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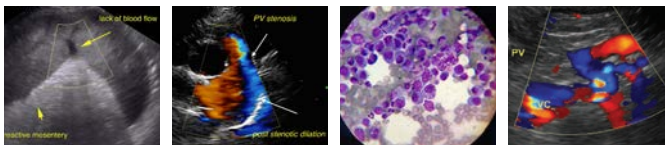
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Bones Koval

SPECIES
Canine

BREED
Small Dutch Waterfowl Dog

SEX
Spayed Female

AGE
13 Years

WEIGHT
27.5 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Aaron Deml

HOSPITAL NAME
Craig Road AH

REFERRING VET
Dr. Aaron Deml

INVOICE
44247

DATE
7/21/23

PRESENTING CLINICAL SIGNS

Presented on ER for evaluation of vomiting and inappetence. P was seen at VECC on Sunday (4 days ago) after eating tampons. P was given apomorphine at VECC and vomited up 5 tampons as well as some other foreign material. P was doing well on Monday and Tuesday but stopped eating well and vomiting yesterday. P has vomited twice in the past 24hrs. P is also having diarrhea. P has a history of elevated renal enzymes and intermittent pale pink gums. Owner reports no coughing, or sneezing. Eating and drinking behavior has remained unchanged and is normal per the owner. Patient is not on any medications or supplements. Patient has no recent travel history. Past pertinent medical history: none There are no known vaccine or medication allergies. Thoracic radiographs revealed pulmonary nodules and sternal LN enlargement (verified by radiologist). Abdominal radiographs revealed foreign material mid abdomen and severe hepatomegaly, concern for free fluid as well. Morning abdominal radiographs (24hrs later) revealed foreign material is moving. AUS is to search for suspect primary tumor.

Abnormal PE/Chem/CBC/UA Results: Elevated BUN: 63 (6-31) Thrombocytosis: 735,000

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 4.5 cm. The left kidney measured 4.5 cm.

Adrenal Glands

The **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.

Liver

The **liver** presented coarse architecture. Swollen hypoechoic irregular parenchyma. Dependent gallbladder debris noted and echogenic wall. Hepatic veins were dilated.

Pericardial effusion noted through the diaphragm.

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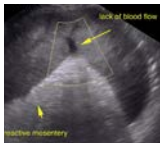
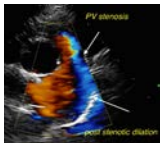
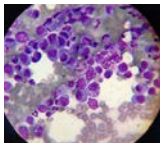
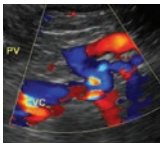

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Gastrointestinal

The stomach itself was unremarkable. Variable small intestinal thickening noted. The cecum was mildly thickened in this patient with minor retention of stool. Underlying hypoxia may be playing a role in the GI presentation.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related 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

Moderate amount of ascites noted.

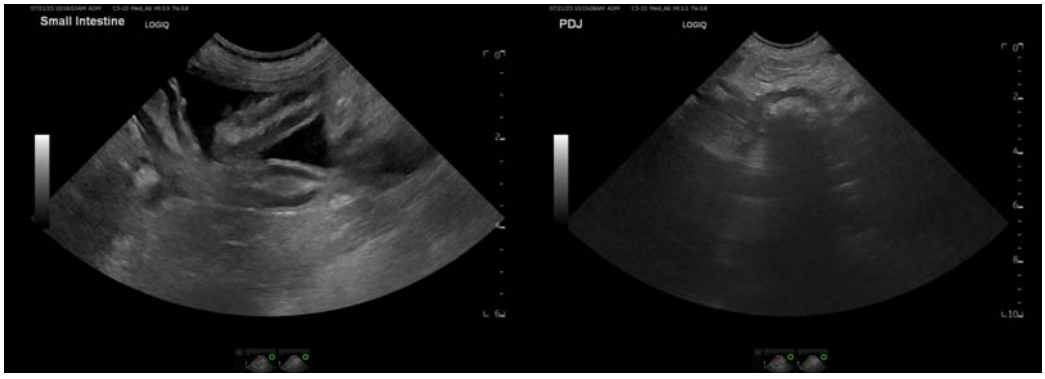
Enhanced mesentery noted in the abdomen, likely owing to ascites.

ULTRASONOGRAPHIC FINDINGS

- Passive congestion liver pattern with pericardial effusion noted through the diaphragm
- Secondary ascites
- Chronic GI changes
- Age related renal and hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend echocardiogram to assess the source of pericardial effusion as to cardiac neoplasia versus idiopathic effusion or pericarditis.



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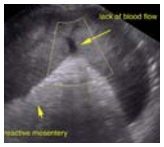
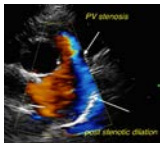
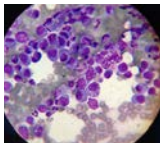
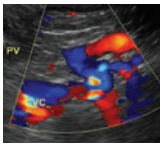

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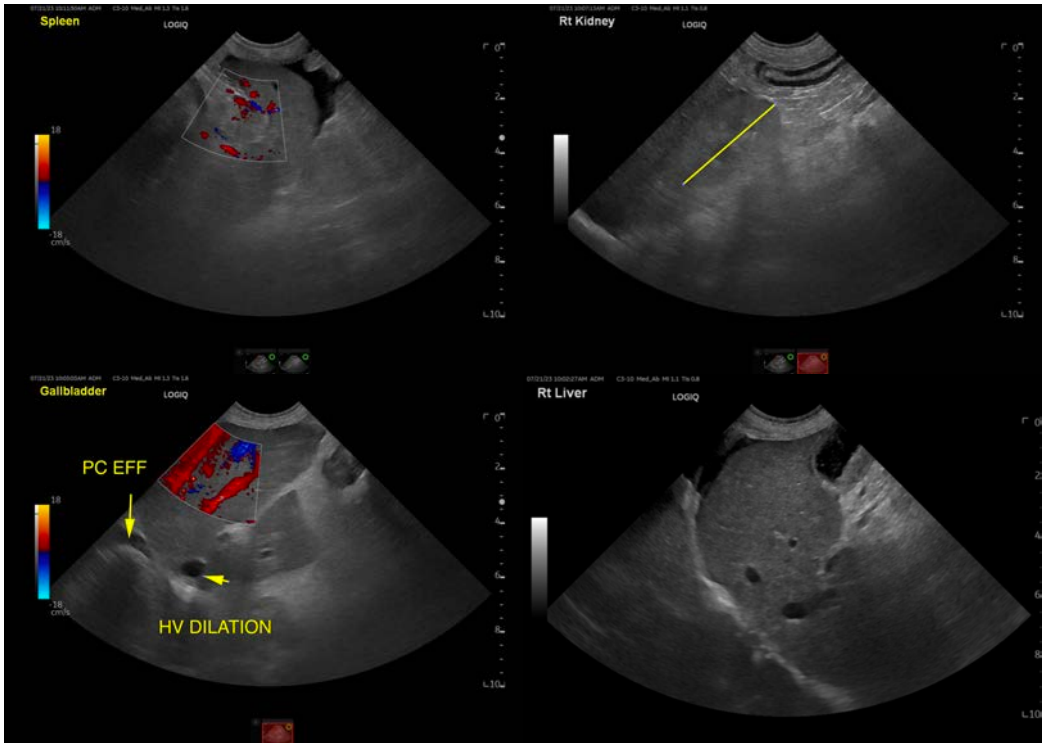

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com