



PATIENT

Bella Stewart

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

10 years

WEIGHT

23.2 kg

PRESENTING CLINICAL SIGNS

History: Last evening O noticed rapid intermittent breathing; Pt didn't want to go on walk this evening. Clingy more than normal

PE: Cardiovascular: Inconsistent irregularly irregular arrhythmia with weak pulses

Respiratory: Harsh bronchovesicular sounds in all 4 quadrants, no crackles/wheezes, tachypnea with mild abdominal component

Abdominal: Soft and compliant with no abnormalities or pain on palpation; rule out mild ascites

lab: CBC - NSF

Chem 15 - ALT 212 (H)

EPOC - TCO2 16.1 (L), pH 7.306 (L), BE -9.6 (L), K 5.3 (H), Lactate 4.87 (H)

PT - 17.4 (H) aPTT - 106.5 (n)

imagyst Cystology of Pleural Effusion - Pending

Idexx Fluid Analysis of Pleural Effusion - Pending

Abnormal PE/Chem/CBC/UA Results: rads 1. Bilateral pleural effusion. Consider transudate/modified transudates (idiopathic, hypoalbuminemia, cardiac disease), exudates (pyothorax, hemothorax, neoplasia) or chylothorax (e.g. due to thoracic duct rupture). Thoracocentesis is indicated. 2. Scant peritoneal effusion vs. mild non-specific steatitis. Abdominocentesis might also be considered. 3. Otherwise normal abdomen with a post-prandial appearance of the GIT. Considering the suspected bicavitary affection, differentials such as hypoalbuminemia, systemic inflammatory disease/vasculitis, neoplasia, or less likely cardiac in origin considering the lack of significant cardiac remodeling, should be particularly considered.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Murphy

INVOICE

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5/26/26

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. A cortical infarct was noted at the caudal pole. The left kidney measured 4.5 cm. The right kidney measured 5.7 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. The left adrenal gland measured 0.6 cm. The right adrenal gland measured 1.2 cm at the cranial pole and 0.6 cm at the caudal pole.



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Spleen

The **spleen** was mildly enlarged with slight scalloping contour. Minor, micronodular component was noted. A large amount of reactive mesentery was noted throughout the cranial abdomen enveloping the pancreas.

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. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

Pancreas

The **pancreas** revealed heterogenous, mixed echogenic changes consistent with edema and inflammation.

ULTRASONOGRAPHIC FINDINGS

Reactive spleen or potential emerging round cell neoplasia.

Mixed, echogenic pancreatitis, steatitis pattern.

Left renal infarct, stable.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Systemic inflammatory event is suspected. Underlying occult neoplasia such as mast cell disease is possible, ultrasound guided FNA of the spleen is indicated as well as cytology and culture. Benadryl injection prior to FNA is indicated. Pancreatitis, reactive spleen or emerging round cell neoplasia and splenitis are also possible.



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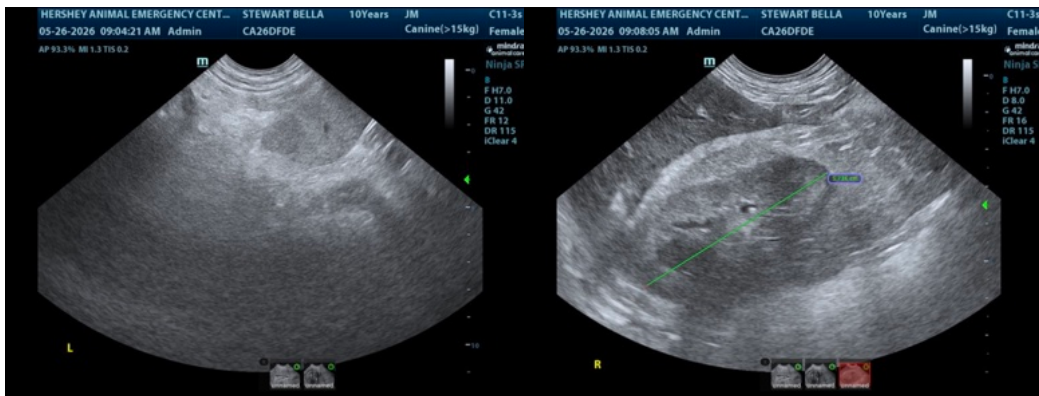
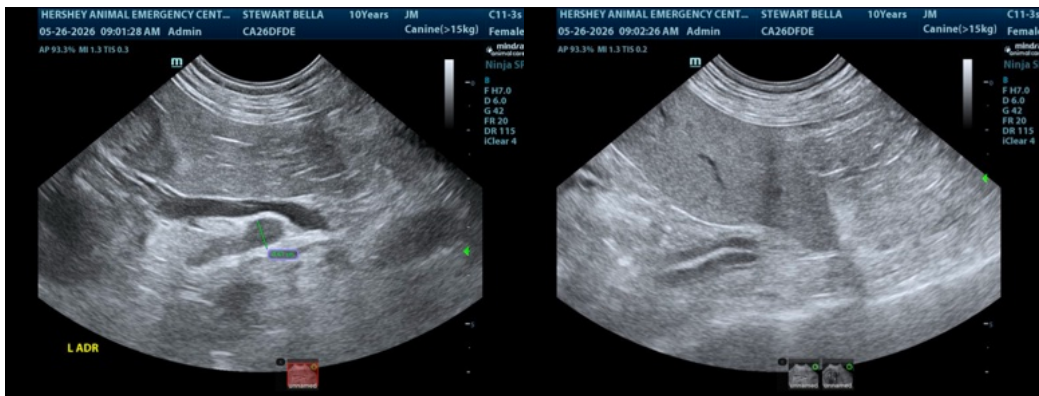
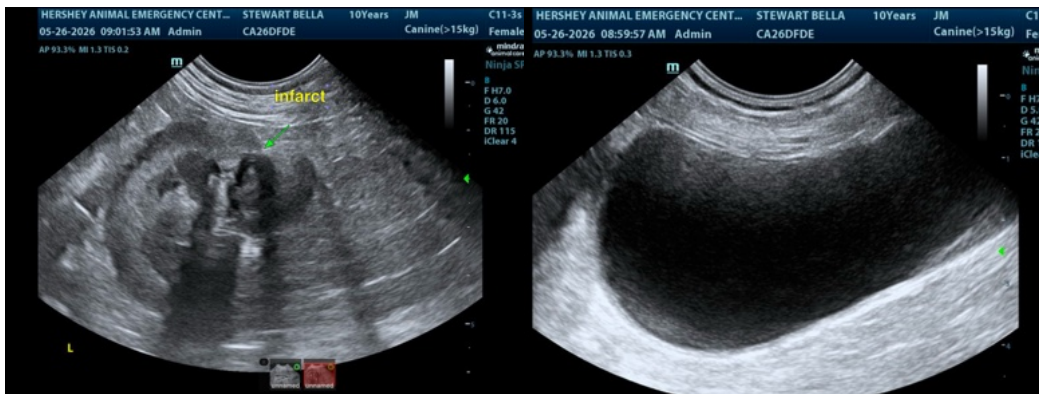
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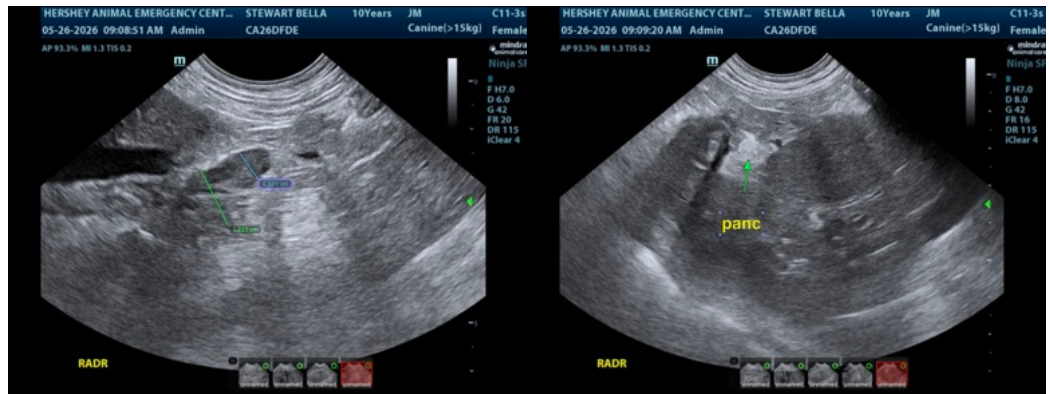
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

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