



PATIENT

Neuman Murphy

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered Male

AGE

2011

WEIGHT

29 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert IVUS

**IMAGING
PERFORMED BY**

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Farview AC

REFERRING VET

Dr. Mosaad

INVOICE

33430

DATE

12/14/21

PRESENTING CLINICAL SIGNS

History: Fluid in abdomen + lungs

Possible neoplasia – evaluate liver and spleen for metastasis

Echo pending

Glucose 129. Poor abdominal contrast on radiographs – suspect ascites and hepatomegaly.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection.

Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present.

The region of the trigone and visible pelvic urethra were normal. The residual prostate was uniform at 1.26 cm.

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 5.19 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 right adrenal gland measured 2.2 cm x 0.93 cm at the caudal pole and 0.71 cm at the cranial pole.

Spleen

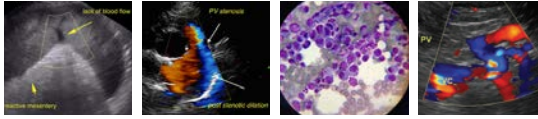
The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** was uniformly enlarged. Hepatic vein dilation noted. Vena cava dilation noted. Consistent with passive congestion. Echogenic gallbladder wall noted. No evidence of masses. Hepatic veins were also dilated.

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.

Free Abdomen

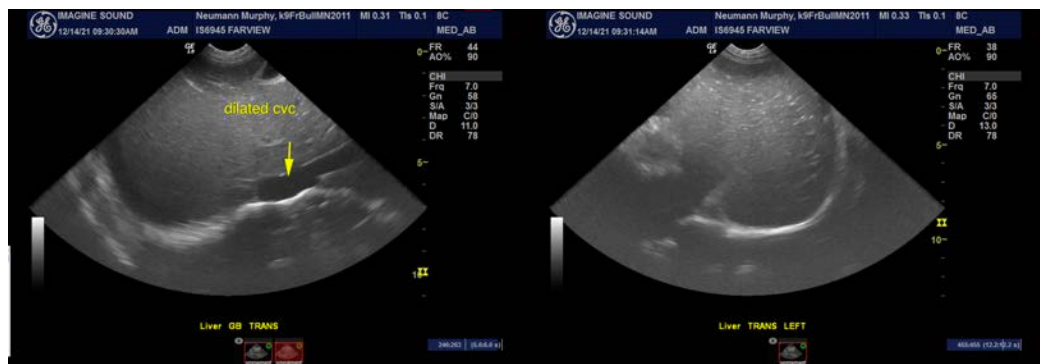
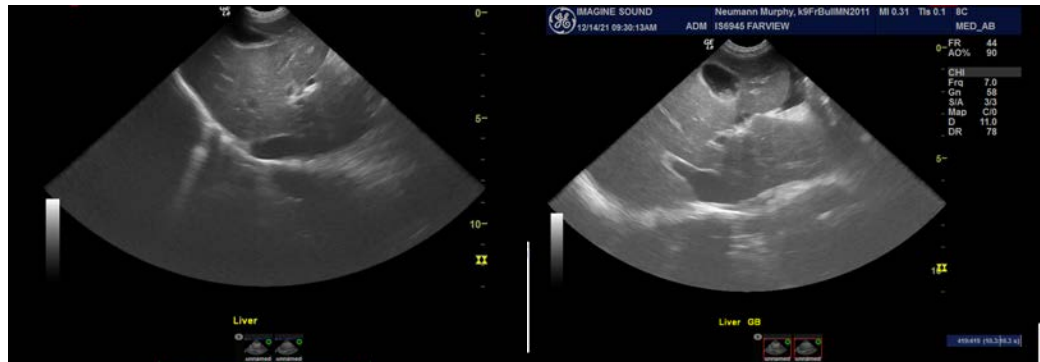
A large amount of ascites noted in the abdomen of this patient.

ULTRASONOGRAPHIC FINDINGS

- Passive congestion liver pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend thoracic assessment for right-sided heart disease or obstructive caval disease. Abdominocentesis and cytospin recommended to rule out underlying exfoliating neoplasia such as lymphomatosis or similar. FNA of the liver could also be considered. However, I am primarily concerned for thoracic disease causing the passive congestion and secondary ascites, with right-sided heart failure being the primary potential. Echocardiogram and 3-view chest radiographs indicated.

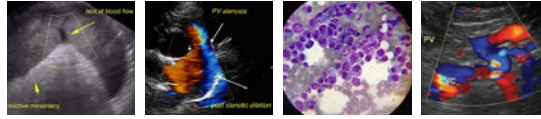


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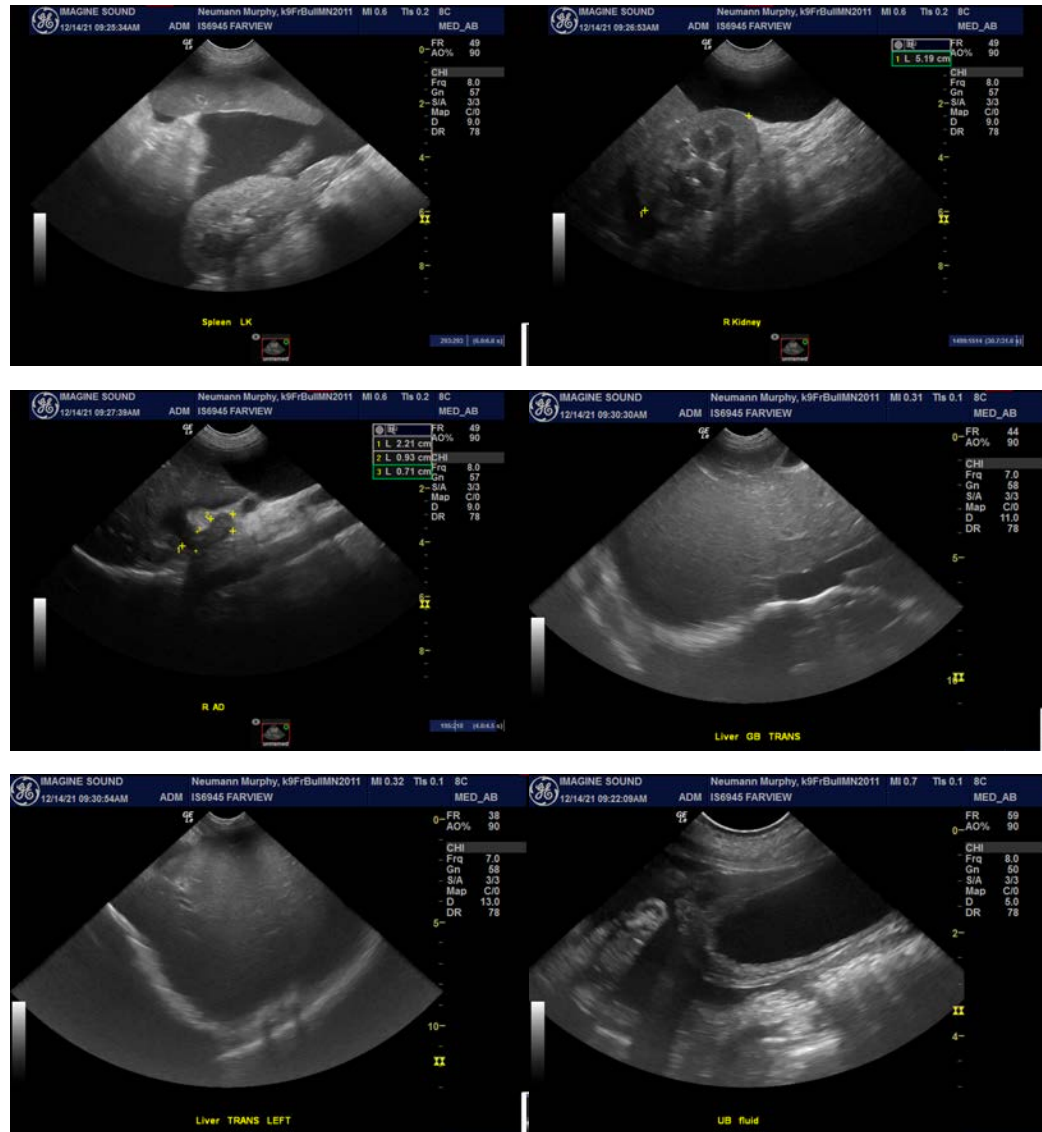
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com