



PATIENT

Scampi Mock

SPECIES

Canine

BREED

Tibetan Spaniel

SEX

Neutered male

AGE

13 ½ years

WEIGHT

25 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Beard

HOSPITAL NAME

West Prince AH

REFERRING VET

Dr. Fulton

INVOICE

96607

DATE

3/7/22

PRESENTING CLINICAL SIGNS

History: Owner thought that he was constipated, drinking well but not eating. Some weight loss in spite of big belly.
Abnormal PE/Chem/CBC/UA Results: Ascites, right sided heart murmur grade 3/6. Pale mucous membranes. CBC anemia, general health profile WNL. Abdominocentesis Transudate to slightly modified transudate. Survey abdominal films lack of abdominal visceral detail.

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 right kidney measured 4.0 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** was volume contracted and mildly irregular.

Liver

The **liver** was enlarged. Passive congestion liver pattern was noted with hepatic vein dilation. The gallbladder was deviated caudally. Slight pericardial effusion noted through the diaphragm.

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.



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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.

SPECIES

Canine

Free Abdomen

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A large amount of mildly echogenic ascites was noted through the abdomen.

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Heart

Rapid view of the heart revealed trace pericardial effusion; however, not enough to cause tamponade effect.

AGE

13 ½ years

ULTRASONOGRAPHIC FINDINGS

Ascites with passive congestion liver pattern.

WEIGHT

25 lbs

Minor heterogenous spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
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Further imaging of the caudal mediastinum is essential in this patient to assess for obstructive masses or heart base mass that may be obstructing the vena cava. Repeat abdominocentesis with immediate cytospin can be considered for further definition. CT of the chest would be ideal. However, full echocardiogram and examination of the heart base and right auricle at SDEP 3 position as well as SDEP abdominal 14 position with extensive depth into the caudal thorax may provide further information.

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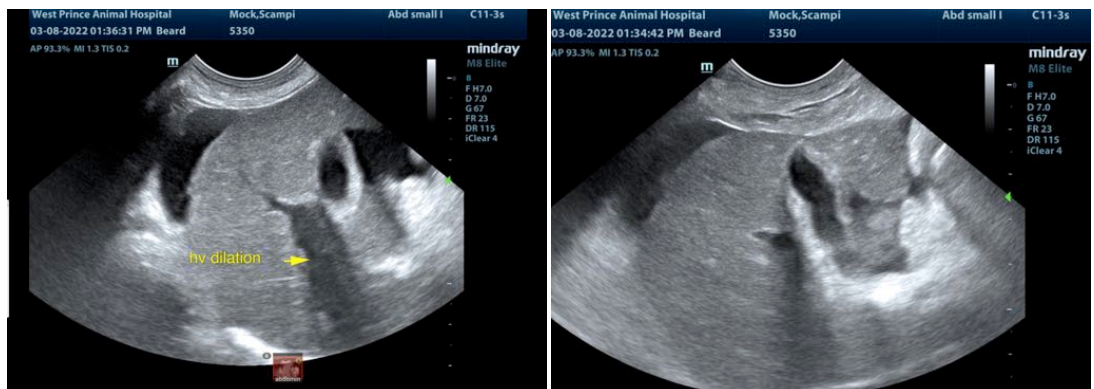
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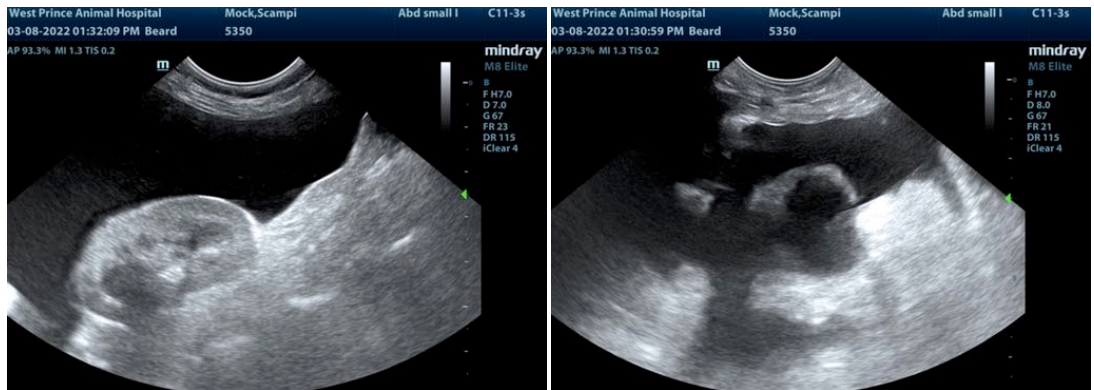
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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