



PATIENT

Duke Hall

SPECIES

Canine

BREED

Boxer

SEX

Male

AGE

10 years

WEIGHT

50 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Reyes

HOSPITAL NAME

Mobile Vet Ultrasound

REFERRING VET

Dr. Beltran

INVOICE

31944

DATE

7/26/22

PRESENTING CLINICAL SIGNS

History: Pet presented to a different clinic for diarrhea and distended abdomen (ascites). Diarrhea resolved with Metronidazole but ascites got worse. Pet's abdomen is very distended, 320 mls of yellow/slightly thickened fluid was drained prior to ultrasound. Pet is currently taking 40 mg of Prednisone without any improvement. Heavy breathing noticed during ultrasound. Chest radiographs have not been done.

Abnormal PE/Chem/CBC/UA Results: TP: 4.9 Alb: 2.1 CBC: NSF UA: 1.015 Blood: 1 + Protein: 3.0 WBC: 50 (0-7) RBC: 15 (0-7) Bacteria: 3+, cocci

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 was 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 kidneys measured 7.5 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 0.5 cm. The region of the right adrenal gland was imaged with no evidence of pathology.

Spleen

The **spleen** was not visualized. It is possible that the spleen is volume contracted and out of view in this patient.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Heterogeneous, subtle micronodular changes were noted with generalized swelling. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. The hepatic vein and vena cava were slightly dilated. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident. Pleural effusion was noted on the diaphragm.



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Gastrointestinal

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The **gastrointestinal tract** was structurally unremarkable. However, coalescing omentum was noted in the cranial abdomen.

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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.

SEX

Male

Free Abdomen

The abdomen revealed a large amount of echogenic ascites. Heterogenous parenchymal changes were noted around the pancreas.

AGE

10 years

ULTRASONOGRAPHIC FINDINGS

Ascites and pleural effusion, possible passive congestion.

WEIGHT

50 lbs

Heterogenous and nodular pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An abdominocentesis and cytospin is recommended to assess for exfoliating neoplasia. Pleurocentesis and echocardiogram are recommended to assess for further pathology. I suspect abdominal neoplasia. Carcinomatosis, lymphomatosis, or mastocytosis or similar is suspected. The Prednisone may be suppressing a more significant presentation.

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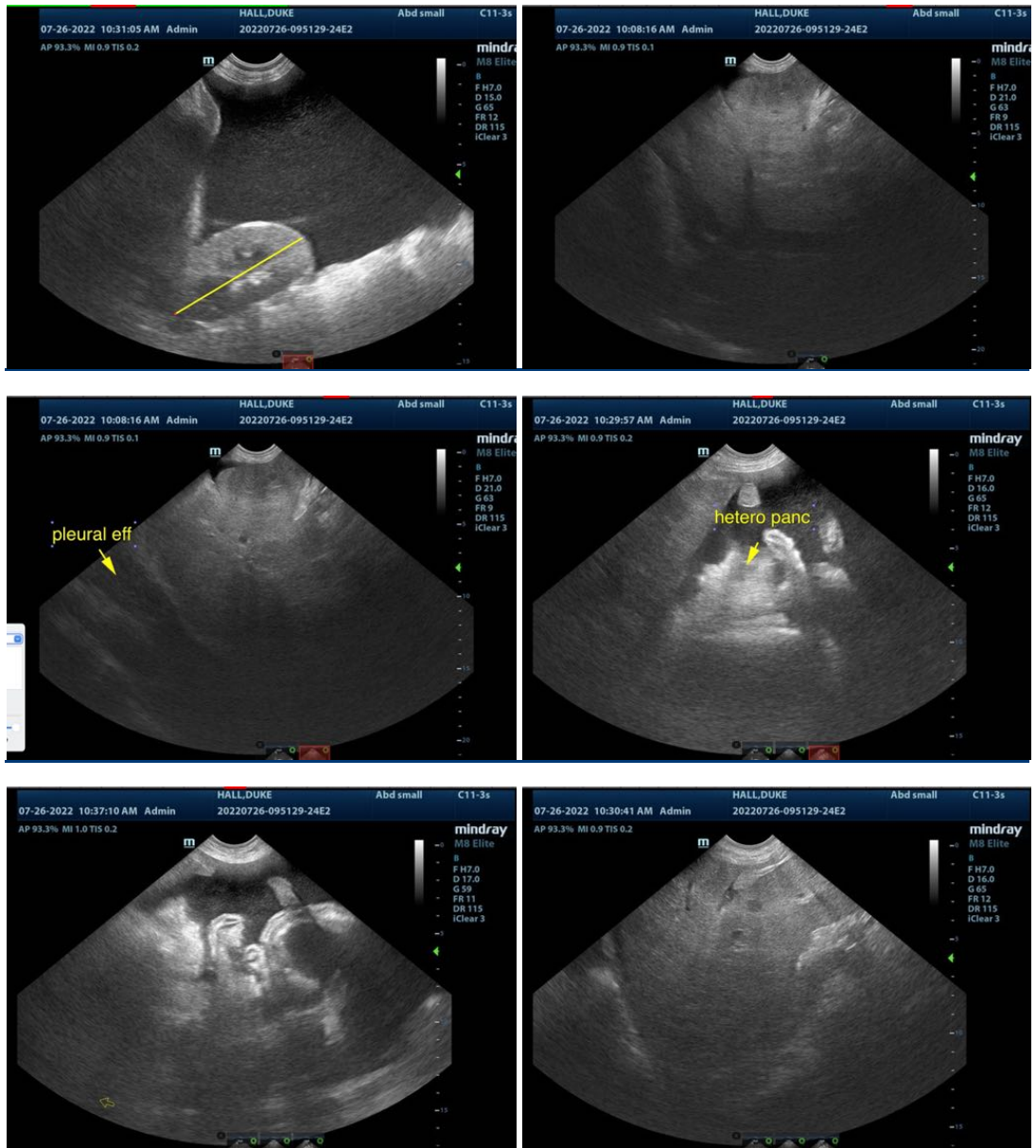
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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