



**PATIENT**

Clover McFee

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Spayed Female

**AGE**

1 Year

**WEIGHT**

45 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Adrienne Ligenza

**HOSPITAL NAME**

Rush Vet Urgent Care

**REFERRING VET**

Dr. Taylor Urban

**INVOICE**

33572

**DATE**

12/19/21

**PRESENTING CLINICAL SIGNS**

sudden collapse at home, vomiting, MM very pale, seemed fine this morning  
Abnormal PE/Chem/CBC/UA Results: elevated ALT 1557

VD and lateral radiographs were unremarkable.

**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 4.52 cm. The right kidney measured 4.28 cm.

**Adrenal Glands**

Both **right 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 right adrenal gland measured 0.5 cm at the cranial pole and 0.4 cm at the caudal pole.

The region of the **left adrenal gland** is unremarkable.

**Spleen**

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

**Liver**

The **liver** revealed a double layered, edematous wall and coarse hepatic architecture with increased portal markings noted.

The vena cava was not dilated. No evidence of passive congestion.

**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**

Heterogeneous, hypoechoic changes were noted around the **pancreas** as well as heterogeneous omental changes.

**Free Abdomen**

A moderate amount of anechoic free fluid was noted in the abdomen.



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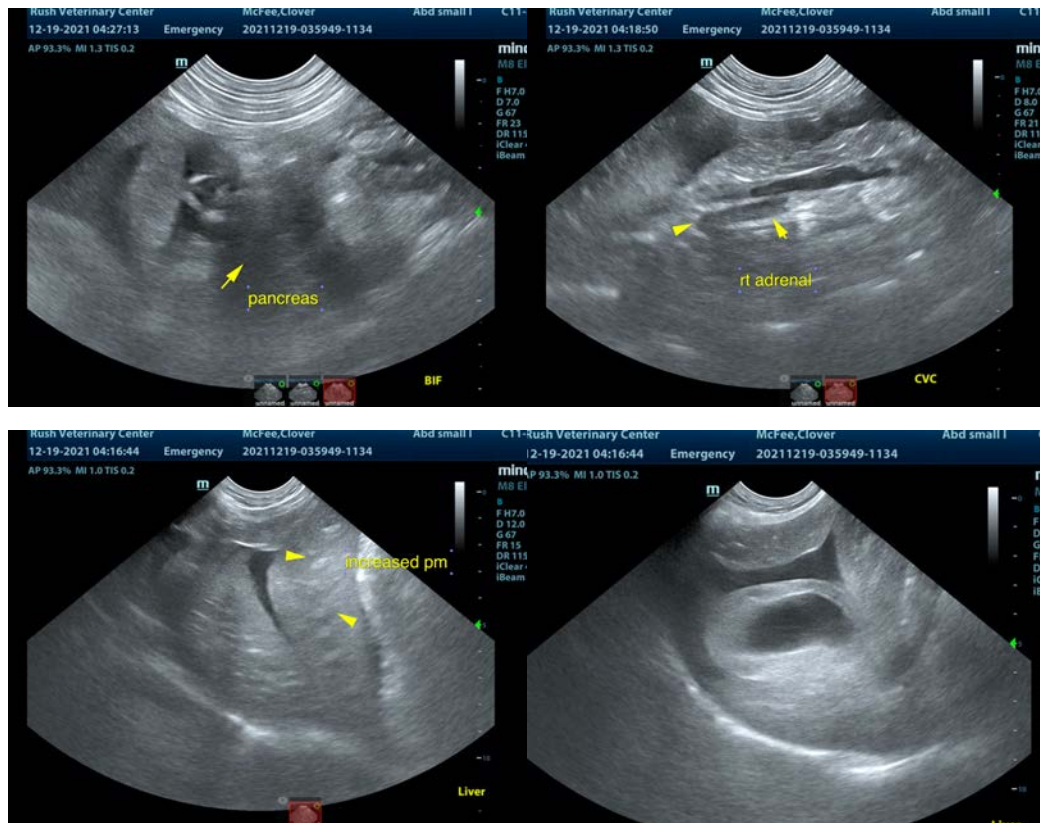
12/19/21

**ULTRASONOGRAPHIC FINDINGS**

- Ascites
- Chronic inflammatory hepatopathy pattern
- Volume contracted spleen

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The cause of ascites is unclear, likely owing to portal hypertension or possible exfoliating neoplasia with lymphatic obstruction. Recommend ultrasound guided FNA of the liver and abdominocentesis of the free fluid with cytospin to assess for any exfoliating neoplasia. Guarded prognosis depending upon further diagnostics. Supportive care and plasma expanders warranted. No overt evidence of masses. However, if hemoabdomen or septic abdomen is present, then exploratory surgery would be indicated depending upon abdominal fluid results. No obvious evidence of intestinal perforation or hemorrhage noted, yet could not be completely ruled out.





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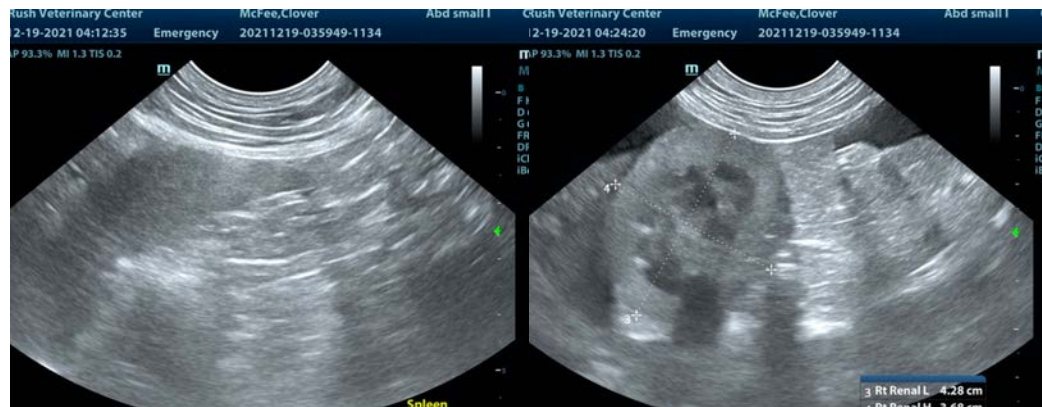
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
[info@SonoPath.com](mailto:info@SonoPath.com)