



PATIENT PRESENTING CLINICAL SIGNS

Bridget Klaus

History: Seen at RDVM for worsening ascites. Patient had a history of HW disease as a young dog. Bloodwork unremarkable. USG - 1.040 They noted continuous dribbling of urine in their office (but could have had exposure to THC). No dribbling noted in our office.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Generalized muscle wasting; Severely distended abdomen with ballotted fluid wave. Abdominocentesis performed - serosanguinous fluid (flocculent) retrieved. Cytospin being performed for telectology. Protein 3.2

BREED

Airedale

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

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.

AGE

12 years

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. Both kidneys measured 6.0 cm.

WEIGHT

56.2 lbs

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The **adrenal glands** were not visualized.

IMAGING PERFORMED BY

Dr. Waffle

Spleen

The **spleen** revealed an overt mass and separate nodule. The caudal pole mass measured 2.5 cm at the cranial pole. There was no evidence of rupture. However, this likely a tissue indication of a multi-centric process.

HOSPITAL NAME

Torch Lake VC

Liver

The **liver** was irregular in contour with isoechoic nodular changes. There was no evidence of passive 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.

REFERRING VET

Dr. Waffle

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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.

DATE

3/29/22



PATIENT

Pancreas

Bridget Klaus

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.

SPECIES

Canine

Free Abdomen

BREED

A large amount of echogenic ascites was noted in this patient.

Airedale

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

SEX

Spayed Female

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. Minor **mitral** valve insufficiency was noted in this patient. The **left ventricle** presented thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. No significant **tricuspid** insufficiency was noted. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No visible **pericardial** or free pleura fluid was noted. The cranial **mediastinum and pericardial and extra-cardiac** regions were free of masses in the visible window.

AGE

12 years

WEIGHT

56.2 lbs

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CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT			NM		35		NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	LA (2D short axis Base view) (cm)	LVIDd (Avg; 2D and m-mode short axis) (cm)	LVIDs (Avg; 2D and m-mode short axis) (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT		1.1		56.2 lbs	2.5 max		



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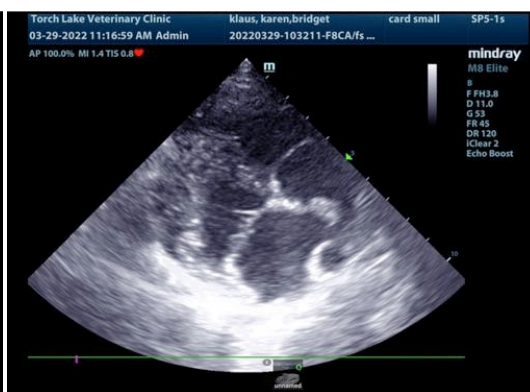
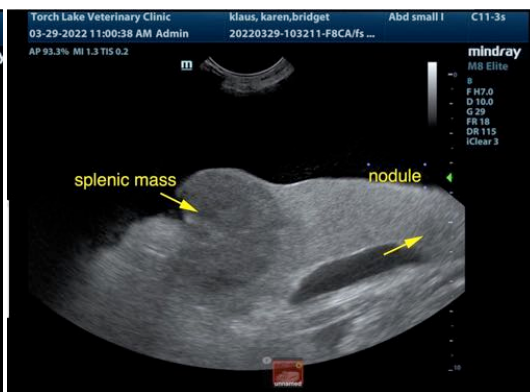
ULTRASONOGRAPHIC FINDINGS

Splenic mass and nodules with heterogenous liver and ascites.

Minor mitral insufficiency.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I suspect lymphomatosis, carcinomatosis or similar. There is no evidence of passive congestion assuming that the albumin levels are > 1.5 then disseminated neoplasia is likely. I do not believe that the cardiac presentation has a role in the ascites formation. Abdominocentesis and cytospin is recommended to assess for exfoliating neoplasia.





PATIENT

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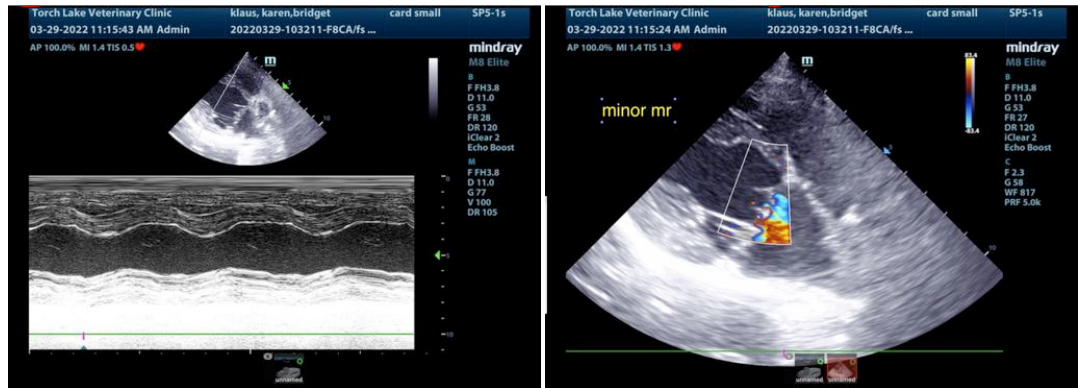
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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