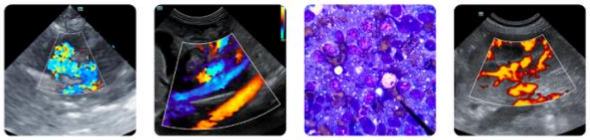


PATIENT

Sean Fowler

SPECIES

Canine

BREED

Maltese

SEX

Neutered Male

AGE

8 Years

WEIGHT

9.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Vincent Tavella

HOSPITAL NAME

Williamsburg VC

REFERRING VET

Dr. Vincent Tavella

INVOICE

35128

DATE

12/30/25

PRESENTING CLINICAL SIGNS

History: Patient presents to clinic for a 3 week history of intermittent right hindlimb lameness with more recent (last week) lethargy, decreased appetite/thirst, and inappropriate urination in the house.

Abnormal PE/Chem/CBC/UA Results: PE: Distended/taught abdomen- palpation not diagnostic. Pain on palpation of hips bilaterally. Chem/CBC pending Radiographs showed abdominal effusion. Abdominocentesis shows a clear transudate (protein 0 g/dL with low cellularity - macrophages seen).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall was mildly thickened. Minor polypoid changes were noted.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. The left kidney measured 4.4 cm. The right kidney measured 4.4 cm.

Adrenal Glands

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

The **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 0.73 cm at the cranial pole and 0.57 cm at the caudal pole.

Spleen

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

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident. No evidence of passive congestion was noted.

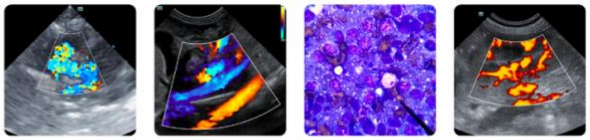
Gastrointestinal

The **gastric** wall was particularly thickened with loss of mural detail, measuring up to 1.1 cm. Variable upper GI thickening was noted. Soft stool was noted in the colon.

Pancreas

The **pancreas** was heterogenous with nodular omental changes.

Free Abdomen



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A large amount of echogenic **free fluid** was noted throughout the abdomen.

Other

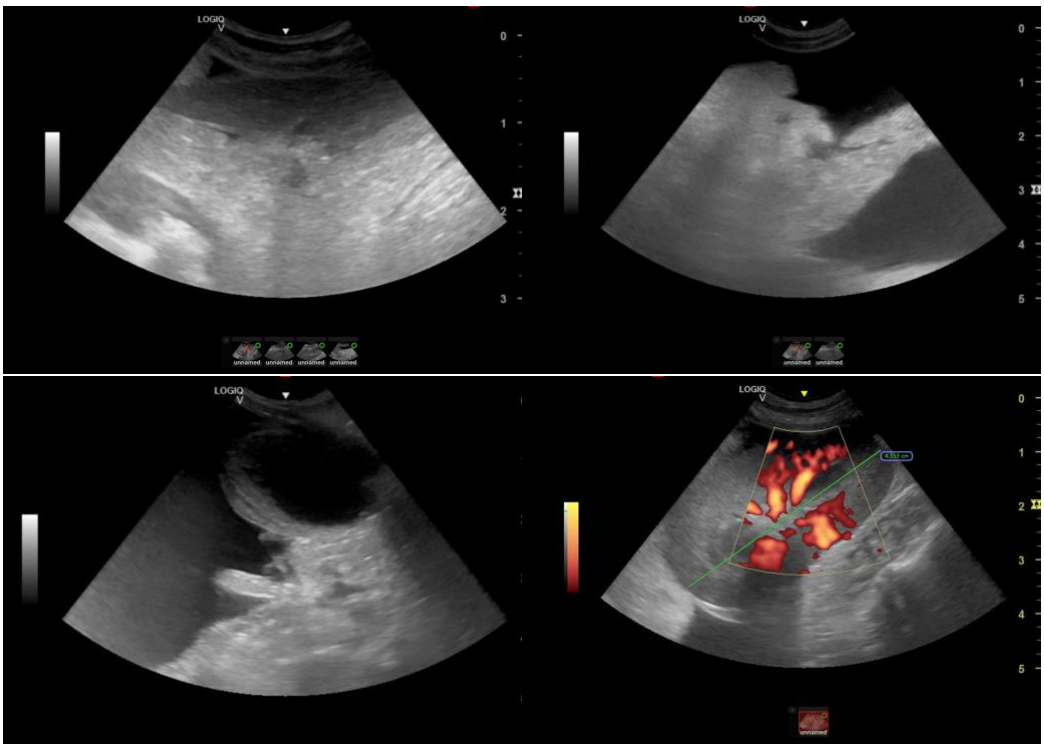
A rapid view of the **heart** revealed no evident pathology. No evidence of volume overload or of pressure overload.

ULTRASONOGRAPHIC FINDINGS

- Echogenic abdominal fluid without evidence of passive congestion
- Nodular omentum
- Variable upper GI thickening
- Heterogenous pancreas
- Mildly thickened urinary bladder with minor polypoid changes
- Volume contracted spleen
- Age-related renal and hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strong concern for carcinomatosis, lymphomatosis, mastocytosis or similar. Abdominocentesis and cytospin of the abdominal fluid is recommended. Otherwise, exploratory surgery is indicated with appropriate biopsies, focusing on the upper gastrointestinal tract, pancreas, and omentum. Note, cytospin and assessment of the cytology immediately after preparing a slide of the sediment would likely be more accurate than a fluid analysis with cytology, owing to cell integrity can be maintained in this fashion.



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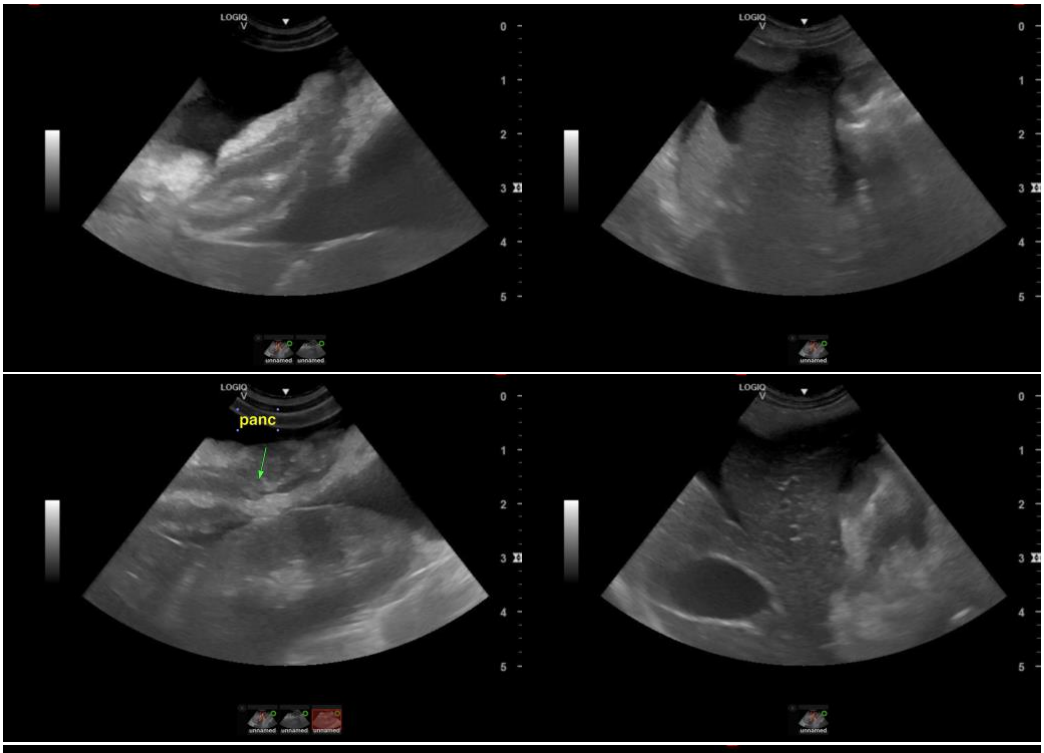
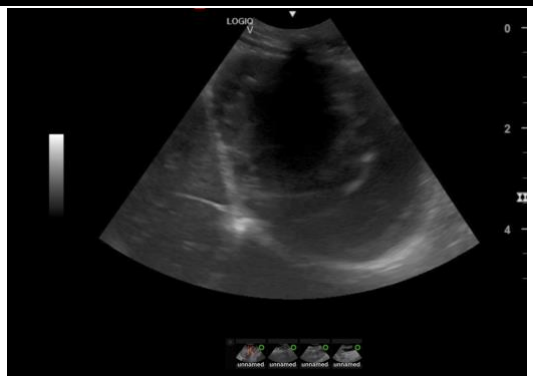
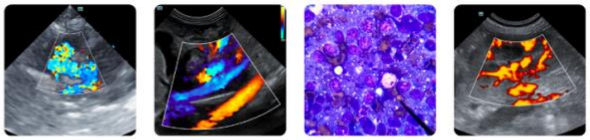




The information and recommendations provided are based on the images presented by the referring



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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(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com