



PATIENT

Toga Tobin

SPECIES

Canine

BREED

Border Collie X

SEX

Neutered Male

AGE

13 Years

WEIGHT

28.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General
on the Hudson

REFERRING VET

Dr. Vivian Ng

INVOICE

36241

DATE

3/16/22

PRESENTING CLINICAL SIGNS

History of mitral/tricuspid regurg., LAE, and pulmonary hypertension. History of elevated liver enzymes and weight loss. Current meds: Lasix 15.6 mgs Lasix BID (recently increased from 12.5 mgs last week), Just started sildenafil, Vetmedin 5 mgs BID, Spirinolactone 25mgs BID (owner increased from SID to BID last week), gabapentin, and galliprant. Previous ultrasounds performed on: 11/17/21, 6/30/21, 3/17/21, and 12/18/20.

Abnormal PE/Chem/CBC/UA Results: ALT 128, ALP 505, GGT 15.

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 residual prostate was uniform at 1.17 cm.

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. The right kidney measured 5.09 cm. The left kidney measured 4.87 cm. Cystic left renal lymph node noted, not overtly pathological. The lymph node measured 2.5 cm x 1.0 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. The left adrenal gland measured 1.62 cm x 0.42 cm at the caudal pole and 0.61 cm at the cranial pole.

Spleen

The **spleen** 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.

Liver

The **liver** was swollen, heterogeneous and mildly nodular. The gallbladder was unremarkable.

The vena cava was dilated. Hepatic veins were dilated owing to passive congestion.

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.



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Pancreas

Toga Tobin

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

A large amount of echogenic ascites noted in the abdomen.

BREED

Border Collie X

ULTRASONOGRAPHIC FINDINGS

- The abdominal presentation is likely owing to right-sided heart failure along with chronic renal disease and hepatic remodeling.

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Treatment for right-sided failure indicated. Prognosis is guarded to poor depending upon responsiveness to therapy.

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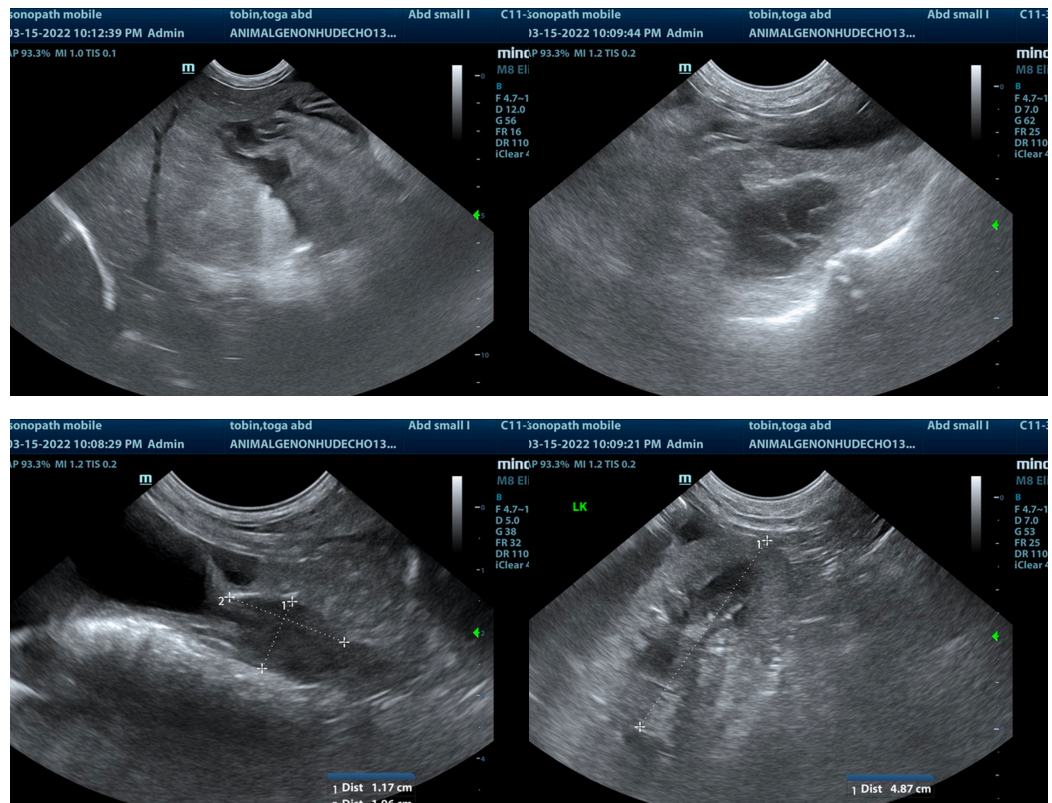
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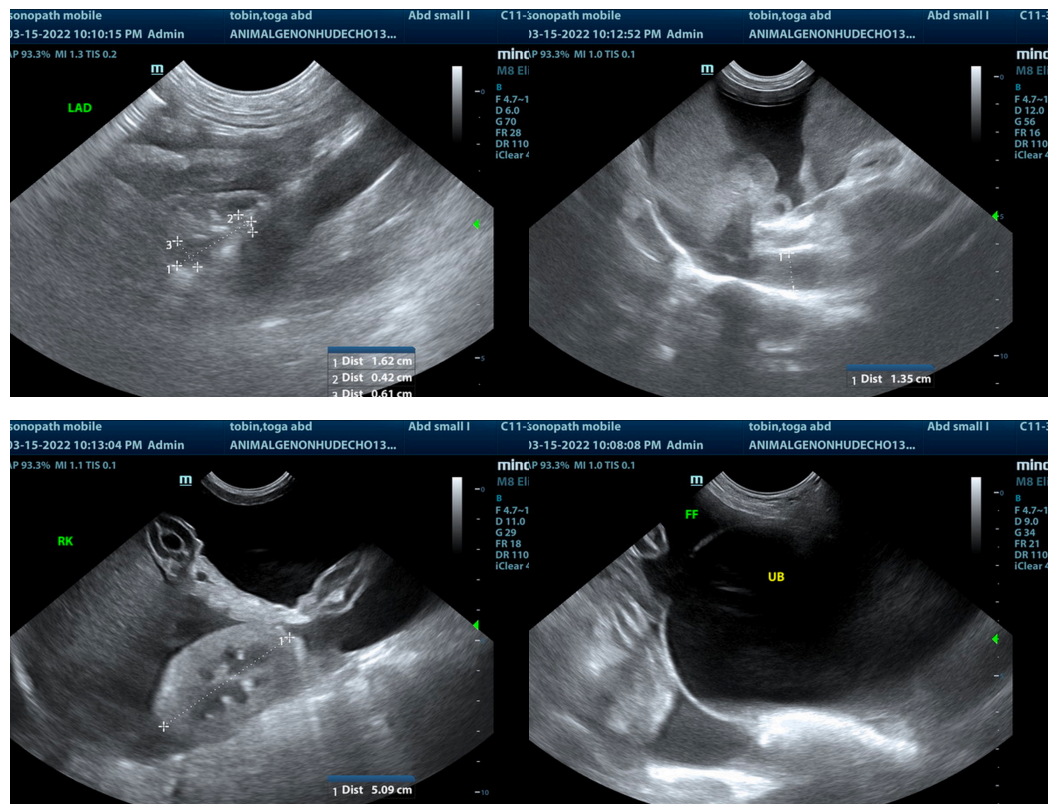
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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