



PATIENT

Chanel Ortega

SPECIES

Canine

BREED

Bull Dog

SEX

Female

AGE

2 years

WEIGHT

47 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Finder

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Wilson

INVOICE

30398

DATE

5/13/22

PRESENTING CLINICAL SIGNS

Bloating for the past 15-20 days. Abdominocentesis with 600ml of sero-hemorrhagic fluid removed before ultrasound. Bloodwork unremarkable. Radiographs showed hepatomegaly. Thoracic radiographs pending. Previous C-section, still intact. Pitting edema developing along the left side
Abnormal PE/Chem/CBC/UA Results: GLU 138

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** had a minimal amount of urine present, yet concentric thickening was evident.

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 left kidney measured 5.0 cm. The right kidney measured 4.5 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** was swollen with a dilated vena cava. The hepatic veins were dilated. The gallbladder was unremarkable.

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.

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Free Abdomen

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Subcutaneous edema was noted in portions of the body wall adjacent to the spleen. A mild amount of ascites was noted owing to passive congestion.

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ULTRASONOGRAPHIC FINDINGS

Passive congestion liver pattern.

Undefined, subcutaneous edema.

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Otherwise, unremarkable abdomen other than hepatic swelling owing to passive congestion.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for UTI is indicated along with an echocardiogram to assess for causes of possible right-sided heart failure given the passive congestion pattern.

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**No cardiac images were submitted.

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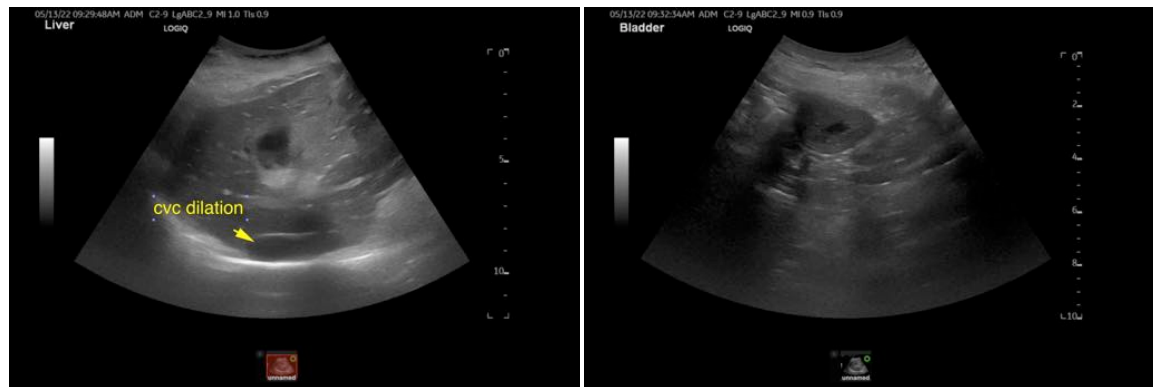
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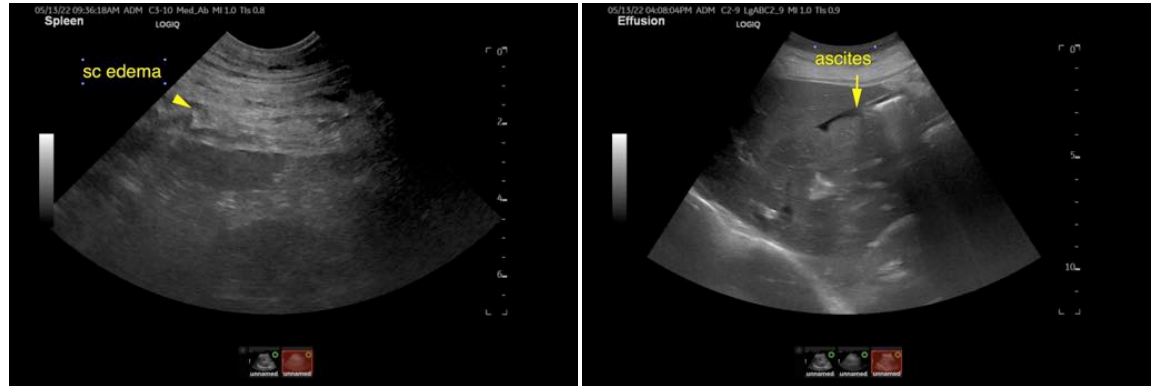
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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