



**PATIENT**

Dani Giannotti

**PRESENTING CLINICAL SIGNS**

History: Distended abd - clear, tan fluid on fra

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Lab Mix

**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.

**SEX**

Spayed Female

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 left kidney measured 6.5 cm. The right kidney measured 6.0 cm.

**AGE**

12 Years

**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 right adrenal gland measured 2.5 cm x 1.08 cm at the cranial pole and 0.61 cm at the caudal pole.

**WEIGHT**

61 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

The **spleen** was volume contracted and displaced dorsally, owing to the ascites. The spleen was uniform with no obvious pathology.

**IMAGING PERFORMED BY**

Val Shumskaya

**Liver**

The **liver** was swollen, irregular and hypoechoic with enhanced surrounding pericapsular fat, strongly suggestive for infiltrative disease. Swollen irregular contour was noted to the right liver as well. Enhanced mesentery was present owing to the ascites. The gallbladder and common bile duct were unremarkable. No evidence of posthepatic obstruction. The hepatic veins were not dilated. No evidence of passive congestion.

**HOSPITAL NAME**

Ho Ho Kus Vet

**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. The GI tract was floating in the ascites.

**REFERRING VET**

Dr. Gannon

**INVOICE**

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**Pancreas**

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.

**DATE**

4/12/23



**PATIENT**

**Free Abdomen**

Dani Giannotti

A moderate amount of mildly echogenic **free fluid** was noted in the abdomen.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

- Swollen, irregular infiltrated liver with secondary ascites, strongly suggestive for hepatic infiltrative disease
- Volume contracted spleen, displaced dorsally
- Age-related renal changes

**BREED**

Lab Mix

**SEX**

Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Abdominocentesis and cytospin of the free fluid with immediate slide preparation is recommended to assess cellular integrity, as well as FNA of the liver. Prognosis is extremely guarded depending upon cytology results.

**AGE**

12 Years

**WEIGHT**

61 Pounds

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DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

Ho Ho Kus Vet

**REFERRING VET**

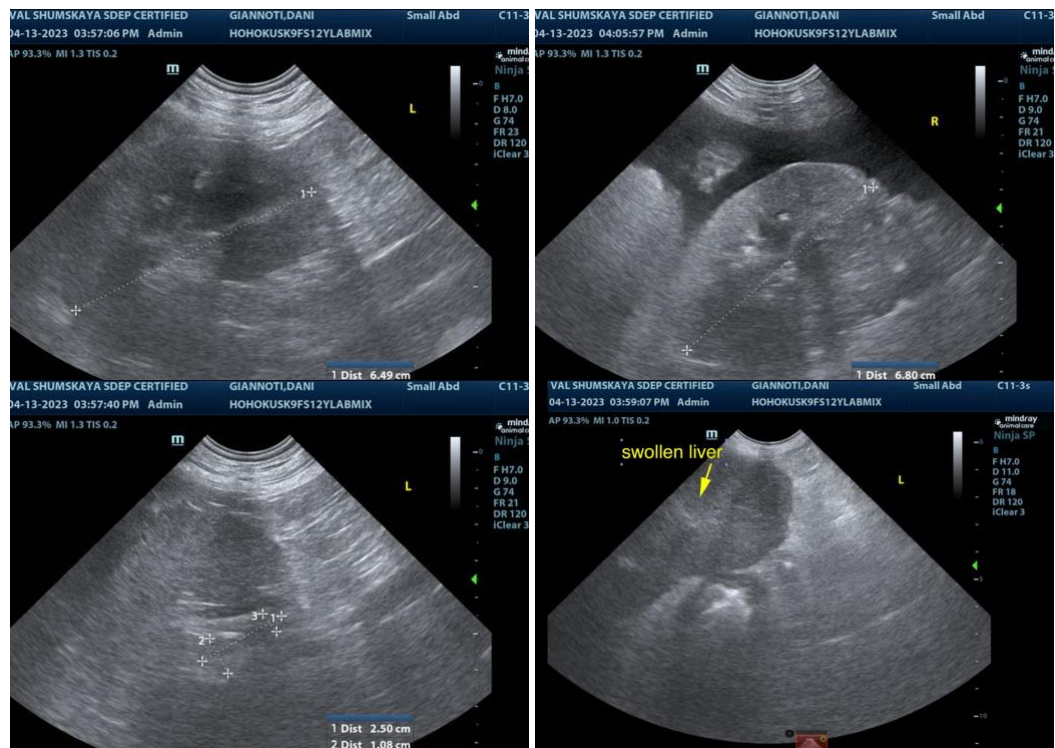
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**PATIENT**

Dani Giannotti

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

Spayed Female

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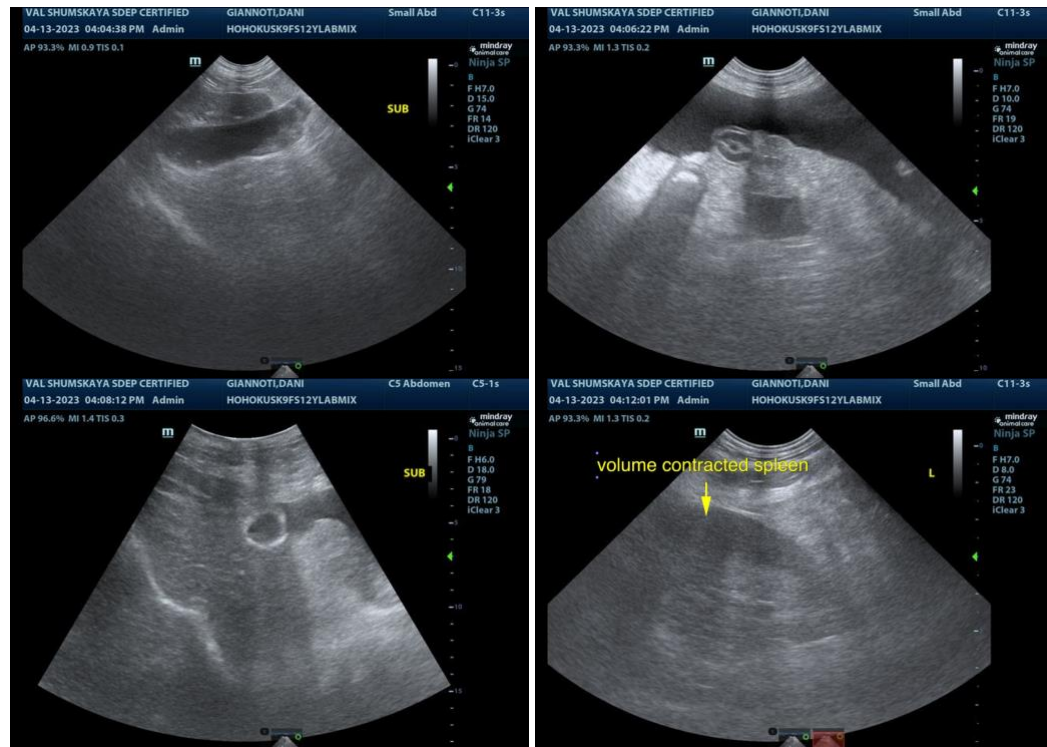
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**DATE**

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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.

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