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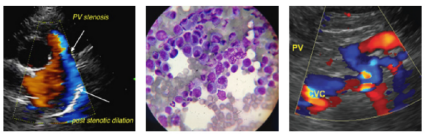

PATIENT

Pearl Maier
48889A

SPECIES

Canine

BREED

Collie

SEX

Spayed Female

AGE

6 Years

WEIGHT

36.2 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison Veterinary Specialists – Dr. Maller

INVOICE

35802

DATE

2/23/22

PRESENTING CLINICAL SIGNS

History: inappetant and lethargic for 2 days PE: T=103, tender in abdomen, AFAST shows fluid in abdomen, FNA-brown fluid
Abnormal PE/Chem/CBC/UA Results: High WBC

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 right kidney measured 7.79 cm. The left kidney measured 7.64 cm. Slight pinpoint mineralizations noted in the kidneys.

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 0.76 cm. The left adrenal gland measured 0.50 cm.

Spleen

The **spleen** was largely volume contracted.

Liver

The **liver** presented minor irregular hepatic swelling. No evidence of vascular congestion that would be contributing to the ascites. No evidence of diffuse hepatic disease that would sugest portal hypertension. Only minor heterogeneous parenchymal changes noted. The gallbladder was small and presented a minot amount of debris. No evidence of clinical disease.

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. Intestinal wall thickness measured up to 0.31 cm. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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.

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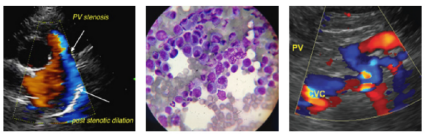

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Free Abdomen

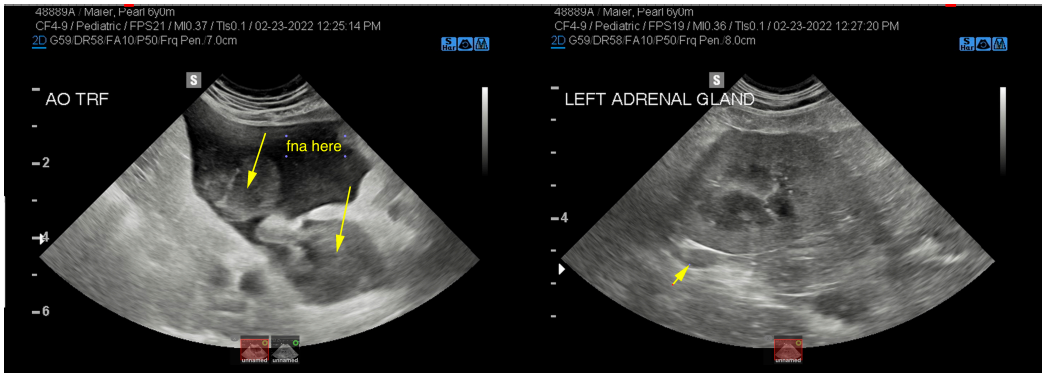
Ill-defined, echogenic ascites noted throughout the mid caudal abdomen. Enhanced heterogeneous mesentery noted. Variable mixed hypoechoic, irregular, undifferentiated tissue thickenings noted in the caudal abdomen. Nodular omental changes noted in the cranial abdomen, also coalesced around the pancreas.

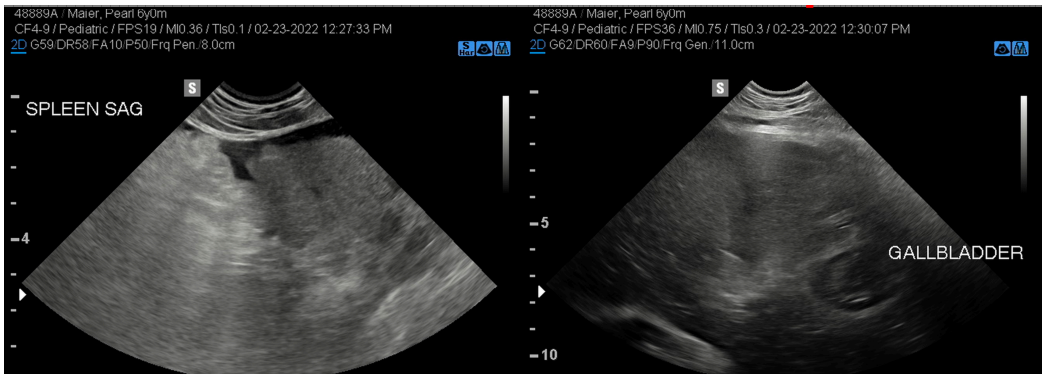
ULTRASONOGRAPHIC FINDINGS

- Undifferentiated tissue structure/masses in the caudal abdomen
- Nodular omental changes with echogenic ascites

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I'm concerned for abdominal neoplasia such as carcinomatosis, lymphomatosis or similar. Ultrasound guided FNA of the undifferentiated tissue structures could be considered for further definition. Otherwise, exploratory surgery would be necessary. Abdominocentesis and cytospin with immediate slide preparation could also be considered to assess for exfoliating neoplasia.





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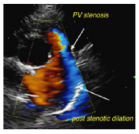

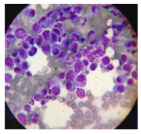

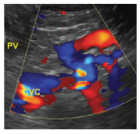

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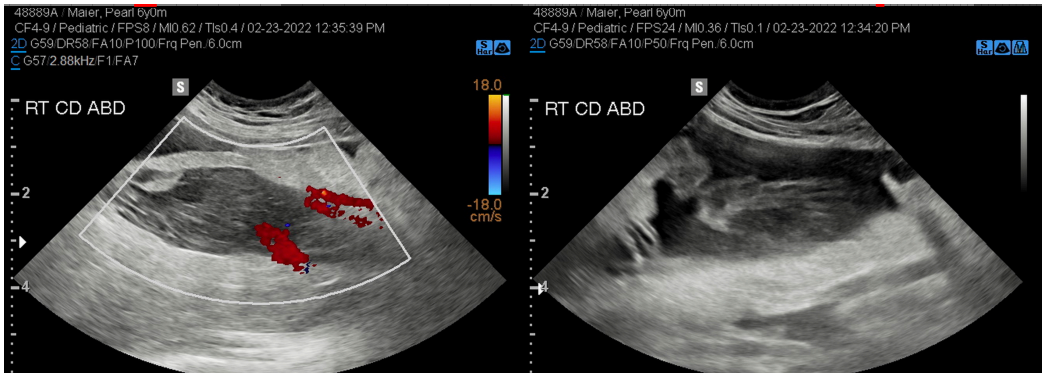

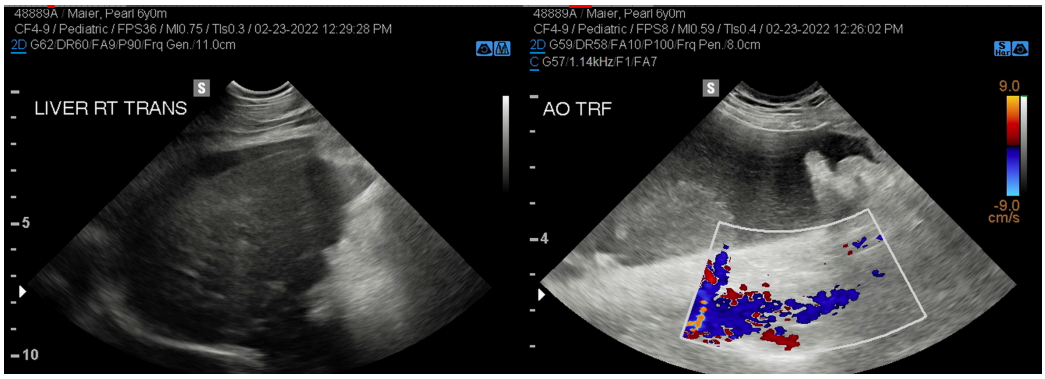

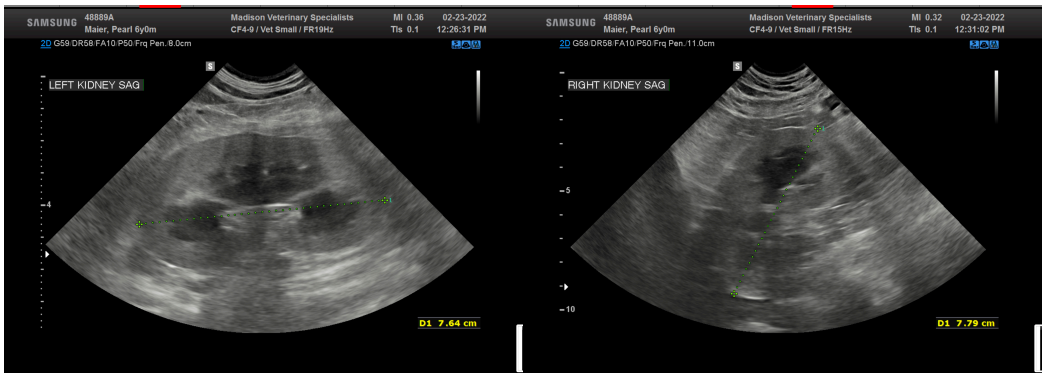

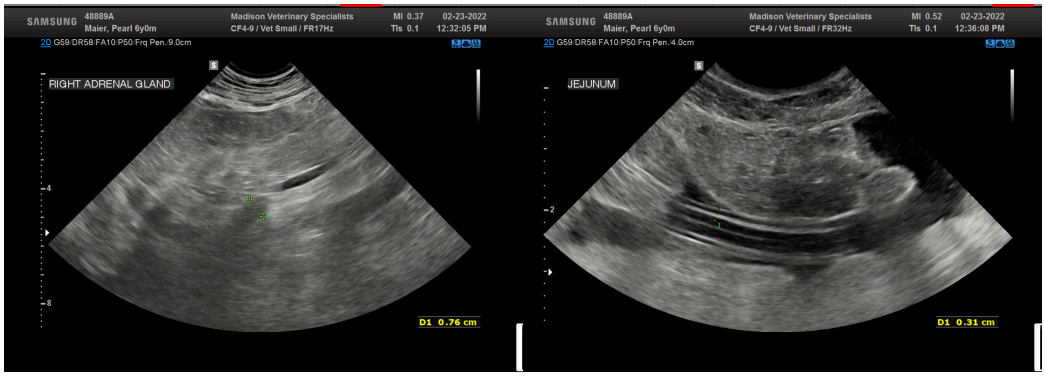

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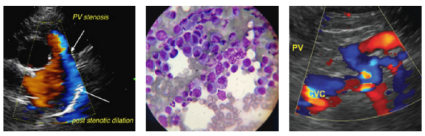

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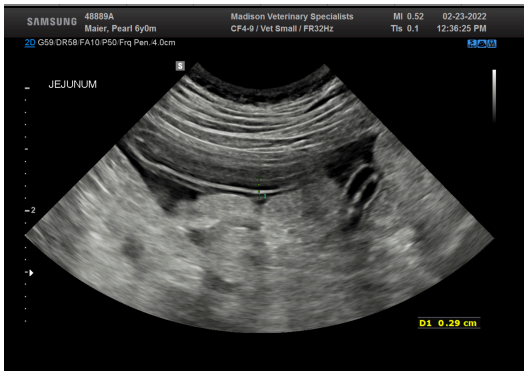

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com