



PATIENT

Mowgli Blische

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

5 Years

WEIGHT

14.1 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Laura de Cordon

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

REFERRING VET

Dr. Laura de Cordon

INVOICE

43533

DATE

12/18/22

PRESENTING CLINICAL SIGNS

Mowgli presented on 12/17 afternoon as a transfer from his primary care veterinarian for vomiting and diarrhea. He was initially seen on Thursday for these symptoms and was treated supportively. His diagnostics at his primary care veterinarian showed low platelets, hemoconcentration, elevated liver values, elevated kidney values, and electrolyte derangements. His x-rays showed a lack of serosal detail. On presentation, Mowgli was dehydrated and depressed. A brief ultrasound revealed free fluid in his abdomen. His bladder was not visible. Mowgli had a urinary catheter placed and contrast flushed into his bladder. His bladder was visualized on x-ray and determined to be intact. Mowgli's urine was very bloody. His platelets were confirmed to be low on blood smear.

Abnormal PE/Chem/CBC/UA Results: Bloodwork PCV 58 TS 6 PT 18.0 H 12.0 - 17.0 s aPTT 113.3 96.0 - 116.0 Cortisol High Urinalysis Radiographs 1 lateral abdomen with omnipaque: confirming bladder is intact Ultrasound AFAST: free fluid all 4 quadrants

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 **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 6.1 cm. The right kidney measured 5.6 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 0.60 cm.

The **right adrenal gland** was not visualized.

Spleen

Some echogenic changes were noted in the intraparenchymal **splenic vein**, suggestive for splenic thrombosis.

Liver

The **liver** revealed diffuse hepatic changes with expansive parenchymal masses on the left (potentially torsed) and regional enhanced mesentery. The right cranial liver appeared unremarkable. The hyperechoic omental enhancement obscured delineation of the mass itself. The gallbladder was unremarkable.

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. Soft stool noted in the colon.



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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.

SPECIES

Canine

Free Abdomen

Large amount of free fluid in the abdomen.

BREED

Mixed

Reactive mesentery noted in the mid abdomen.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

- Left-sided liver mass, potentially torsed, with reactive mesentery
- Large amount of free fluid – peritonitis type presentation.
- Suspect splenic thrombosis
- Soft stool in the colon

AGE

5 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver mass or direct exploratory surgery could be considered, as potential lobe torsion may be the issue. The mass appeared to derive from the left lateral liver. However, exact margins were difficult to ascertain owing to the reactive omentum. Prognosis is extremely guarded.

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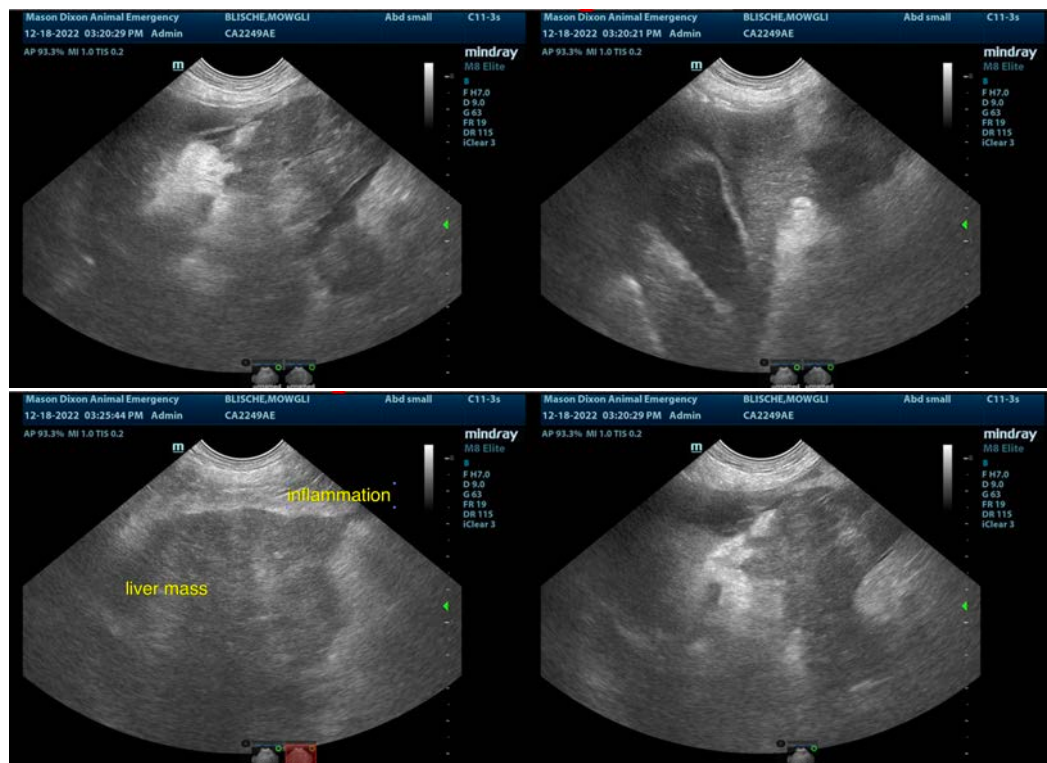
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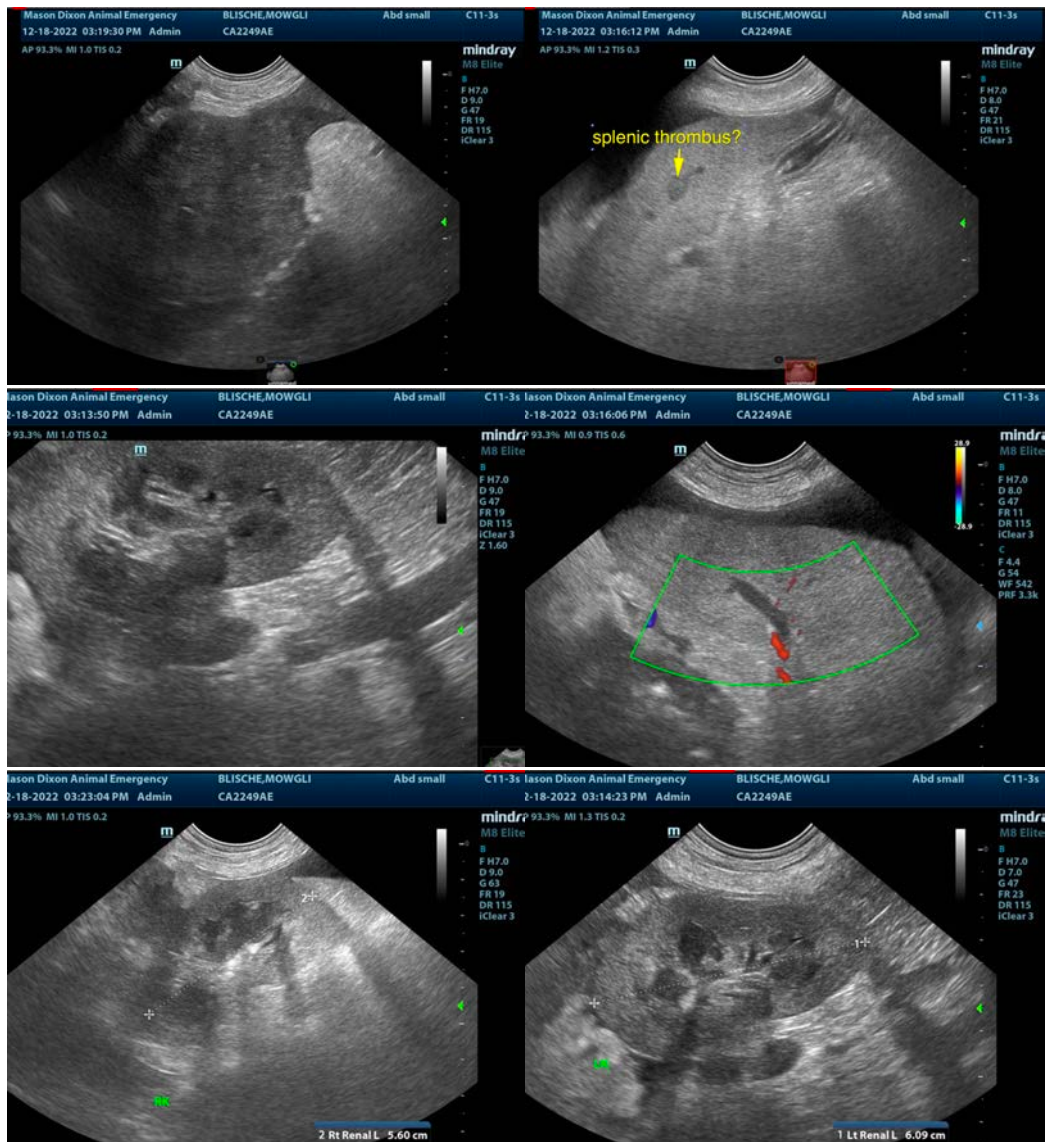
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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