



PATIENT PRESENTING CLINICAL SIGNS

Pinky Sheffer

History: 1 month ago patient had hematuria, culture negative, improved with antibiotics. 1 week ago patient began regurgitating water and o noticed abdomen seemed bloated. Bloodwork performed yesterday elevated liver values, hypoalbuminemia, CBC and UA Within Normal Limits.

SPECIES

Abdominocentesis performed- o would like U/S results before she agrees to have abdominal fluid tested.

Canine

Abnormal PE/Chem/CBC/UA Results: Glucose 98 (63 - 114 mg/dL) IDEXX SDMA 10 (0 - 14 µg/dL) Creatinine 0.7 (0.5 - 1.5 mg/dL) BUN 4 (9 - 31 mg/dL) BUN: Creatinine Ratio 5.7 Phosphorus 3.0 (2.5 - 6.1 mg/dL) Calcium 9.8 (8.4 - 11.8 mg/dL) Sodium 153 (142 - 152 mmol/L) Potassium 4.4 (4.0 - 5.4 mmol/L) Na: K Ratio 35 (28 - 37) Chloride 119 (108 - 119 mmol/L) TCO2 (Bicarbonate) 24 (13 - 27 mmol/L) Anion Gap 14 (11 - 26 mmol/L) Total Protein 6.8 (5.5 - 7.5 g/dL) Albumin 2.6 (2.7 - 3.9 g/dL) Globulin 4.2 (2.4 - 4.0 g/dL) Albumin: Globulin Ratio 0.6 (0.7 - 1.5) ALT 426 (18 - 121 U/L) AST 204 (16 - 55 U/L) ALP 154 (5 - 160 U/L) GGT 7 (0 - 13 U/L) Bilirubin - Total 1.1 (0.0 - 0.3 mg/dL) Bilirubin - Unconjugated 0.7 (0.0 - 0.2 mg/dL) Bilirubin - Conjugated 0.4 (0.0 - 0.1 mg/dL) Cholesterol 149 (131 - 345 mg/dL) Amylase 409 (337 - 1,469 U/L) Lipase 98 (0 - 250 U/L)

BREED

Boxer Cross

SEX

Neutered male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

8 years

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.

WEIGHT

48 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 6.0 cm.

IMAGING PERFORMED BY

Rachel Wiley

Adrenal Glands

HOSPITAL NAME

Petvacx AH

The regions of the **adrenal glands** were imaged with no evidence of pathology.

REFERRING VET

Dr. Wiley

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 was noted.

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Liver

The **liver** revealed heterogenous parenchymal changes and irregular contour. Isoechoic nodules were noted. The gallbladder and common bile duct were unremarkable. The pattern is most consistent with cirrhosis.

SPECIES

Canine

Gastrointestinal

BREED

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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.

SEX

Neutered male

Pancreas

AGE

8 years

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

WEIGHT

48 lbs

Free Abdomen

A large amount of ascites was noted. The ascites is likely owing to portal hypertension.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

ULTRASONOGRAPHIC FINDINGS

Hepatic cirrhosis pattern.

IMAGING PERFORMED BY

Rachel Wiley

Secondary ascites owing to portal hypertension.

HOSPITAL NAME

Petvacx AH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a mild potential for underlying neoplasia. Abdominocentesis and cytospin can be considered to assess for exfoliating neoplasia. However, the hepatic pattern would suggest end stage liver disease/cirrhosis. The prognosis is poor.

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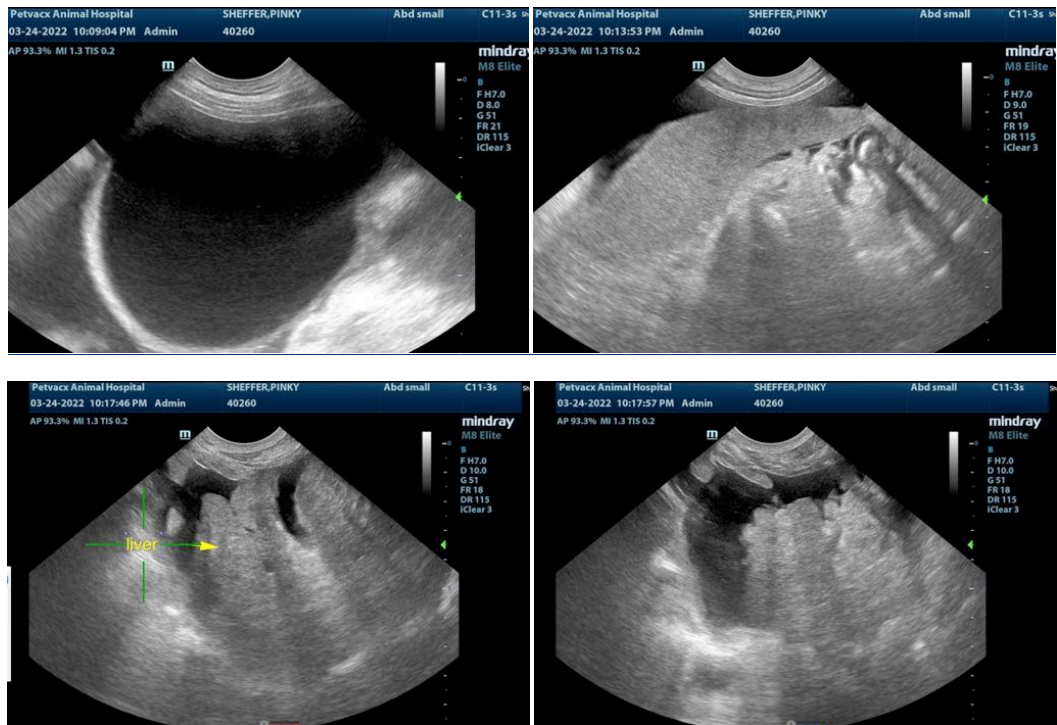
Dr. Wiley

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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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