



PATIENT

Gracie Fissell

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed female

AGE

9 years

WEIGHT

66 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Kutagulla

HOSPITAL NAME

434 AH

REFERRING VET

Dr. Kutagulla

INVOICE

43241

DATE

3/11/23

PRESENTING CLINICAL SIGNS

History: pet has relapsed IMHA and IMTP. pet has regenerative anemia. on PE pet has heart murmur grade-3/6, pale gums, panting, and melena. on rads, the sternal lymph node was enlarged, and effusion was noticed in the abdomen on rads.

Abnormal PE/Chem/CBC/UA Results: RBC- 1.9M/uL, Platelets - 89k/uL. normal chemistry done on 20 feb 2023. no improvement in CBC since the presentation on Feb 20. pet has been getting worse

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 was 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. The capsules were acceptably uniform without significant irregularities. The left kidney measured 8.0 cm with pyelectasia. The right kidney also measured 8.0 cm.

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.

Spleen

The **spleen** was enlarged with a hypoechoic nodule noted in the mid caudal body measuring 1.0 cm. The spleen was swollen. Coarse architecture and irregular, scalloping contour was noted in the spleen. There was no evidence of thrombosis.

Liver

The **liver** was uniformly enlarged in size with normal contour and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Occasional hepatic nodule was noted in the liver. The liver had a passive congestion pattern with dilated hepatic veins. The gallbladder wall was edematous and mildly thickened. Hepatic lymph node was enlarged and measured 2.5 cm.

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

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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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Free Abdomen

SEX

Free fluid was noted in the abdomen.

Spayed female

ULTRASONOGRAPHIC FINDINGS

AGE

Passive congestion liver pattern.

9 years

Vena cava and hepatic vein dilation. Possible over circulation of passive congestion owing to thoracic disease.

WEIGHT

Right-sided heart failure and pericardial effusion.

66 lbs

Splenic enlargement and irregular contour with hypoechoic nodule.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I am concerned for primary round cell neoplasia with secondary Evan's syndrome. Coagulation panel, 25-gauge FNA of the spleen and liver, abdominocentesis and cytospin of the free fluid is indicated as long as platelet counts are >70000, PT and PTT are normal prior to sampling. An echocardiogram and chest radiographs are warranted to assess for cause of passive congestion in the liver. Prognosis is very guarded.

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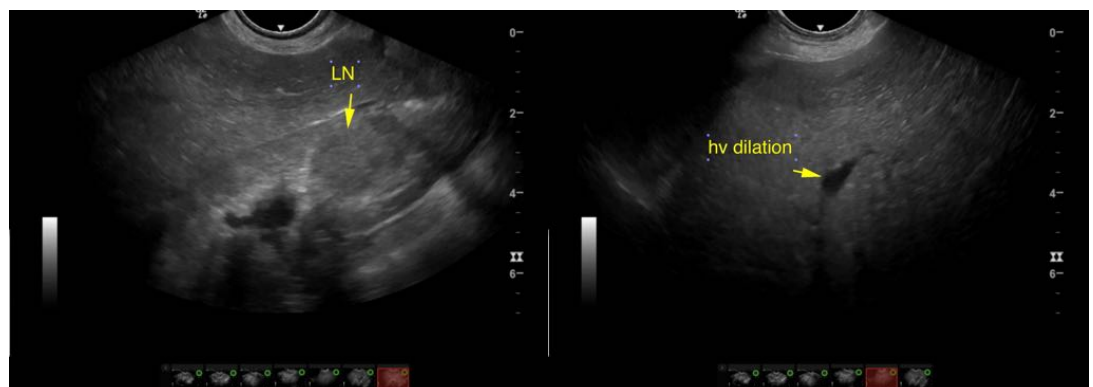
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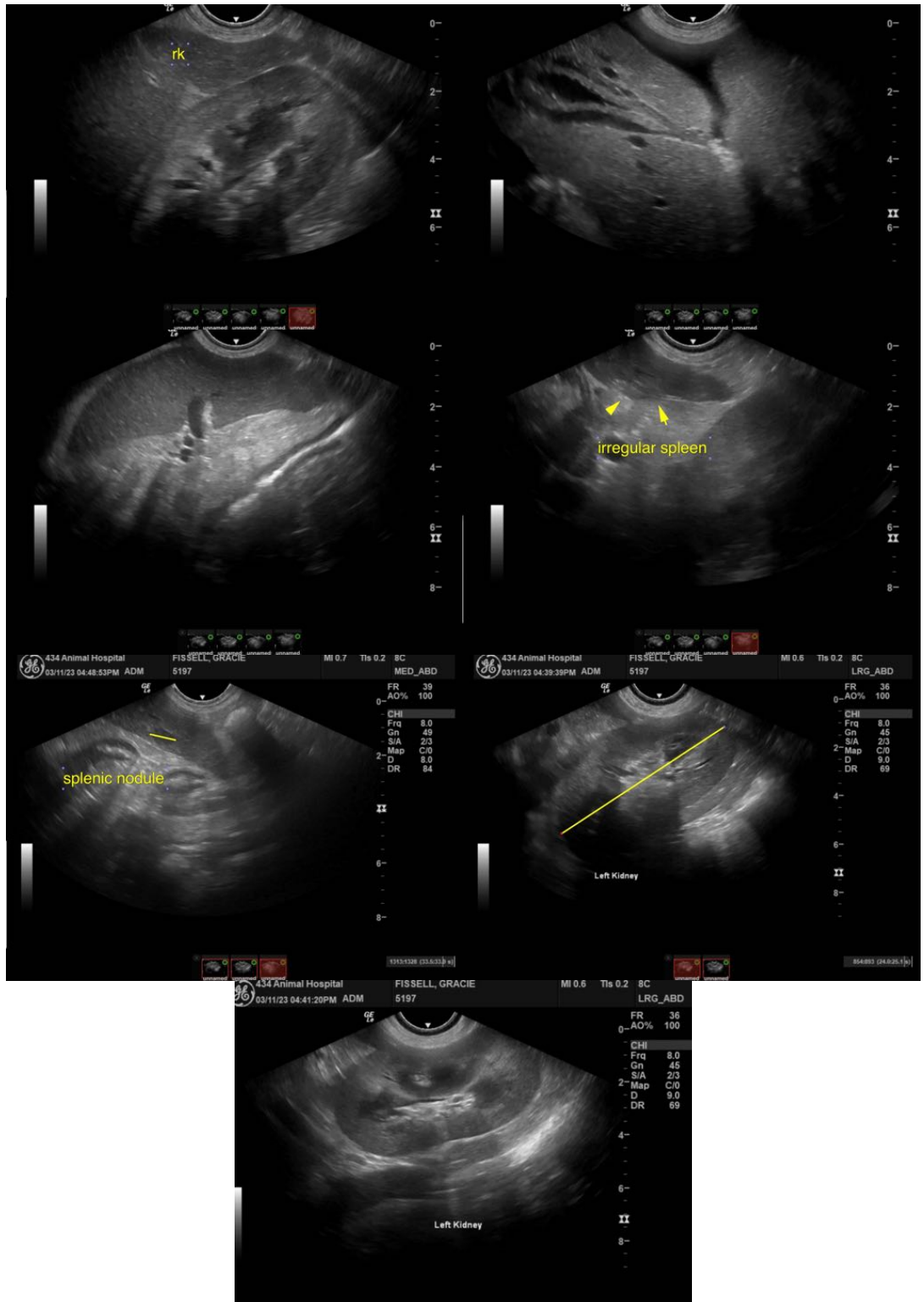
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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