



PATIENT

Lola Leavell

SPECIES

Canine

BREED

Pitbull Mix

SEX

Spayed Female

AGE

7 years

WEIGHT

54.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Kivircik

HOSPITAL NAME

Kings VH

REFERRING VET

Dr. Kivircik

INVOICE

91199

DATE

8/12/21

PRESENTING CLINICAL SIGNS

History: Presented today for distended abdomen. Initially noted about 2 weeks. Eating and drinking normally, energy is okay. Urinating and defecating normally. Known to chew on plants and tear up toys. Free fluid in abdomen.

Fluid analysis USG 1.028, Protein 3.0 Modified transudate with large number of large round cells.

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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The kidneys measured 5.0 cm each.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. The hepatic veins were dilated. This is consistent with passive congestion. The vena cava measured 1.0 cm. 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. Transdiaphragmatic view revealed severe pericardial effusion.



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Gastrointestinal

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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.

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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.

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Free Abdomen

A large amount of ascites was noted. The ascites is likely owing to passive congestion.

WEIGHT

54.4 lbs

Thorax

A tissue structure was present in the pericardium; however, it was not clearly visible.

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ULTRASONOGRAPHIC FINDINGS

Pericardial effusion.
Tissue structure in the pericardium.
Secondary passive congestion liver.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Full echocardiogram is recommended with inspection of the right auricle for neoplasia. I suspect cardiac neoplasia; however, further imaging to confirm the potential tissue mass in the pericardium is necessary. There was no overt abdominal pathology other than the fact that the ascites is secondary to pericardial effusion and passive congestion.

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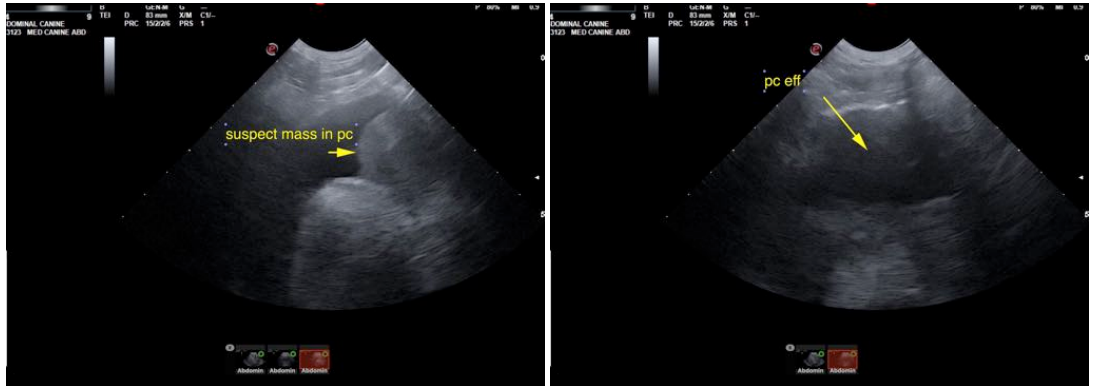
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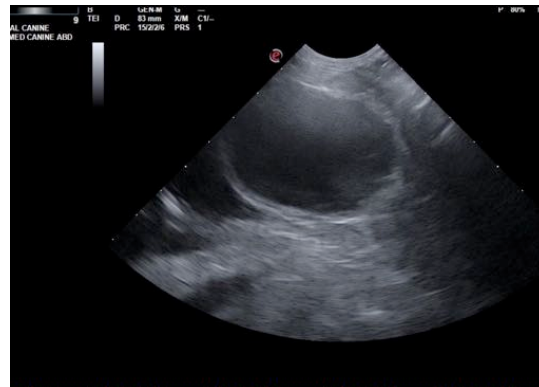
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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