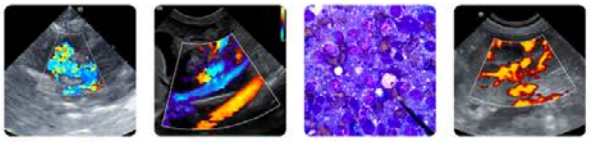

PATIENT

Shiner Moseman

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered Male

AGE

11 Years 6 Months

WEIGHT

60

INTERPRETED BY

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

IMAGING PERFORMED BY

Kym

HOSPITAL NAME

Emergency AH of Crystal Falls

REFERRING VET

Dr. Ledoux

INVOICE

73165

DATE

2/21/26

PRESENTING CLINICAL SIGNS

PE: lateral, brought back on a gurney, gums appear cyanotic, heavy breathy, lungs sounds are normal, very tachycardic, no murmur with poor but synchronous femoral pulses; lungs-no crackles/wheezes or rales auscultated; abdomen-not overtly pain, no abnormal masses, FAST scan-small amount of free fluid in the cranial abdomen, there is a gall bladder halo, no pericardial effusion seen, very poor contractility seen, no pleural effusion or B lines seen. No obvious abdominal masses seen (just had abdominal rads)

Abnormal PE/Chem/CBC/UA Results: EPOC glucose 50 Cr at 1.90 lactate 8.78 Hct at 43% Ca 0.93 Ph at 7.204 manual PCV/TP: 52%/4.2 7:25 PM PT at 27 APTT at 89 sec

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 and no evidence of pelvic dilation was present. Left kidney measured 6.0 cm. Right kidney measured 6.0 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** was folded upon itself. It 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 were noted. No evidence of torsion.

Liver

The **liver** presented heterogeneous nodular changes. The gallbladder was edematous.

Gastrointestinal

The **stomach** presented concentric wall thickening with lack of layering, particularly in the pyloric antrum and gastric fundus. Enhanced mesentery noted around the stomach. Upper duodenal thickening also present.

Pancreas

Heterogeneous, mixed echogenic **pancreatic** changes noted.

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Free Abdomen

Moderate amount of free fluid noted in the abdomen.

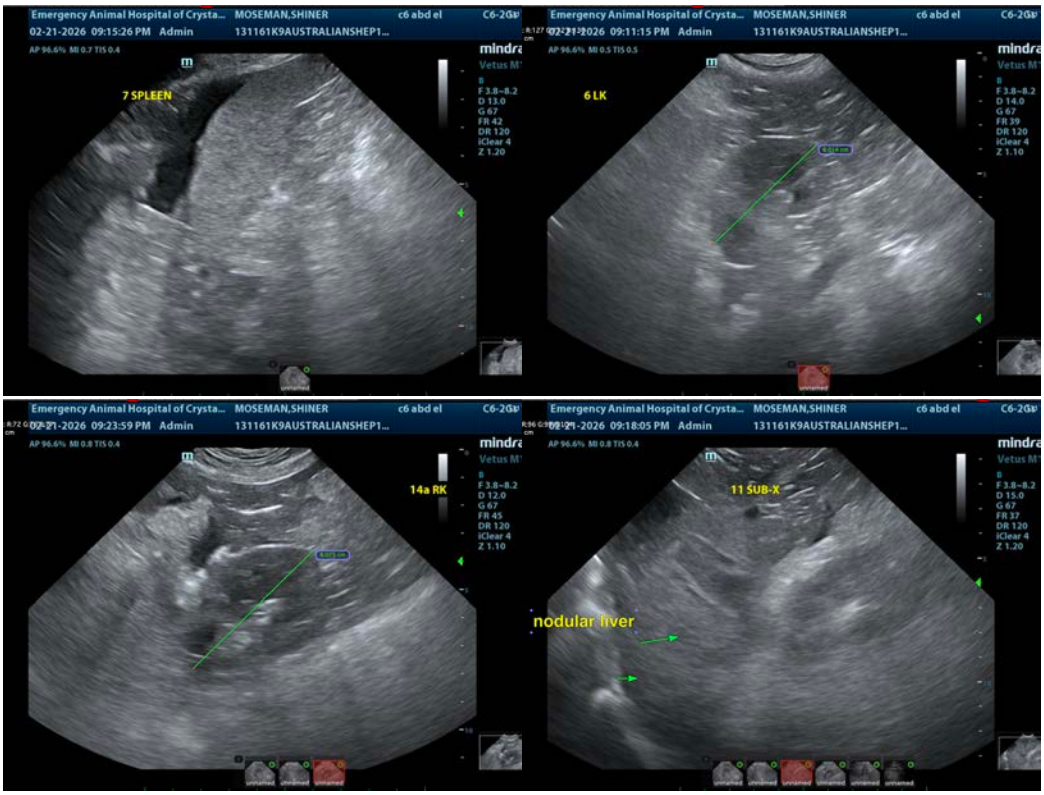
ULTRASONOGRAPHIC FINDINGS

- Thickened stomach and upper duodenum.
- Heterogeneous liver and edematous gallbladder.
- Heterogeneous pancreas.
- Age related renal changes.
- Folded spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that the abdominocentesis revealed a transudate type fluid, there is concern for occult neoplasia in this patient. There is a significant amount of hepatic remodeling, but it does not appear to be diffuse enough to be causing portal hypertension. However, I cannot rule out this potential. Hepatic veins were not dilated; therefore, passive congestion is not likely an issue. However, chest radiographs warranted to assess for any evidence of cardiomegaly or right-sided failure.

I believe that the primary pathology is likely gastric in this patient. Exploratory surgery would be ideal to allow for definitive diagnosis, inspecting the stomach and obtaining biopsies as well as examination of the cranial abdomen. Cytospin of the abdominocentesis fluid could be considered with immediate slide preparation to assess for exfoliating neoplasia such as lymphomatosis or similar.



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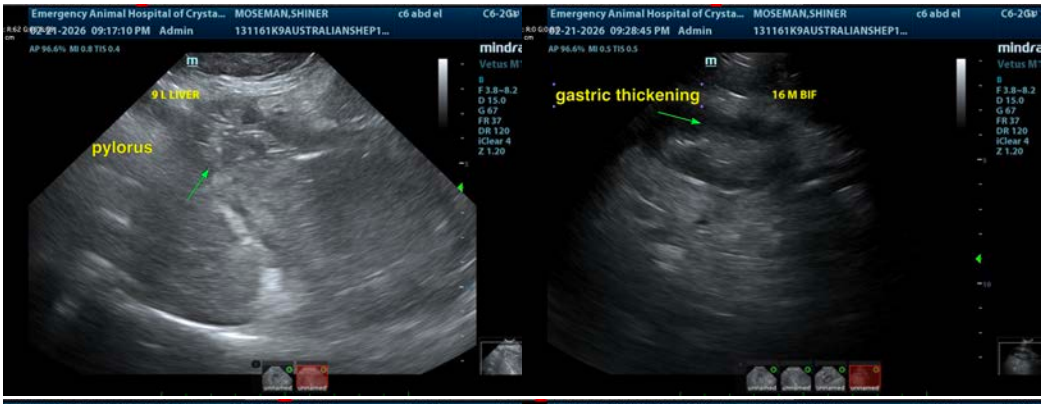

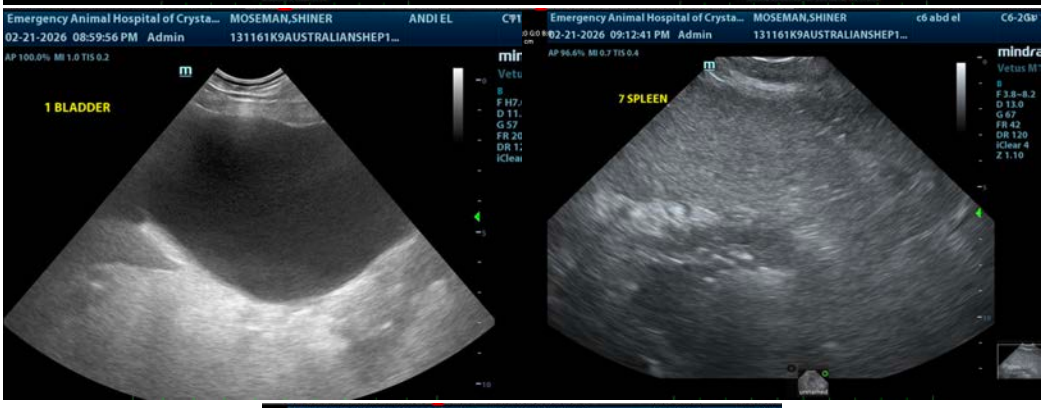

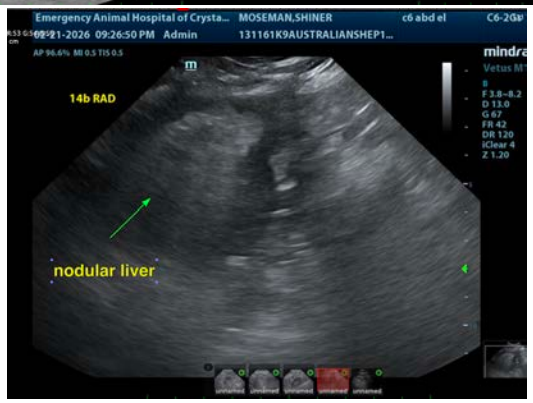

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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info@SonoPath.com