



## PATIENT

Dakota Gero

## SPECIES

Canine

## BREED

English Pointer

## SEX

Spayed Female

## AGE

11 Years

## WEIGHT

46

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP (CFM), Cert.  
IVUSS

## IMAGING PERFORMED BY

Dr. Carlos Abdul-Chani

## HOSPITAL NAME

Byram Animal Hospital

## REFERRING VET

Dr. Maria Cruz

## INVOICE

75168

## DATE

5/14/26

## PRESENTING CLINICAL SIGNS

Pet has been having runs of VPC, collapses, lethargic/ anorexic. Cardiac Ultrasound on 5/12/26, EKG done 5/13/26 - note, even though this EKG showed occasional VPCs they come and go in runs  
Current Meds: Sotalol HCL 80 mgs tabs: 1/2 tablet twice daily, just started 5/14/26

Abnormal PE/Chem/CBC/UA Results: Slight increase in SGOT/SGPT/Alk Phos All else WNL CBC - WNL T4 - Normal HW4DX - Negative x 4

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** presented minor wall thickening and minor mural remodeling. Minimal amount of urine present.

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. Left kidney measures 6.17 cm. Right kidney measures 6.82 cm.

### 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. Left measures 2.5 cm x 0.48 cm at the cranial pole and 0.57 cm at the caudal pole. Right measures 2.29 cm x 1.25 cm at the cranial pole and 0.53 cm at the caudal pole.

### 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 were noted.

### Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Hepatic vein dilation noted suggestive for passive congestion. The gallbladder presented a large amount of dependent bile.

### Gastrointestinal

Trace amount of chyme noted in the **stomach**. 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**

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.

**Free Abdomen**

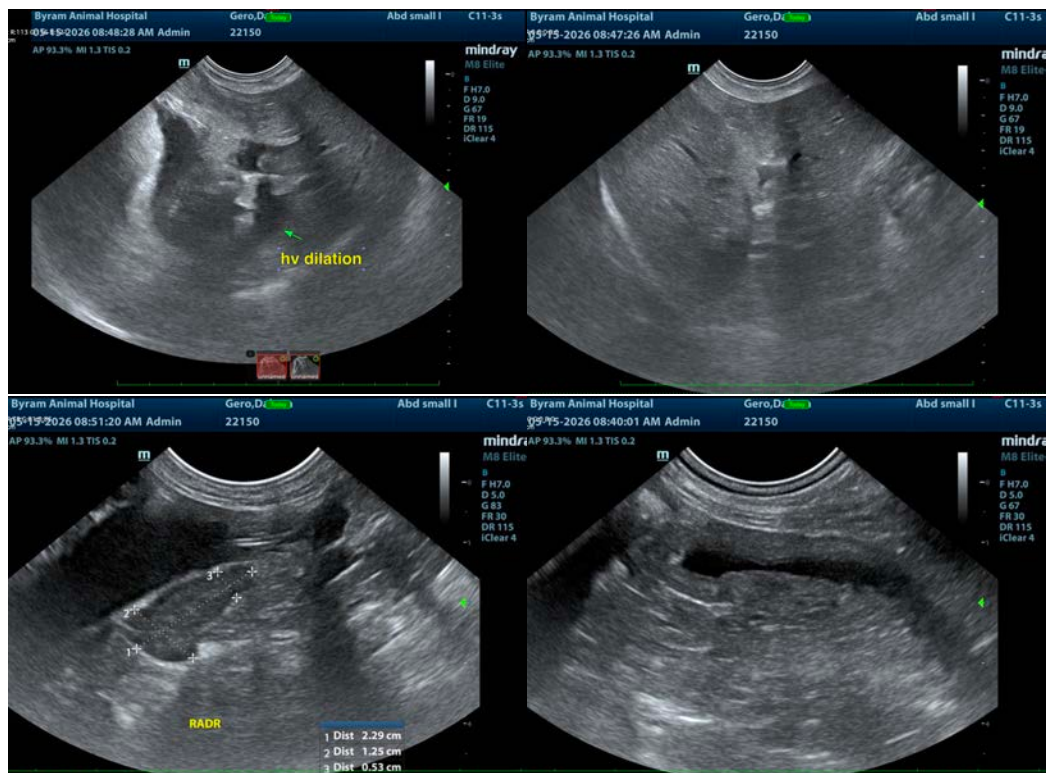
Free fluid noted in the abdomen, likely owing to passive congestion.

**ULTRASONOGRAPHIC FINDINGS**

- Passive congestion liver with secondary ascites – consistent with either obstructive caval disease or right-sided heart failure and pericardial effusion.
- Minor bladder wall thickening with minimal urine.
- Trace chyme in the stomach.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of neoplasia. Recommend focusing on the cardiac presentation in this patient for further management.





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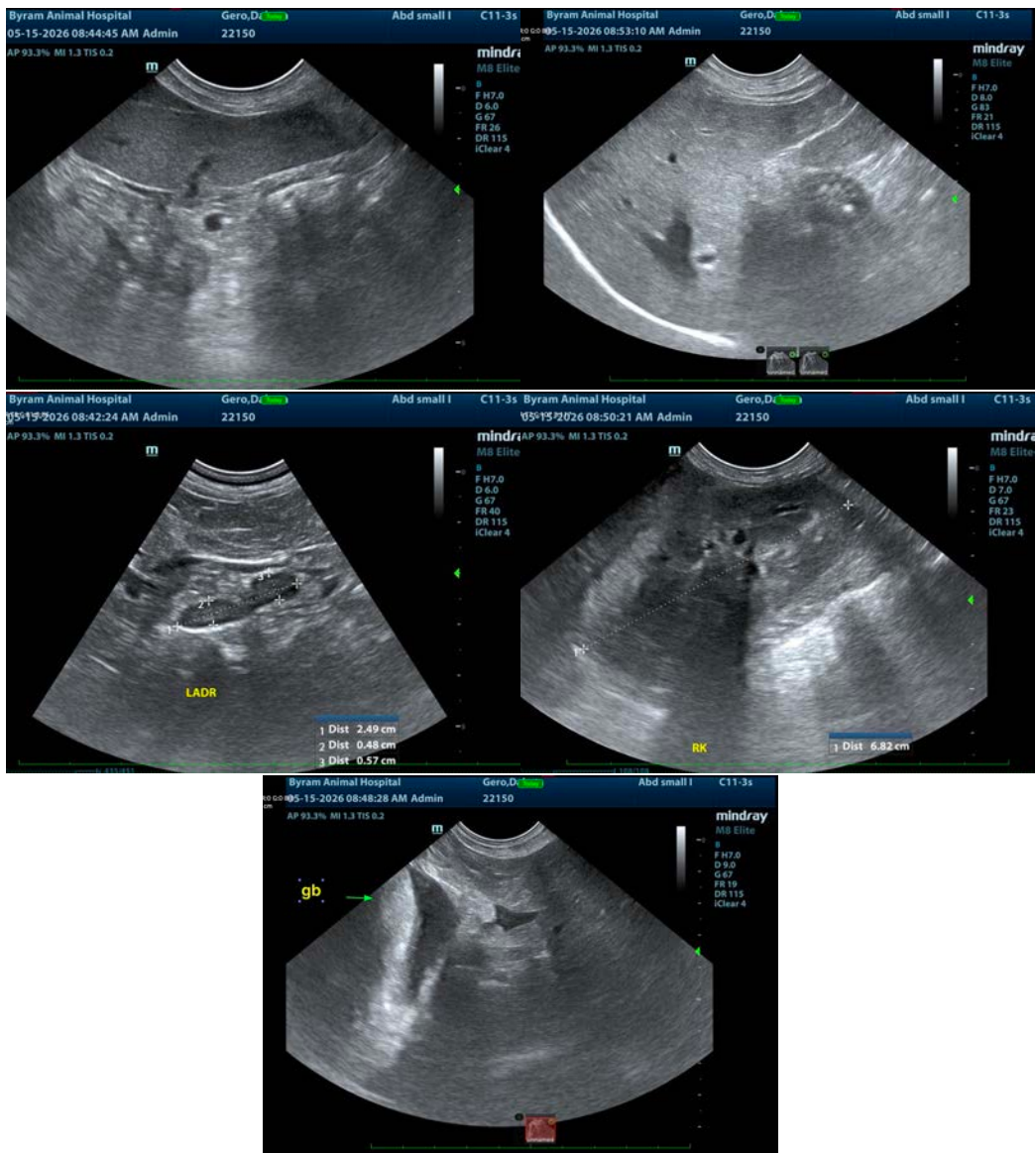
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,**  
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