

## PATIENT PRESENTING CLINICAL SIGNS

Tucker Blake History: Muscle atrophy distended abdomen Hyperthyroid Heart murmur 3/6  
Abnormal PE/Chem/CBC/UA Results: mild microcytic normochromic regenerative anemia. HCT = 36.3%. Manual PCV = 45%, WNL. NSF, ok tech to call. Current Medications Thyro-Tabs 0.8 mg, Tramadol 50 mg, Famotidine 10 mg

## SPECIES

Canine

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

## BREED

American Staffordshire Terrier

## SEX

Neutered Male

## AGE

10 Years

## WEIGHT

87.8 Pounds

### Urinary System

The **urinary bladder** revealed a minimal amount of urine. The bladder wall was unremarkable.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. The left kidney measured 6.84 cm. The right kidney measured 6.77 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. The left adrenal gland measured 2.89 cm x 0.99 cm at the caudal pole and 1.15 cm at the cranial pole. The right adrenal gland was mildly heterogenous, measuring 1.2 cm.

### Spleen

The **spleen** was slightly heterogenous, mildly irregular and volume contracted.

### Liver

The **liver** revealed a uniform vacuolar hepatopathy pattern with passive congestion. The hepatic veins/vena cava were dilated. Minor heterogenous parenchymal changes were noted in the liver. The gallbladder itself was unremarkable.

### 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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted. The GI tract was floating in the ascites.

### 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 large amount of echogenic **fluid** was noted in the abdomen.

## INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

## HOSPITAL NAME

The Ark VC

## REFERRING VET

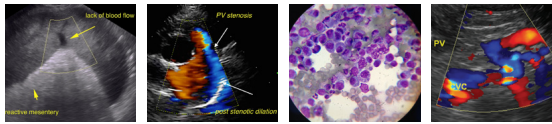
Dr. Hilberg

## INVOICE NUMBER

20972

## DATE

2/3/23



**ULTRASONOGRAPHIC FINDINGS**

**PATIENT**

Tucker Blake

**SPECIES**

Canine

- Passive congestion liver pattern
- Echogenic ascites throughout the abdomen
- Age-related renal changes
- Minimal amount of urine in the urinary bladder, unremarkable wall
- Bilateral adrenal hypertrophy with heterogenous right adrenal gland
- Heterogenous, irregular spleen

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**BREED**

American Staffordshire Terrier

I recommend abdominocentesis and cytospin in this patient to assess for exfoliating neoplasia, as well as thoracic work up with updated echocardiogram to assess for causes of right sided failure or pericardial effusion. Prognosis is guarded to poor, depending upon further diagnostics.

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Neutered Male

**AGE**

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**WEIGHT**

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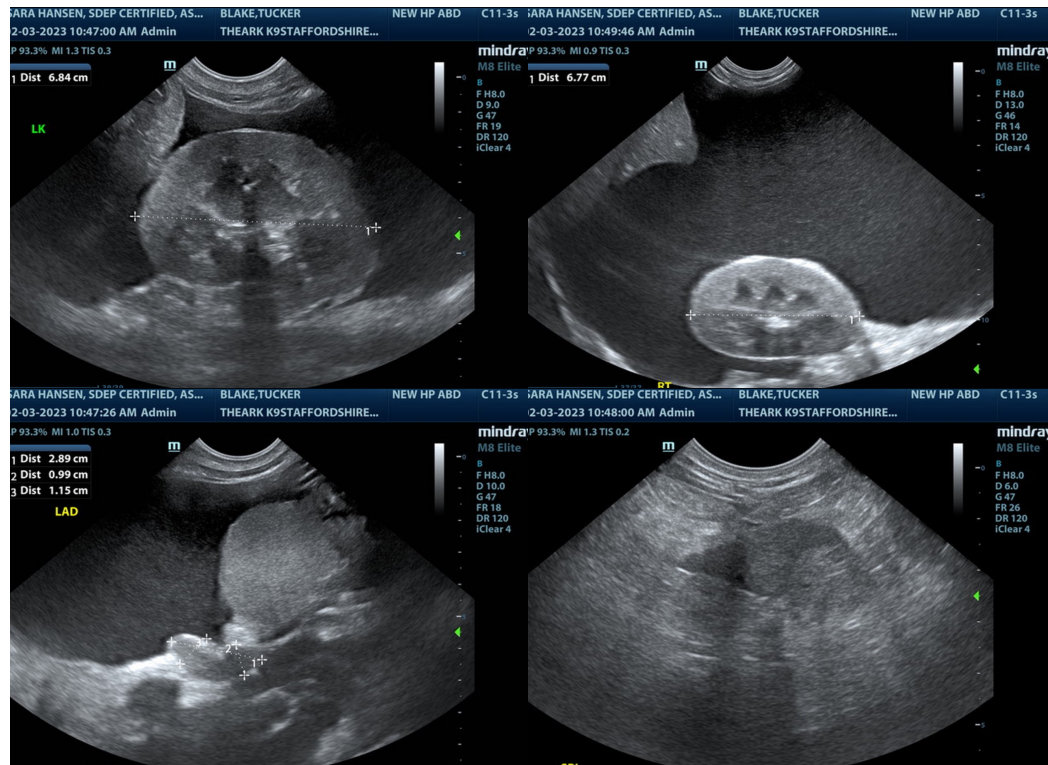
Dr. Hilberg

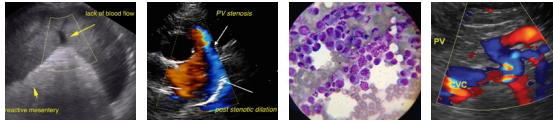
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**PATIENT**

Tucker Blake

**SPECIES**

Canine

**BREED**

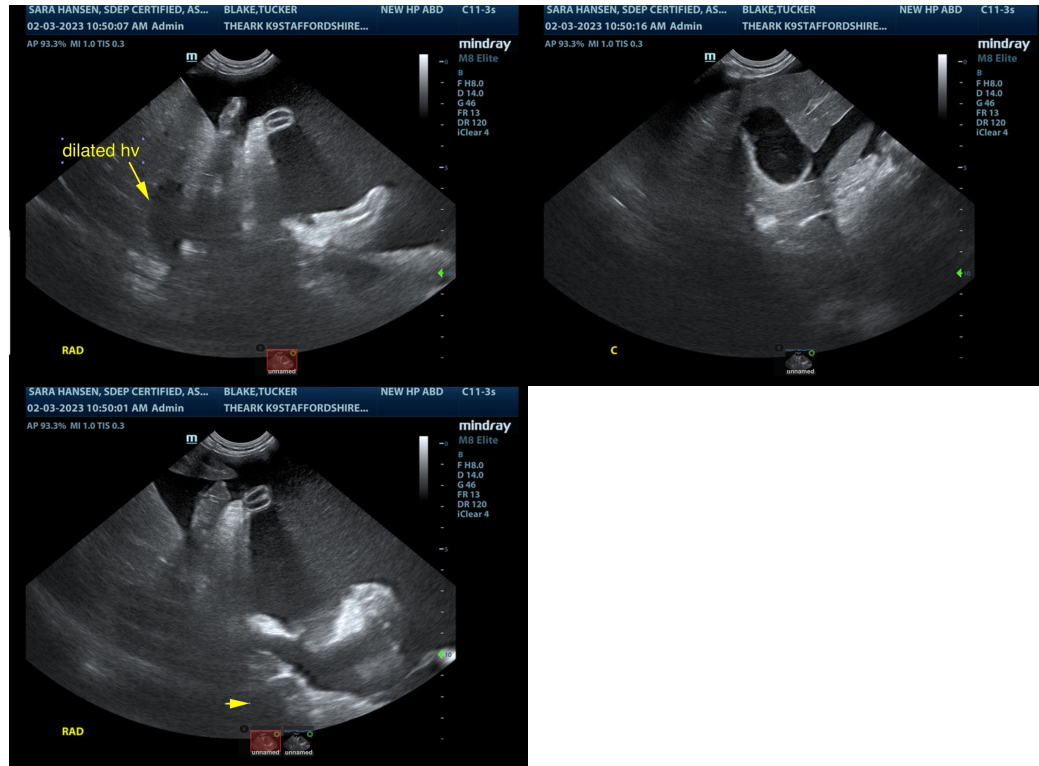
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**INTERPRETED BY**

Eric Lindquist, DMV, DABVP, Cert. IVUSS

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
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