



PATIENT

Zoey Dysinger

SPECIES

Canine

BREED

Bulldog Mix

SEX

Spayed female

AGE

9 years

WEIGHT

17.5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gardner

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Gardner

INVOICE

43447

DATE

3/22/23

PRESENTING CLINICAL SIGNS

History: Pt diagnosed with cancer earlier this year, abdominal fluid -malignant neoplasia most compatible with carcinoma: high protein transudate. Oncology specialist requested that ultrasound be done prior to appointment. 864 mLs of fluid from abdomen removed prior to AUS.

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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 5.1 cm. The right kidney 5.1 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 heterogenous and volume contracted with uniform contour. The spleen measured 5.1 cm.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The upper **gastrointestinal tract** was unremarkable. Portions of the small intestine were tethered in the nodular omentum. Portions of the descending colon appeared mildly thickened.



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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

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Echogenic free fluid was noted throughout the midabdomen. Nodular omental changes were noted encompassing portions of the pancreas and tethering portions of the small intestine. Hypoechoic nodular changes were noted in the caudal abdomen cranial to the urinary bladder. There is a strong suspicion of carcinomatosis.

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ULTRASONOGRAPHIC FINDINGS

Ascites, consistent with carcinomatosis or similar.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Fresh cytospin of the free fluid is recommended with immediate slide preparation for optimal diagnostic value. There were no other causes of ascites noted unless the septic abdomen is found upon cytology, yet there was no overt evidence of intestinal perforation present.

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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.

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