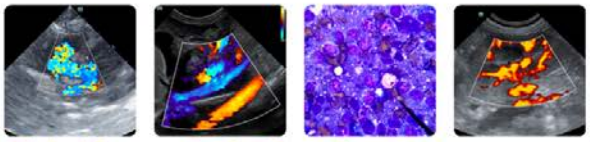

PATIENT

Bella McQuaig

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

10 Years

WEIGHT

8

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Carver

HOSPITAL NAME

Animal Emergency Hospital Volusia

REFERRING VET

Dr. Carver

INVOICE

72930

DATE

2/12/26

PRESENTING CLINICAL SIGNS

P presented as a transfer for labored breathing. Patient has had increased effort for a couple of days. P seen at rDVM - had BW & Rads performed. rDVM reports bronchial pattern. p started on Clavamox & Baytril by rDVM. P has hx of heart murmur, autoimmune meningoencephalitis, gallstones, elevated liver enzymes, calcinosis cutis, concerns for iatrogenic Cushing's. P has been on Prednisone & Cyclosporine for 8 years. P getting weaned off Prednisone and has been getting Cytosar injections. No V+ or D+ report.

Current Medications: Prednisone 2.5 q24h, Cyclosporine 75mg, Ursodiol 125mg: 1/4 Q12, Telmisartan compound, Pepcid 5mg, Clavamox, Baytril.

Abnormal PE/Chem/CBC/UA Results: RDVM BW 2/11: WBC 24.30 NEU 23.10 LYM 0.76 PLT 111 Total Protein 4.8 Globulin 1.9 Glucose 186 ALT (GPT) 938 ALP > 993 GGT 133 CL 98 BUN 45.5

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 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. Non-obstructive nephrolithiasis and pyelectasia noted. Left kidney measured 5.4 cm. Right kidney presented non-obstructive calculi measuring up to 0.60 cm. Right kidney measured 5.8 cm.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. Left adrenal gland measured 0.75 cm. Right adrenal gland measured 1.0 cm.

Spleen

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

Liver

The **liver** revealed dilated hepatic veins, consistent with passive congestion. The vena cava was also dilated. The liver itself revealed increased portal markings and generalized swelling and hepatomegaly. The right caudal liver revealed a mixed echogenic mass measuring 4.3 cm. Trace free fluid noted around the mass. The gallbladder was hypoechoic and edematous with small calculi. Gallbladder wall measured 0.60 cm.

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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. Hepatomegaly deviated the gastric contour caudally. 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

The **pancreas** presented heterogeneous changes.

Free Abdomen

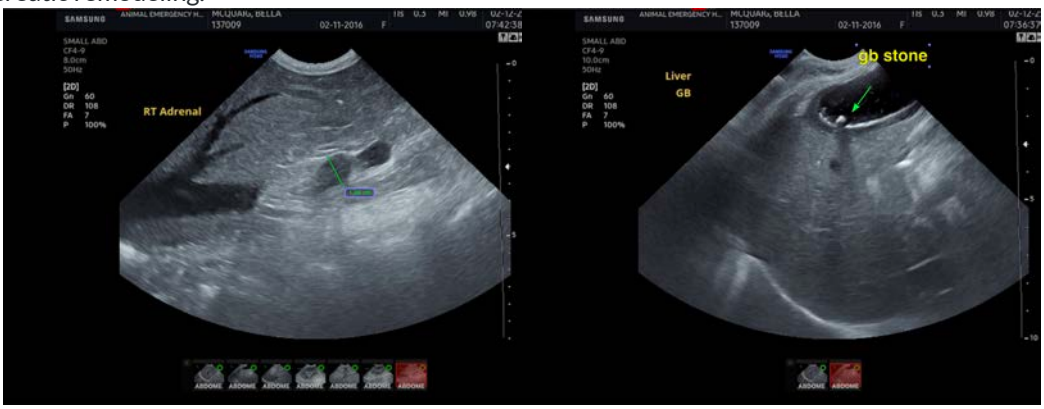
Slight amounts of free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Passive congestion liver pattern – Concern for right-sided heart failure or obstructive disease of the chest that is playing a role in the ascites and passive congestion liver pattern.
- Concurrent liver mass with potential leakage, as focal fluid was noted.
- Abdominal fluid – May be deriving from hepatic pathology or more likely due to passive congestion.
- Bilateral adrenal hypertrophy – Consistent with PDH.
- Nephrolithiasis with mild to moderate degenerative changes and slight pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominocentesis indicated. Full urinary workup warranted if not already performed. Recommend focusing on the chest to ensure a stable presentation and that right-sided failure is not playing a role in this patient, especially given the labored breathing. Thromboembolic disease or other thoracic disease with secondary right-sided heart failure/pulmonary hypertension may be in play depending on chest radiographs and echocardiogram results. Once the chest is stabilized, eventual right liver lobectomy could be considered to remove the hepatic mass. Differentials include granuloma, carcinoma, necrosis, less likely abscessation. Some level of pancreatitis may also be present in this patient along with pancreatic remodeling.



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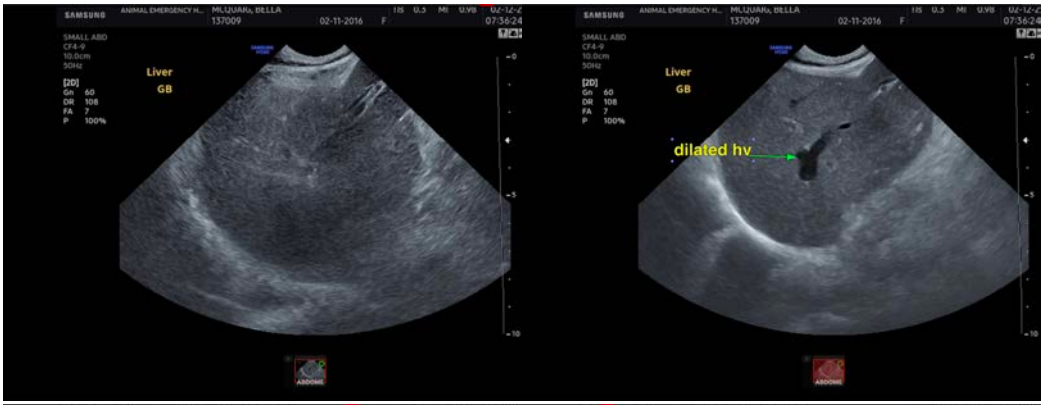

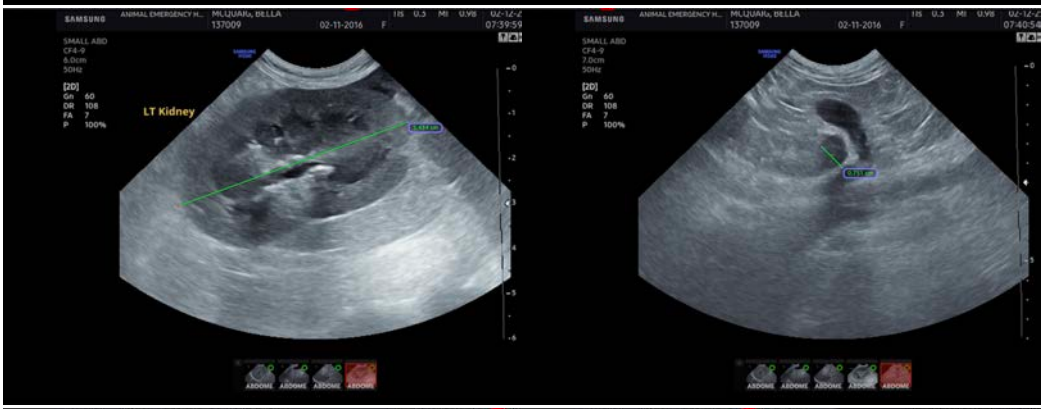

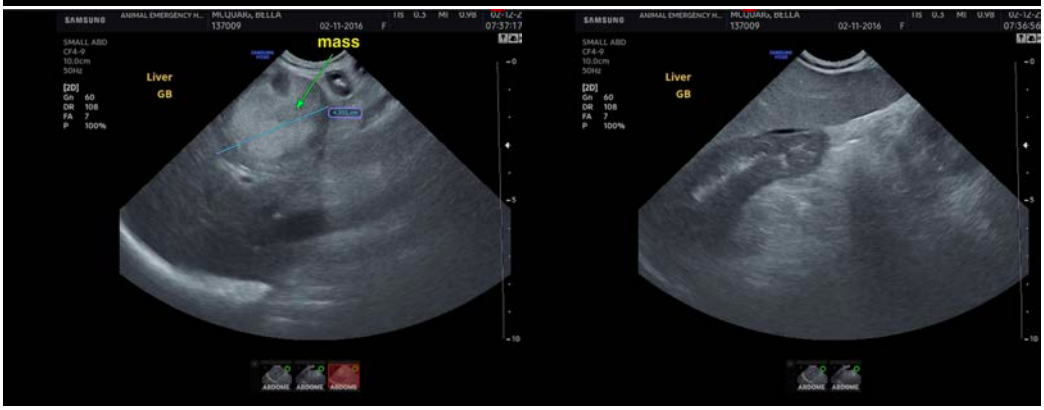

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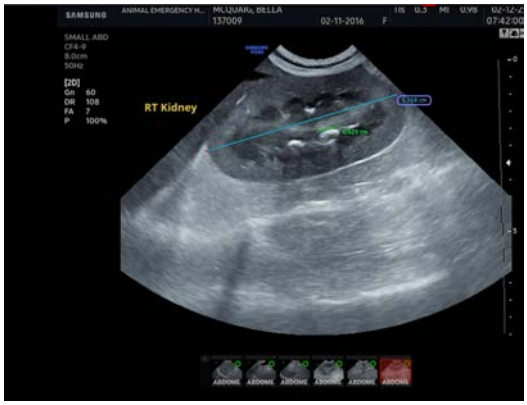

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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