

**DATE PRESENTING CLINICAL SIGNS**

4/21/23

PATIENT

Teddy Culver

SPECIES

Canine

BREED

Bichon

SEX

Neutered Male

AGE

3/24/11

WEIGHT

16.5 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Swan Creek VC

REFERRING VET

Dr. Boccanfuso

INVOICE

22128

Presented a few days ago for pu/pd, lethargy and decreased appetite. Owner felt abdomen seemed distended. screening BW showed mild azotemia and slightly low albumin and mild UTI. Otherwise unremarkable. Came back today for follow and x-ray of abdomen. On presentation had a palpable fluid wave in abdomen and seemed uncomfortable with palpation. x-ray showed large volume of fluid in abdomen. Otherwise not much detail. Tapped fluid and it was a slightly blood tinged serous fluid. No history of heart dz and albumin was not low enough to cause effusion.

Current Medications: amoxi 100 mg - 1 po BID started yesterday, one dose of cerenia 16 mg
 Lab Results: 4/17- BUN 39, Creat 2.2, SDMA 19, alb 2.6, suspect stress hyperglycemia at 186, rare rods on UA and WBC 6-10 on urinalysis
 Date of Previous IntraPet Ultrasound: No previous.
 Sedation: IV Torb.
 Stat Report: Not requested.
 Imaging Performed By: Rachel Brillhart, RDMS.

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 4.31 cm.

Adrenal Glands

The **right adrenal gland** was mildly enlarged, measuring 3.11 cm x 1.22 cm at the cranial pole and 1.06 cm at the caudal pole.

The **left adrenal gland** measured the upper limits of normal, measuring 1.9 cm x 0.73 cm at the caudal pole and 0.65 cm at the cranial pole.

Spleen

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

Liver

The **liver** was swollen and mildly irregular with slight coarse architecture. The hepatic veins were dilated. The hepatic vein dilation may be secondary to aggressive fluid therapy, depending upon IV fluid rates. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The majority of the **gastrointestinal tract** was unremarkable; however, variable mid small intestinal thickening was noted.

Pancreas

Heterogenous parenchymal changes were noted primarily in the right limb of the **pancreas**, with enhanced mesentery around the pancreas.

Free Abdomen

Free fluid was noted in the abdomen.

Other

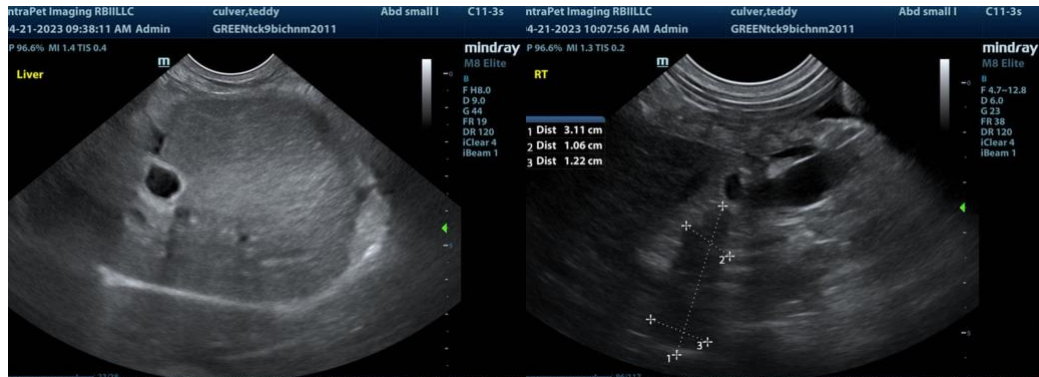
A rapid view of the **heart** revealed mild subnormal contractility. No obvious pericardial effusion or auricular masses were noted, however, cannot be completely ruled out, as the acoustic window was fairly poor.

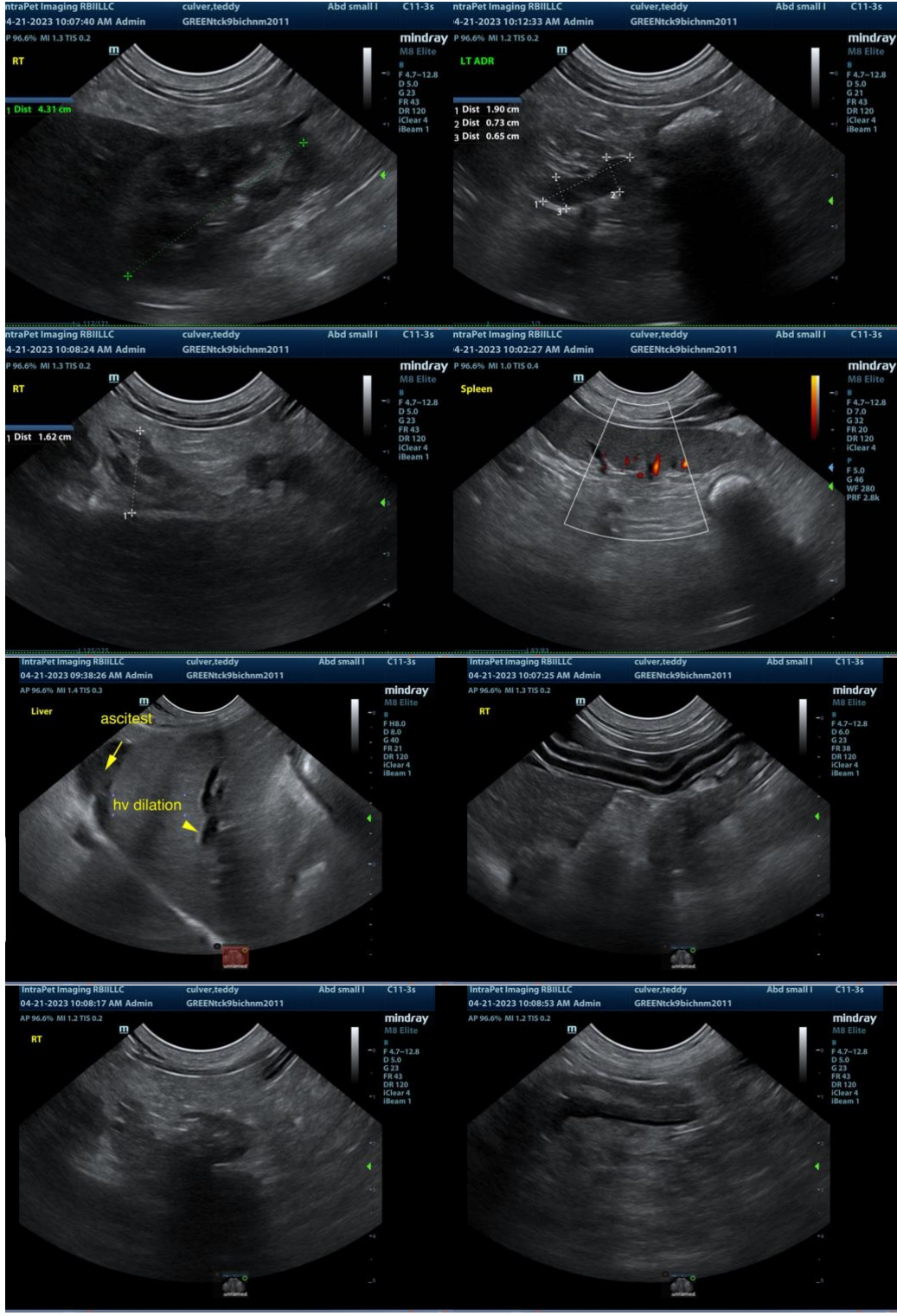
ULTRASONOGRAPHIC FINDINGS

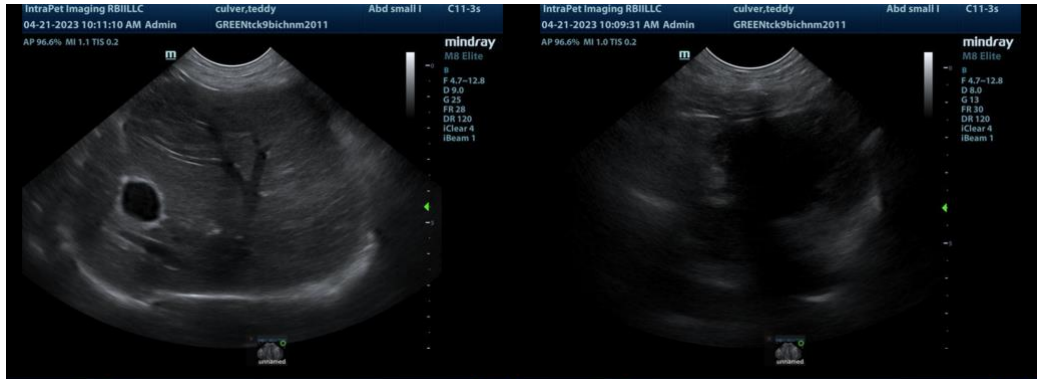
- Swollen, irregular liver with dilated hepatic veins
- Mild subnormal contractility in the heart
- Free fluid
- Small intestinal thickening
- Heterogenous pancreas with enhanced mesentery
- Age-related renal changes
- Mildly enlarged right adrenal gland/left adrenal gland measured the upper limits of normal
- Volume contracted spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend abdominocentesis and cytospin of the free fluid to assess for neoplastic disease, such as carcinomatosis, mastocytosis, lymphomatosis or similar. Full echocardiogram with tricuspid insufficiency velocities is warranted, as well as chest radiographs or chest CT to assess for causes of passive congestion. This may be diffuse abdominal neoplasia, such as a lymphomatosis or similar. However, given the hepatic vein dilation, ascites could also be justified by passive congestion yet the cause is unclear. Further investigation is warranted. If transudate is the primary nature of the abdominal fluid, then passive congestion would be a more likely scenario, however, if any flocculence or serial hemorrhagic type appearance is present in the abdomen, then mastocytosis or diffuse abdominal neoplasia is a strong potential. Prognosis is guarded, depending upon further diagnostics. The kidneys do not appear end stage. Both prerenal insult, as well as the UTI are likely playing a role in the azotemia.







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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