

**DATE PRESENTING CLINICAL SIGNS**

12/30/22

Presented 12/15/22 for a firm belly, rads supported of ascites. Hx of grade IV/VI heart murmur. Recommended echocardiogram which showed systemic hypertension and mild degenerative mitral valve disease but not supportive as cause of ascites.

**PATIENT**

George Lodanski

Current Medications: amlodipine 1/2 of a 2.5g tab BID, furosemide(2.2mg/kg) 1.3ml BID  
Lab Results: lymphocytes 847 (1060-4950), otherwise CBC/CHEM NSF  
Radiographs: Ascites.

**SPECIES**

Canine

Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.  
Imaging Performed By: Andi Parkinson, BS, RDMS.

**BREED**

Bichon Frise

**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.

**SEX**

Neutered male

The residual prostate was uniform and measured 0.4 cm.

**AGE**

1/1/15

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 4.73 cm.

**WEIGHT**

13.3 lbs

**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 1.46 x 0.57 cm at the cranial pole and 0.54 cm at the caudal pole. The left adrenal gland measured 1.4 x 0.48 cm at the cranial pole and 0.52 cm at the caudal pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**HOSPITAL NAME**

Chadwell AH

**Spleen**

The **spleen** 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 was noted.

**REFERRING VET**

Dr. Mengers

**INVOICE**

42427

**Liver**

The **liver** in this patient revealed increased portal markings with coarse architecture. The liver revealed multi-focal, hyperechoic lipogranulomatous changes. The liver was otherwise unremarkable. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**

The **gastric** wall revealed minor thickening with hypertrophied muscularis and increased submucosal echogenicity. The wall thickness measured up to 0.93 cm.

### ***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 minor amount of ascites was noted with minor echogenic debris. Pockets of fluid were noted near the spleen.

### **ULTRASONOGRAPHIC FINDINGS**

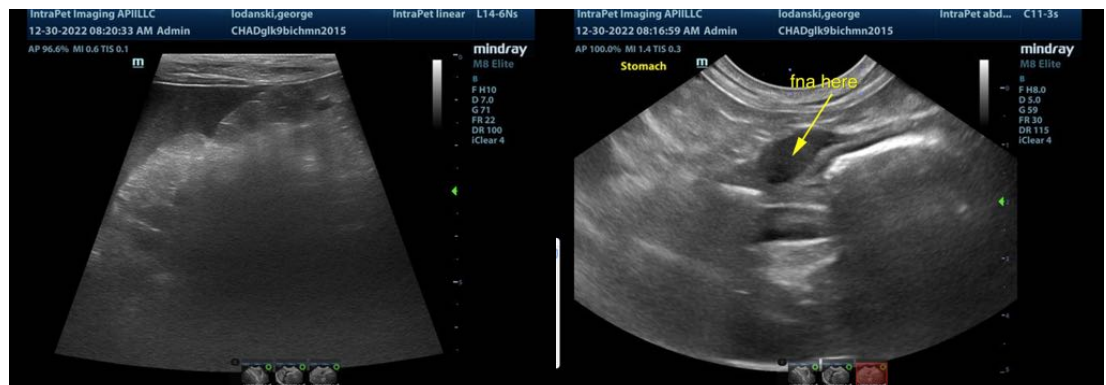
Undefined ascites.

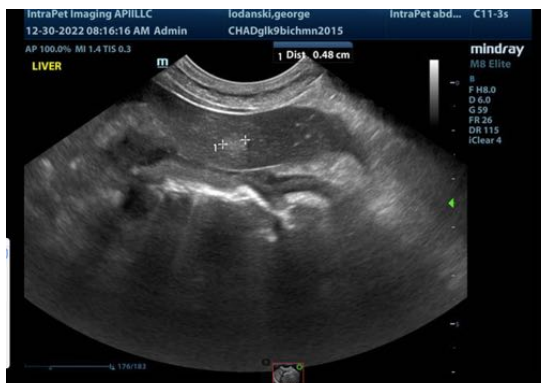
Mild gastric wall thickening. Potential for emerging round cell neoplasia.

Minor bladder wall polyps noted.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no evidence of passive congestion to support heart failure. I recommend abdominocentesis and fresh cytospin of the free fluid with immediate slide preparation in this patient. Screening FNA of the spleen, liver and pyloric outflow could be considered as well for further definition. Assessment if the patient has been given any cortisones that may be suppressing a more significant presentation that may be lymphoproliferative in nature. The changes in the liver are not adequate to cause portal hypertension; therefore, the cause of ascites is still open. The prognosis is guarded.







**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