

**DATE**

06/14/2022

**PRESENTING CLINICAL SIGNS**

CC-Ascites/breathing issues; initially presented for same issues 12/15/2021; X-rays of chest/abdomen; bloodwork done; tx following was Doxycycline, Prednisone, Denamarin lg dog; P on Doxy off and on until now; on Prednisone all along also; in Feb once was on Amoxi/Clav for 2 weeks.

Presented 6/9/22- P difficulty breathing, very enlarged/swollen abdomen; still E/D; still on Prednisone 20mg EOD;

PE- Abdomen fluid filled, aspirated serosanguinous fluid, did drain ~1200ml this day

Chest clear; mm pink/moist.

Current Medications: Prednisone 20mg, 1 EOD Denamarin Lg dog

6/9/22 started Lasix 20mg, 1 BID.

Lab Results: Last lab results :12/12/2021:Alk phos- 1975; ALT- 227; AST very sl incr. 57 (normal 55-); use 1.006.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

MN

**AGE**

06/18/2008

**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.

**WEIGHT**

88 lb

The kidneys revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The left kidney measured 7.15 cm in length. The right kidney measured 7.54 cm in length.

**HOSPITAL NAME**

Essex Middle River  
Veterinary Clinic

**Adrenal Glands**

The left and right 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 were noted.

**REFERRING VET**

Dr. Hicks

**INVOICE**

10802ag

**Liver**

The liver in this patient was riddled with multiple masses measuring up to 10 cm with disruption of architecture and irregular contour. The hepatic veins were also dilated creating passive congestion pattern.. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

### ***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.

### ***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***

A moderate amount of ascites was present. A rapid view of the heart revealed left and right atrial volume overload suggestive of congestive heart failure. An echocardiogram is recommended.

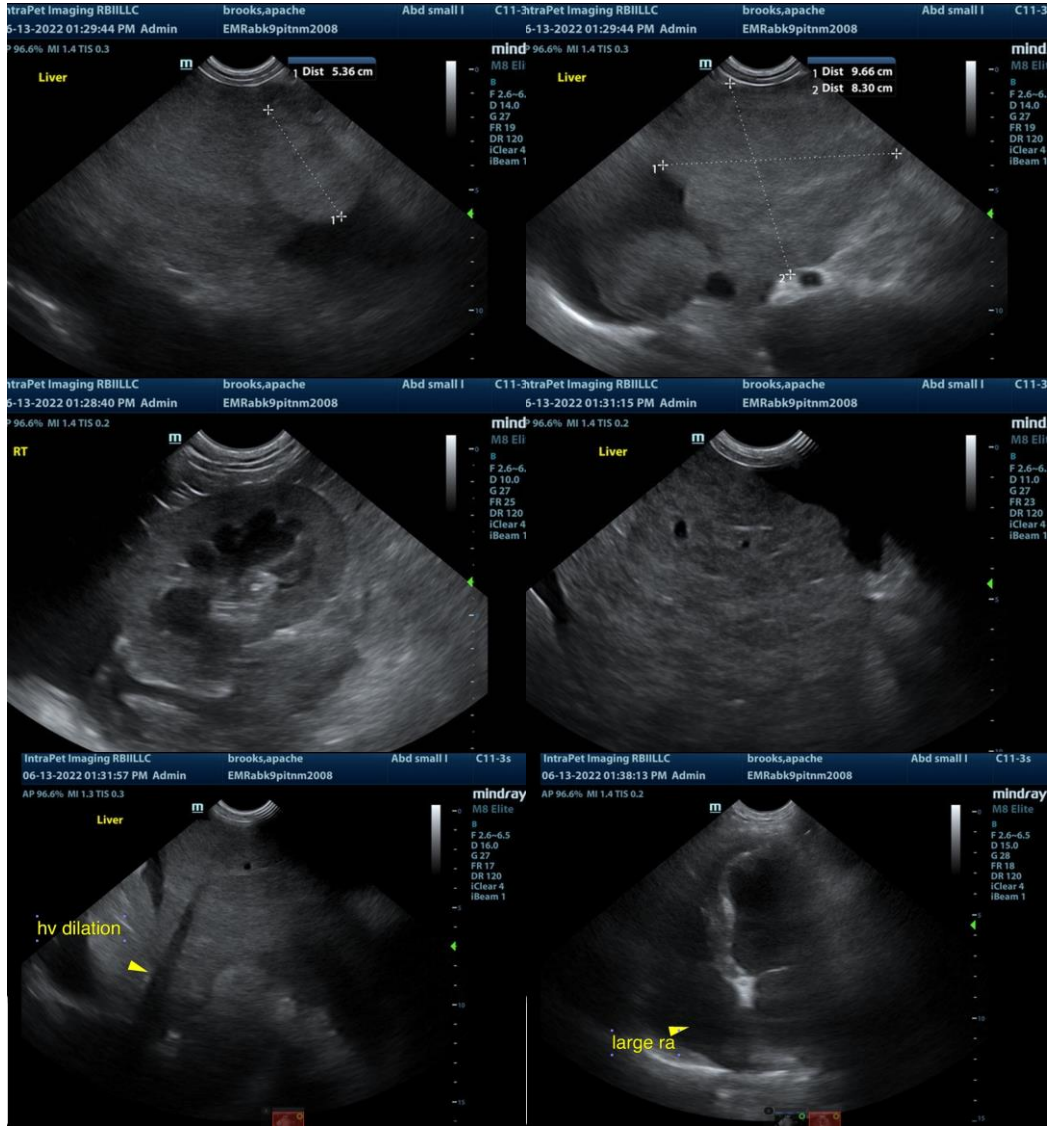
### **ULTRASONOGRAPHIC FINDINGS**

- Multifocal hepatic masses and passive congestion
- Secondary ascites

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I suspect a combination of portal hypertension owing to diffuse hepatic disease as well as passive congestion from right sided heart failure in this patient. This may be somewhat manageable depending upon the cardiac presentation. The hepatic changes though diffuse may be low grade. An FNA of the liver is recommended for further clarification. A full echocardiogram and treatment for heart failure is recommended.





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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