



## PATIENT PRESENTING CLINICAL SIGNS

**Dyna Miles** Distended, uncomfortable abdomen chronically. Now is not eating. Spine protruding. Fluctuant edema on ventral chest, RH edematous as well only, remainder of limbs not swollen. No fever. Coughs occ, mostly when eating.

**SPECIES** Pale mm, grade 1 murmur. Bloodwork last done in the fall and at that time unremarkable. No fever. Cornea has pinpoint hemorrhages, long term has corneal edema but hemorrhages are new. No petechiae CBC- Hct/Hgb low normal-39%, retics 0.7%, remainder of cbc nsf Chem- ALT 132 U/L (10 - 125) ALKP 17 U/L (23 - 212 ) Na 143 mmol/L (144 - 160) K 5.4 mmol/L 3.5 - 5.8 4.1 mmol/L Na/K 26 Cl 108 mmol/L 109 - 122 TP 4.7 g/dL 5.2 - 8.2 ALB 2.1 g/dL 2.2 - 3.9 Chest rads- VHS 13, L side of heart bulging on v/d view and cranial bulge on R lat view. Brief cardiac u/s -no pericardial effusion Abdominal fluid-hazy pink fluid with mild flecks of blood pro BNP pending

**BREED** Boston Terrier

## SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

**SEX** Spayed Female

**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 was noted. Ureteral papillae were normal.

**WEIGHT** 14.4 kg

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. Slight mineralization was noted in the kidneys. The right kidney measured 4.0 cm.

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Biederbeck

## HOSPITAL NAME

Lomsnes VH

## REFERRING VET

Dr. Biederbeck

## INVOICE

31069

## DATE

6/16/22

## 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.

## Spleen

The **spleen** revealed mildly scalloping contour. Minor passive congestion pattern was noted.

## Liver

**Hepatic** swelling was noted with isoechoic nodular changes and deviation of the gallbladder caudally. The hepatic veins were dilated as was the vena cava. The vena cava measured 1.4 cm in width.



**PATIENT** *Gastrointestinal*

Dyna Miles 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.

**SPECIES**

Canine

**BREED**

Boston Terrier

**Pancreas**

The region of the **pancreas** revealed heterogenous, ill-defined changes that were obscured by enhanced mesentery.

**SEX**

Spayed Female

**Free Abdomen**

Enhanced mesentery was noted throughout the midabdomen.

**AGE**

11 years

**ULTRASONOGRAPHIC FINDINGS**

Passive congestion liver and vena cava with secondary ascites.

**WEIGHT**

14.4 kg

Generalized hepatic and splenic enlargement.

Heterogenous pancreas.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend thoracic work-up in this patient to assess for causes of passive congestion such as right-sided heart failure, obstructive thoracic disease, right auricular masses and pericardial effusion. Abdominocentesis and cytospin of the free is warranted to assess for neoplastic cells as well as FNA of the spleen and liver. Guarded prognosis. An argument could be made for both passive congestion owing o cardiac or obstructive caudal thoracic disease or carcinomatosis, lymphomatosis or similar depending on further work-up.

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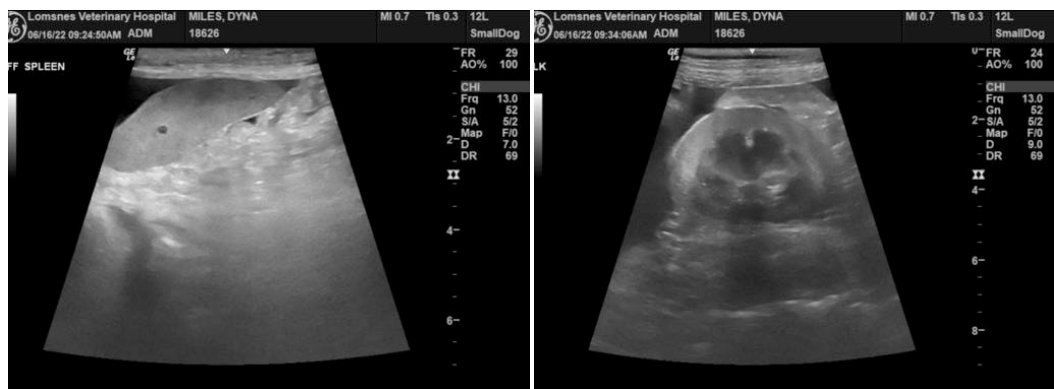
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**PATIENT**

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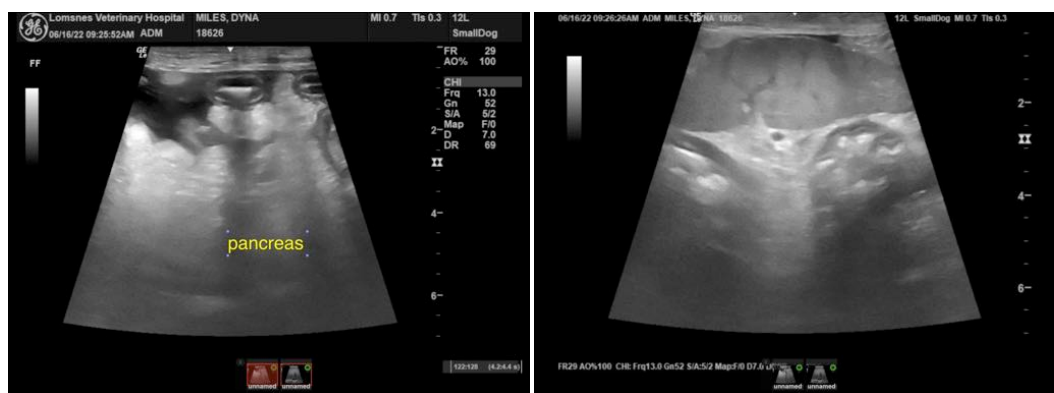
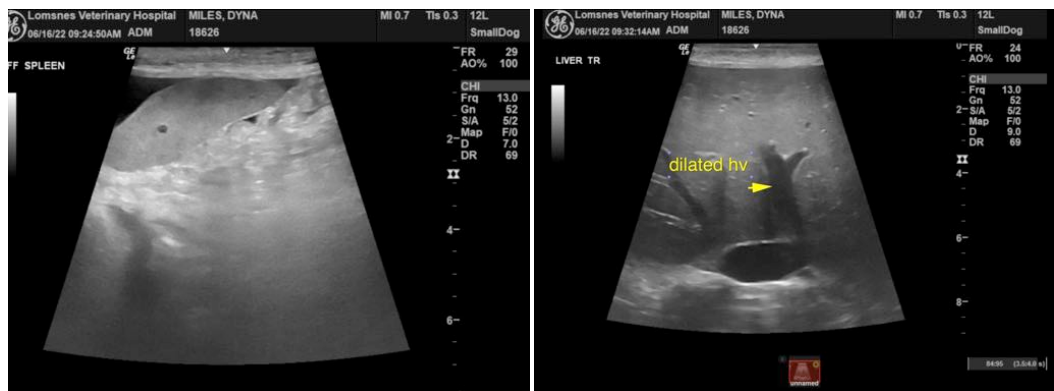
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



**PATIENT**

Dyna Miles

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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**BREED**

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**SEX**

Spayed Female

**AGE**

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**WEIGHT**

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