



PATIENT

Tiny- Warwick Animal Shelter

SPECIES

Canine

BREED

Maltese Mix

SEX

Spayed Female

AGE

10 Years

WEIGHT

12 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Honorata Lenk

HOSPITAL NAME

Oaklawn AH

REFERRING VET

Dr. Honorata Lenk

INVOICE

14193

DATE

3/4/22

PRESENTING CLINICAL SIGNS

History: 10-year-old dog presented to the animal shelter with a distended abdomen. On PE noted a heart murmur (4/6), thin dog, Hr 160, lungs clear, no cracks/wheezes. Abdominocentesis showed serosanguinous aspirate. Aspirated sample showed only blood cells under the microscope. BW pending.

Abnormal PE/Chem/CBC/UA Results: Pending

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild to moderate 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 3.38 cm. The left kidney measured 3.6 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 0.4 cm. The right adrenal gland measured 0.5 cm.

Spleen

The **spleen** was slightly heterogeneous yet without disruption of architecture.

Liver

The **liver** was enlarged, irregular with isoechoic nodular changes. The gallbladder and common bile duct were unremarkable. Hepatic veins were dilated. Assessment for thoracic disease, such as right sided heart failure, pericardial effusion or obstructive caudal mediastinal disease indicated.

Gastrointestinal

The **gastrointestinal tract** was structurally unremarkable yet floating in the free fluid.

Pancreas

Minor heterogeneous **pancreatic** changes noted without an overt mass.

Free Abdomen

A large amount of echogenic fluid was noted throughout the mid **abdomen** with nodular omental changes.



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ULTRASONOGRAPHIC FINDINGS

- A large amount of ascites with passive congestion liver pattern
- Geriatric abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Echocardiogram warranted to assess for causes of pericardial effusion and right sided heart failure. If immediate cytospin was not performed on the original abdominocentesis, I recommend redoing the abdominocentesis with immediate cytospin to allow for concentration and highest quality interpretation of the cells. Diagnosis is open. Underlying neoplasia, chronic passive congestion owing to thoracic disease.



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



PATIENT

Tiny- Warwick Animal
Shelter

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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Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

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