



PATIENT

Max Darcy

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

13

WEIGHT

6.8

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Craig Seyler

HOSPITAL NAME

Willvet South

REFERRING VET

Craig Seyler

INVOICE

23059

DATE

6/25/23

PRESENTING CLINICAL SIGNS

History: high grade heart murmur, syncope/collapse event yesterday, abdominal fluid today r/o ascites due to heart failure, liver disease, neoplasia, PLN, PLE, lymphatic disease, open

Abnormal PE/Chem/CBC/UA Results: 400 mls from abdominocentesis. TP 4

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.9 cm. Slight pinpoint mineralizations were noted. The right kidney measured 4.2 cm.

Adrenal Glands

A hyperechoic nodule was noted in the cranial pole of the **right adrenal gland**. The right adrenal gland measured 0.87 cm at the cranial pole and 0.49 cm at the caudal pole.

The **left adrenal gland** was visualized obliquely, measuring 0.67 cm.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** was uniformly enlarged with passive congestion pattern. Dilated hepatic veins and vena cava were noted. The parenchymal was uniform yet uniform swelling was present. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end 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 base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related



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changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

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Free fluid was noted in the abdomen. The ascites is secondary passive congestion. Enhanced mesentery was noted throughout the mid abdomen.

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ULTRASONOGRAPHIC FINDINGS

- Passive congestion liver pattern with secondary ascites, likely owing right sided heart failure.
- Right adrenal nodule
- Enhanced mesentery throughout the mid abdomen
- Volume contracted spleen
- Age-related pancreatic changes
- Age-related renal changes with pinpoint mineralizations
- Partially full stomach

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Focus on the echocardiogram and radiographic parameters is recommended. No evidence of significant abdominal pathology playing a role on this patient.

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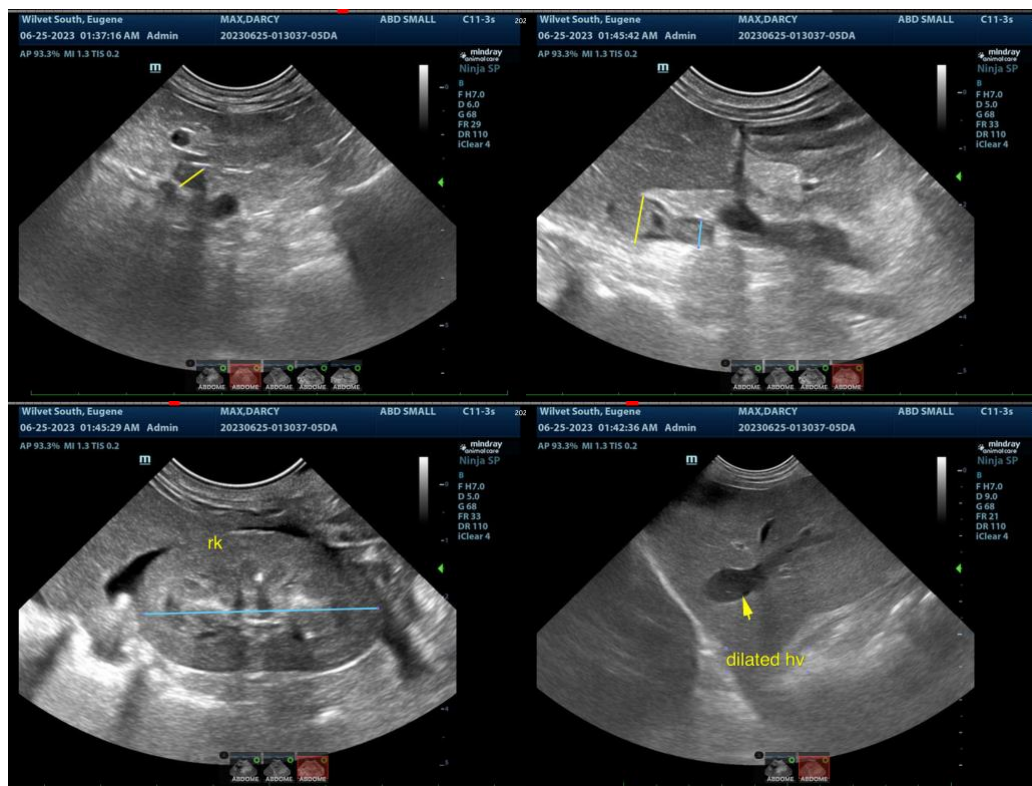
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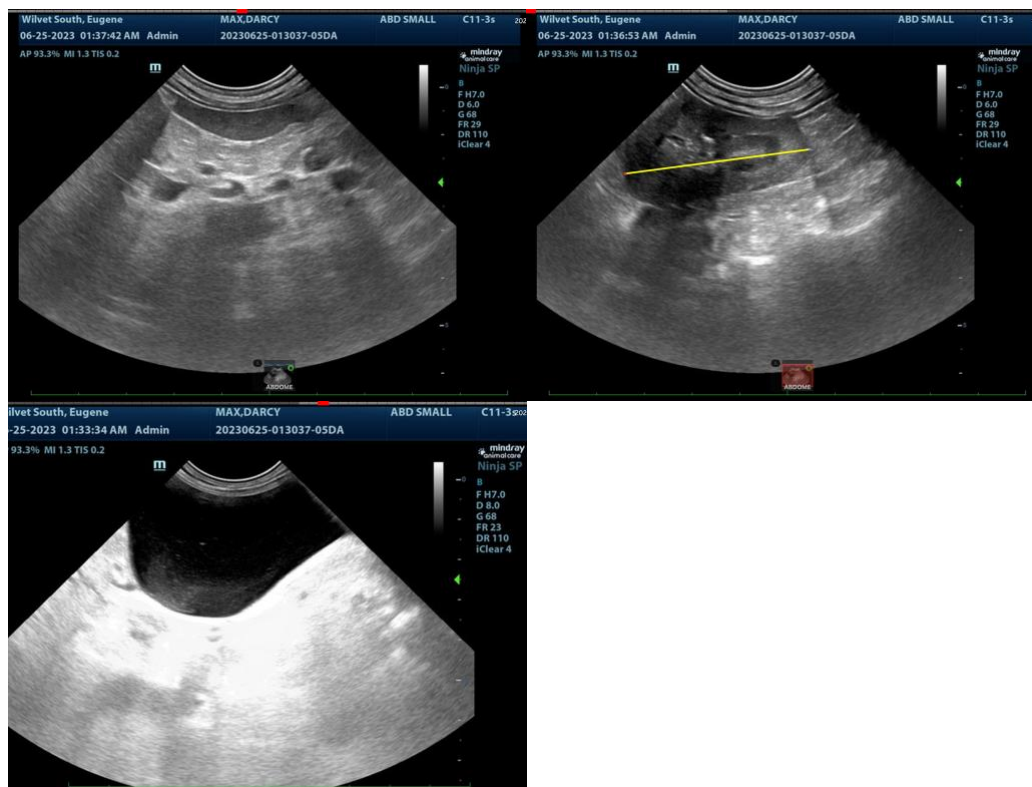
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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