

DATE PRESENTING CLINICAL SIGNS

3/7/23

Not doing well for about 10 days poor appetite and weakness legs, has distended abdomen with ascites very obvious, has grade 3-4 murmur and on Pimobendan, stage 2-3 renal dysfunction on blood tests, ascitic fluid very watery blood or pink tinge.

PATIENT

Angel Ostrowski

Current Medications: Pimobendan for 9 months.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Declined.

Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Canine

BREED

Bichon

SEX

Spayed female

AGE

5/9/05

WEIGHT

12.7 lbs

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 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. Slight mineralization was noted in the kidneys. The left kidney measured 4.15 cm. The right kidney revealed slight pyelectasia measuring 0.39 cm. The left kidney also revealed corticomedullary pelvic calculi with a cortical infarct at the caudal pole. An anechoic cyst was noted at the caudal pole of the right kidney measuring 0.52 cm. The right kidney measured 4.43 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 1.67 x 0.64 cm at the caudal pole and 0.65 cm at the cranial pole. The right adrenal gland measured 1.92 x 0.62 cm at the caudal pole and 0.59 cm at the cranial pole.

HOSPITAL NAME

Pleasantvill AH of
Fallston

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

REFERRING VET

Dr. Gounaris

Liver

The **liver** was heterogenous with increased portal markings and echogenic hepatic remodeling. The hepatic veins were dilated. This is consistent with passive congestion. This is likely contributing to or causing the ascites overtly. The caudal aspect of the left liver revealed a nodular change, which is largely avascular and measured approximately 3.0 cm. There was loss of structural detail. This may represent a subcapsular hemorrhage or hematoma. The gallbladder revealed a mild amount of debris, yet was not over distended.

INVOICE

43172

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.

Pancreas

The left limb of the **pancreas** revealed minor heterogenous changes. This is adjacent to the hepatic pathology.

Free Abdomen

A large amount of echogenic free fluid was noted throughout the abdomen. Nodular omental changes were also noted.

Heart

Subjectively limited cardiac views, volume overload appeared to be present and should be confirmed with full echocardiogram. Contractility appeared adequate. Left atrial +/- right atrial volume overload may be an issue. No pericardial effusion was noted.

ULTRASONOGRAPHIC FINDINGS

Passive congestion liver pattern or possible abscess with hepatic nodule.

Nodular omental changes.

Heterogenous left pancreatic changes.

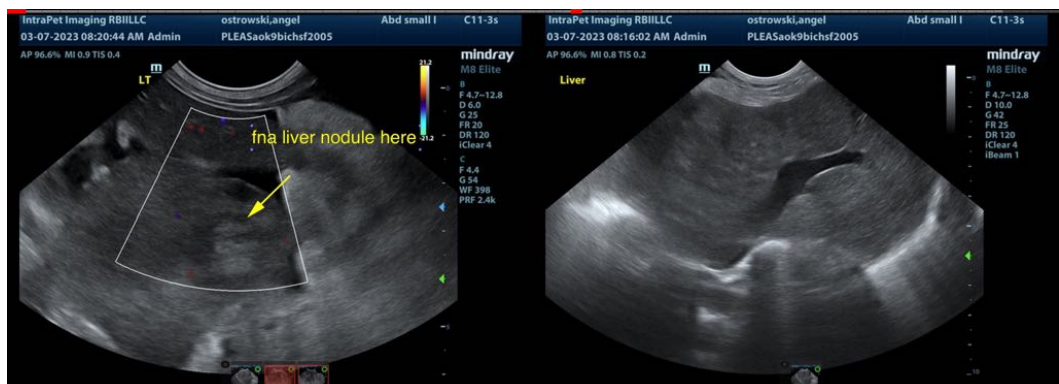
Age related renal changes.

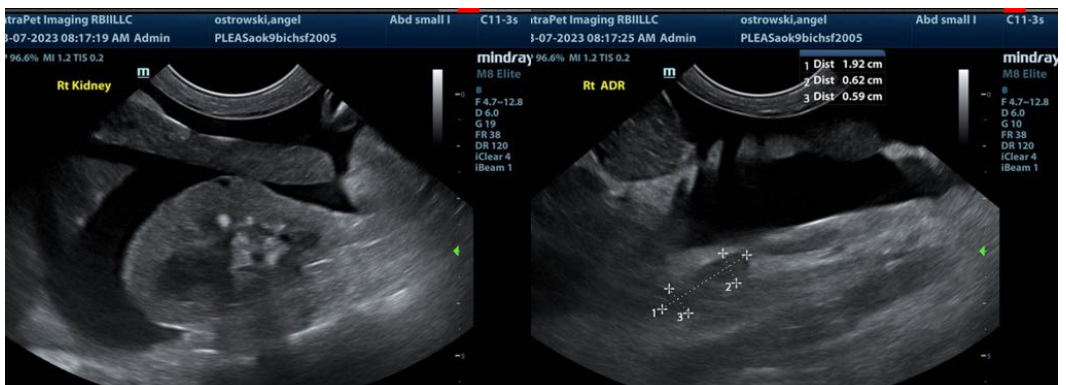
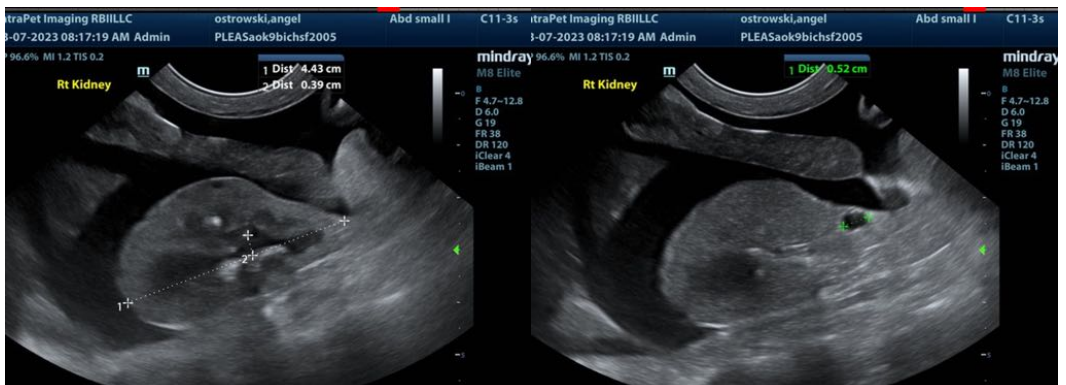
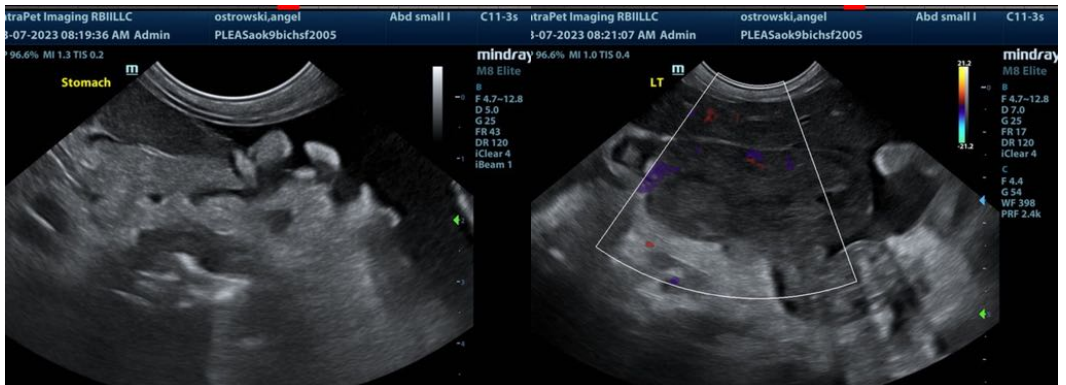
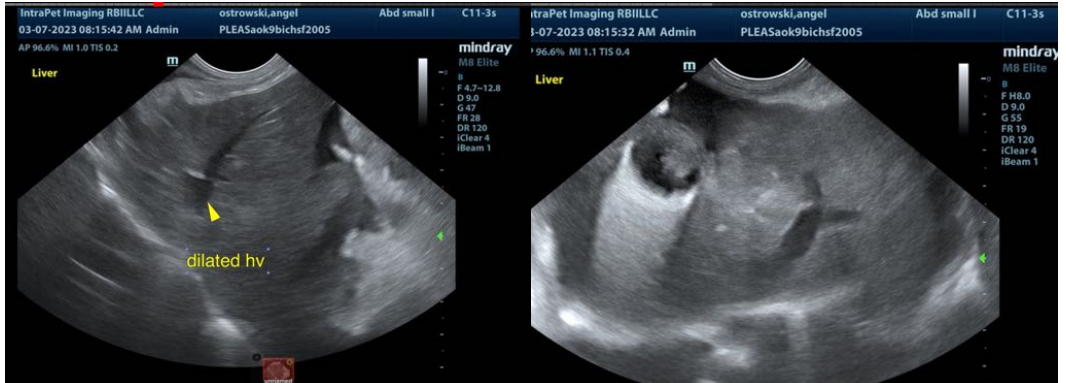
Volume overload in the heart.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver, abdominocentesis and cytospin is indicated. I am concerned for underlying neoplasia of the liver. However, the focal lesion may be the manifestation of systemic process or may be completely incidental. Minor, heterogenous changes were noted in the left pancreatic limb adjacent to the hepatic nodule. Congruent pathology may be present.

The next step would be full echocardiogram with Doppler evaluation for tricuspid insufficiency and potential pulmonary hypertension and right-sided heart failure as well as chest radiographs to assess for any densities in the caudal thorax that may be obstructing the vena cava. If treatment is necessary then management of the heart followed by abdominocentesis and sampling of the left caudal liver lesion.







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.

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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