owing to portal hypertension.

Splenic congestion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile and core liver biopsy is indicated. Core liver biopsy with quantitative copper evaluation is recommended. The prognosis is guarded long term depending on response to medical management.

Internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>



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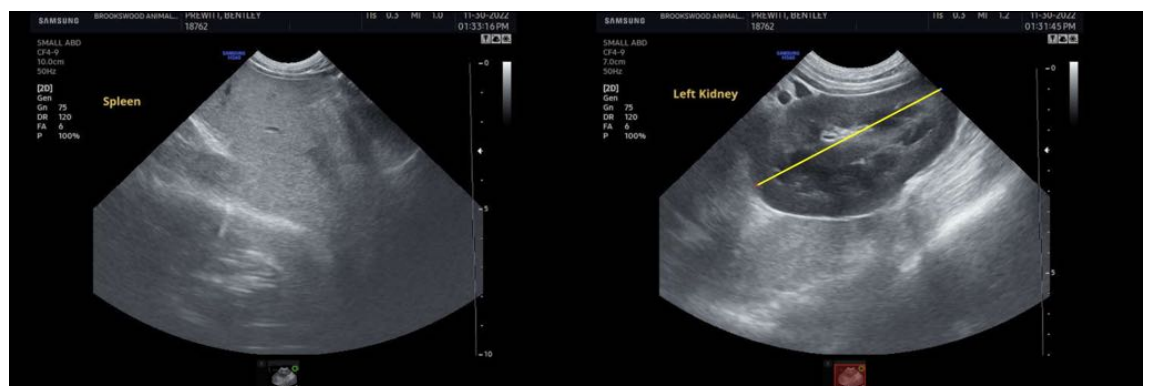
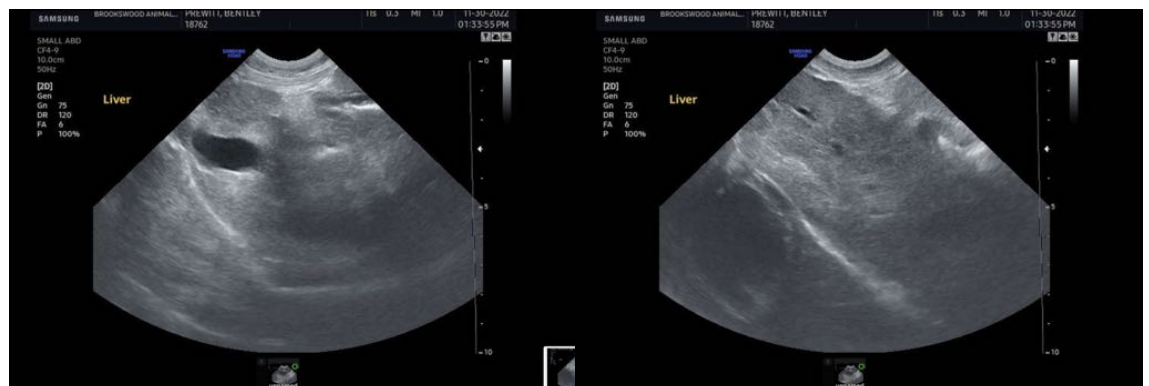
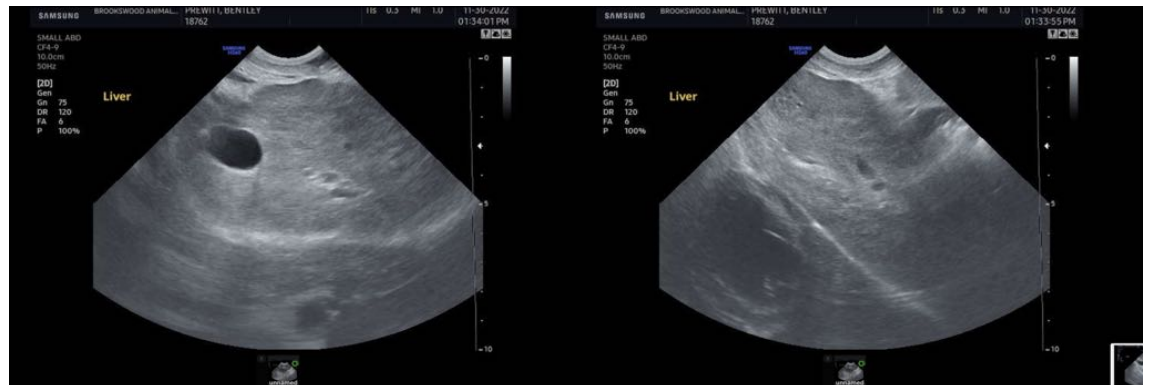
Dr. Wymard

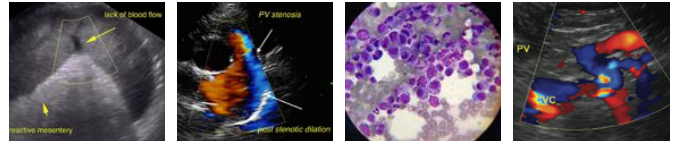
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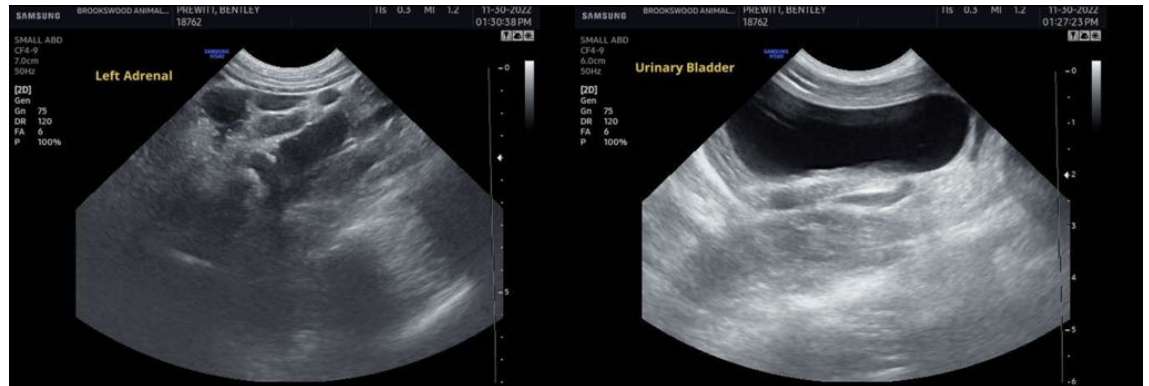
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com