**PATIENT**

Nina Bishop

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

9 Years

WEIGHT

19 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Mallo, WVRC

INVOICE

39543

DATE

7/15/22

PRESENTING CLINICAL SIGNS

Patient presented today for fluid leakage at ventral midline abdomen. About 8 days ago Owners noticed abdominal bloating. She received an abdominocentesis on Monday 7/11/22. May 2022 patient was active, eating and drinking normally and then started slowing down. June 2022 Patient was diagnosed with pneumonia and degenerative disc disease. Patient has a history of heartworm disease and is currently on furosemide. Today patient is quiet, dehydrated, and has a fluid wave.

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 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 right kidney measured 5.15 cm. The left kidney measured 4.4 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 1.14 cm x 0.62 cm at the caudal pole and 0.46 cm at the cranial pole. The right adrenal gland measured 0.49 cm at the caudal pole and 0.39 cm at the cranial pole.

Spleen

The **spleen** was floating in the ascites. Uniform parenchyma.

Liver

The **liver** was mildly swollen, uniform. No overt evidence of passive congestion present. The gallbladder was unremarkable with slightly echogenic wall.

Gastrointestinal

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. 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.

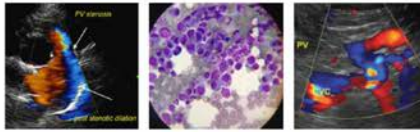
Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. 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

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Clinical Sonography & Telectology

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1-800-838-4268 info@sonopath.com SonoPath.com

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A reactive sublumbar lymph node was noted, measuring 1.47 cm x 0.30 cm.

Large amount of ascites noted of unknown cause.

PRIMARY FINDINGS

SPECIES

Canine

- Large amount of ascites
- Swollen liver

SECONDARY FINDINGS

BREED

Mixed

- Age related renal changes
- Reactive sublumbar lymph node

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming that albumin levels are normal, recommend FNA of the liver and abdominocentesis and cytospin to assess for underlying lymphomatosis, carcinomatosis or similar. Echocardiogram would be ideal to ensure passive congestion is not an issue, though the vascular changes noted on the sonogram did not reveal any hepatic vascular congestion. Suspect lymphomatosis/carcinomatosis. Ruling out cause of passive congestion also indicated.

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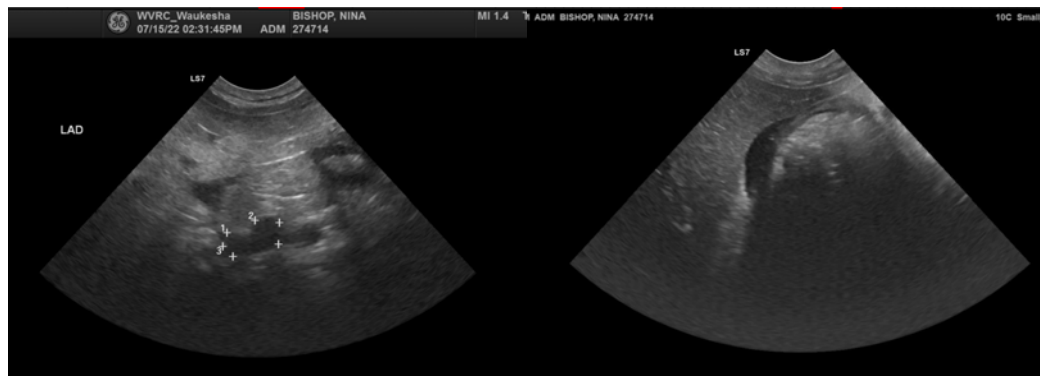
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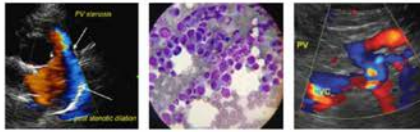
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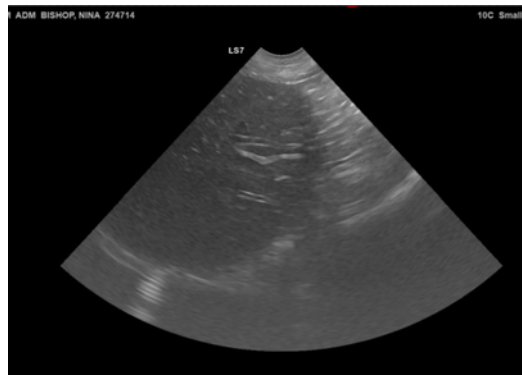
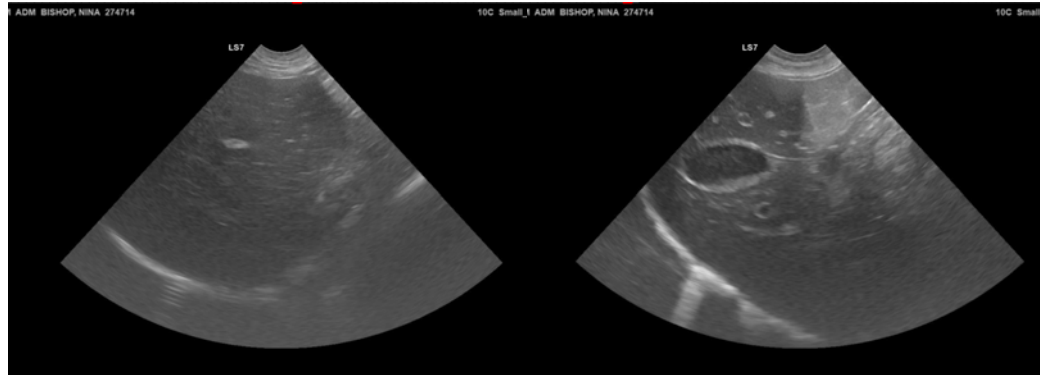
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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