



**PATIENT**

Miley Midili

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Spayed Female

**AGE**

6 Years

**WEIGHT**

63.1

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Carlos Abdul-Chani

**HOSPITAL NAME**

Byram AH

**REFERRING VET**

Dr. Maria Cruz

**INVOICE**

22947

**DATE**

6/17/23

**PRESENTING CLINICAL SIGNS**

History: Vomiting ; Distended abdomen. Diagnosed 3/2023 with Pelvic bone cancer. R/O abdominal neoplasia . Current Meds: Gabapentin and Previcox

Abnormal PE/Chem/CBC/UA Results: TP = 4.8 / Alb. = 2.4 / Increased SGOT, SGPT and Alk Phos / T. Bili = 0.4 / BUN = 39 / Creat = 1.6 / Phos = 6.2 / K+ = 6.7 CBC = WNL T4 = WNL Urinalysis = Not done

**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.

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 right kidney measured 7.46 cm. The left kidney measured 6.98 cm.

**Adrenal Glands**

The **left adrenal gland** was 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 2.19 cm x 0.57 cm at the cranial pole and 0.63 cm at the caudal pole.

The **right adrenal gland** was somewhat flattened, may be owing to prednisone therapy. The right adrenal gland measured 0.8 cm at the cranial pole and 0.6 cm at the caudal pole.

**Spleen**

The **spleen** was mildly enlarged and folded upon itself cranially. The splenic vein appeared to be occupied by a thrombus.

**Liver**

The **liver** was subnormal in size and revealed diffuse mixed echogenic changes with increased portal markings and distorted architecture. The gallbladder was edematous yet not overdistended.

**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**



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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**

**Free fluid** was noted in the abdomen.

**BREED**

Labrador Retriever

The **mesenteric lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

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**Other**

A rapid view of the **heart** revealed no evident pathology.

**AGE**

6 Years

**ULTRASONOGRAPHIC FINDINGS**

- Diffuse fibrosing cholangitis pattern, possibility of round cell neoplasia
- Portal hypertension and ascites
- Secondary splenic enlargement and splenic vein thrombus
- Reactive mesenteric lymph nodes

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is a possibility of abdominal neoplasia. Abdominocentesis and cytospin of the free fluid could be considered to assess for exfoliating neoplasia, however, the ascites with the hepatic pattern would suggest fibrosing cholangitis with secondary ascites from portal hypertension. Full coagulation panel is warranted given the splenic vein thrombosis. Prognosis is poor. Liver biopsies would be necessary for further definition, however, bleeding complications could not be monitored owing to the ascites presence in such as procedure.

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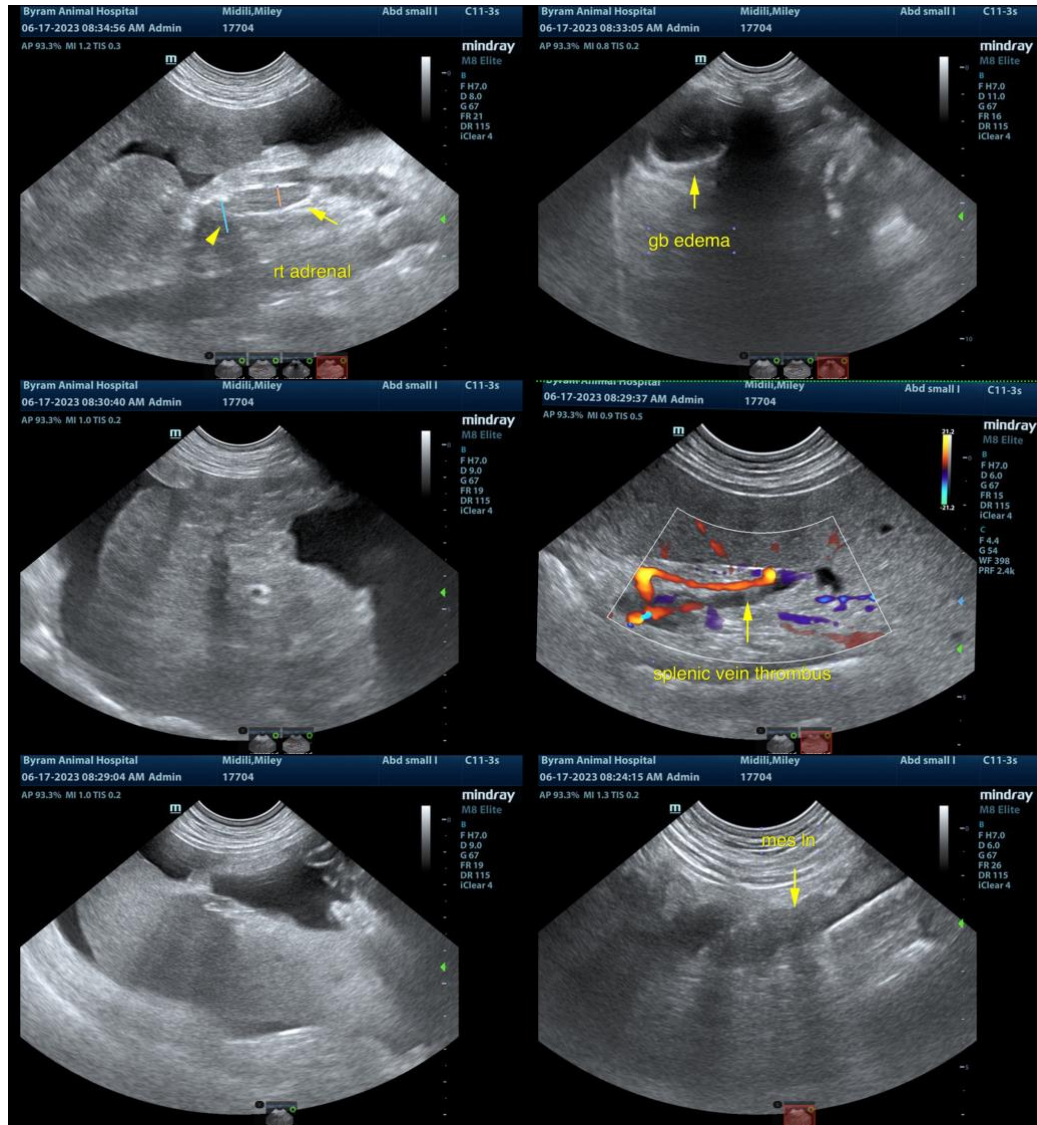
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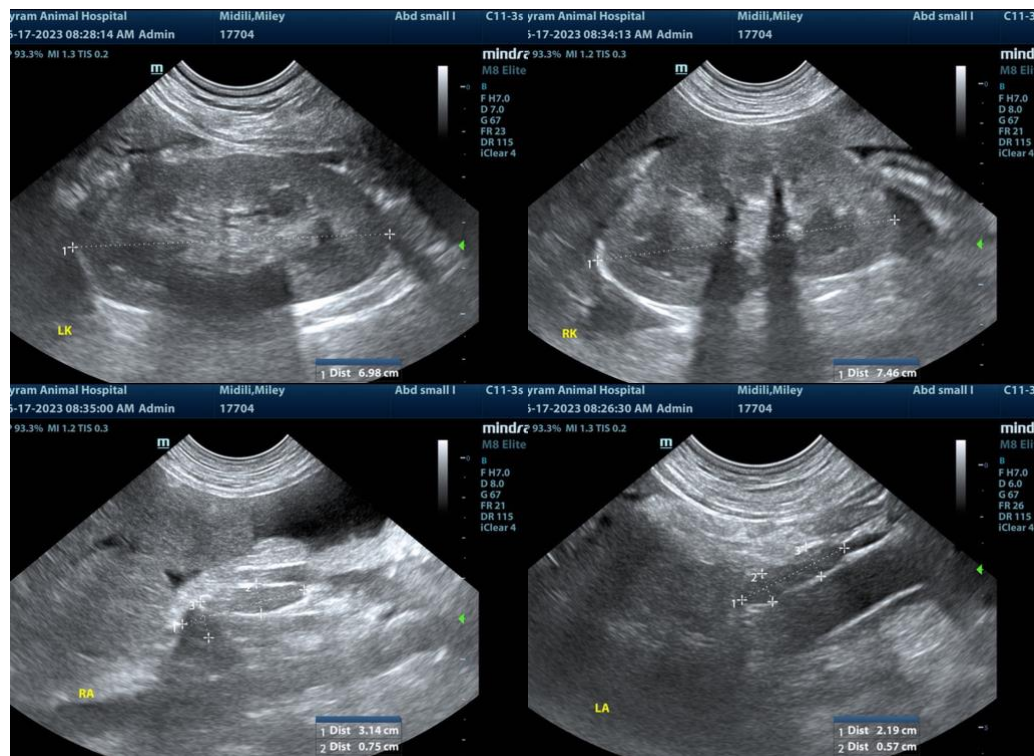
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com