



PATIENT PRESENTING CLINICAL SIGNS

Roxane Motroni

Progressive lethargy and reduced appetite since 8/12. Was given convenia on 8/12 and no response. Hx of 2nd degree AV block and stage B1 mitral valve disease, last cardiology recheck June 26. No c/s/v/d/pupd noted.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Sinus bradycardia (~50bpm). Chest x-ray unremarkable. Mild regenerative anemia and elevated liver enzymes. UA/Anemia PCR panel/CBC slide review pending, P started on doxycycline and cardiologist recheck scheduled for tomorrow.

BREED

Boston Terrier

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Spayed Female

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.

AGE

14 Years

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. Slight pyelectasia noted in the left kidney of 0.17 cm. The left kidney measured 4.3 cm. The right kidney measured 4.3 cm.

WEIGHT

10 kg

INTERPRETED BY

Eric Lindquist, DMV

Adrenal Glands

DABVP, Cert. IVUSS

The **adrenal glands** were not visualized, obscured by the enhanced omentum.

IMAGING PERFORMED BY

Dr. Matthew Olcha

Spleen

The **spleen** was mildly enlarged with slight scalloping contour, measuring 2.0 cm in width.

HOSPITAL NAME

East Meadow VC

Liver

The **liver** was uniformly enlarged. The gallbladder and common bile duct were unremarkable. Hepatic veins were dilated, secondary ascites noted. Mild gallbladder edema noted, owing to passive congestion.

REFERRING VET

Dr. Matthew Olcha

Gastrointestinal

The **gastrointestinal tract** per se was unremarkable.

INVOICE

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Pancreas

Minor **pancreatic** edema noted and heterogeneous parenchymal changes.

DATE

8/14/23

Free Abdomen

Enhanced mesentery noted throughout the mid abdomen.



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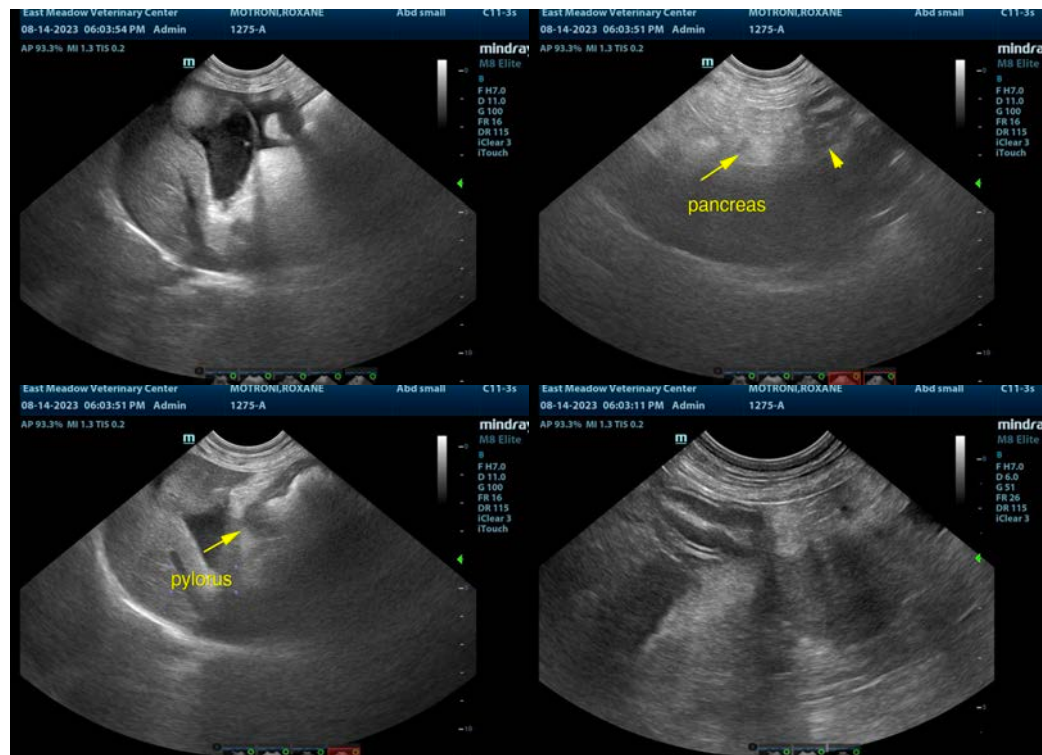
ULTRASONOGRAPHIC FINDINGS

- Ascites with passive congestion liver pattern – suspect potential right-sided heart failure or other form of obstructive disease.
- Irregular spleen
- Minor heterogeneous pancreatic changes, possibly owing to pancreatic edema
- Age related renal changes with left-sided pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend abdominocentesis and cytospin of the free fluid to rule out an exfoliating neoplastic event, as well as FNA of the spleen. Assessment of echocardiogram warranted for potential causes of passive congestion such as right-sided failure or pericardial effusion, or obstructive neoplasia. Prognosis is open yet guarded.

Lateral Radiograph: Right-sided cardiac enlargement with mild chronic bronchial changes, hepatomegaly, post-prandial gastric presentation.





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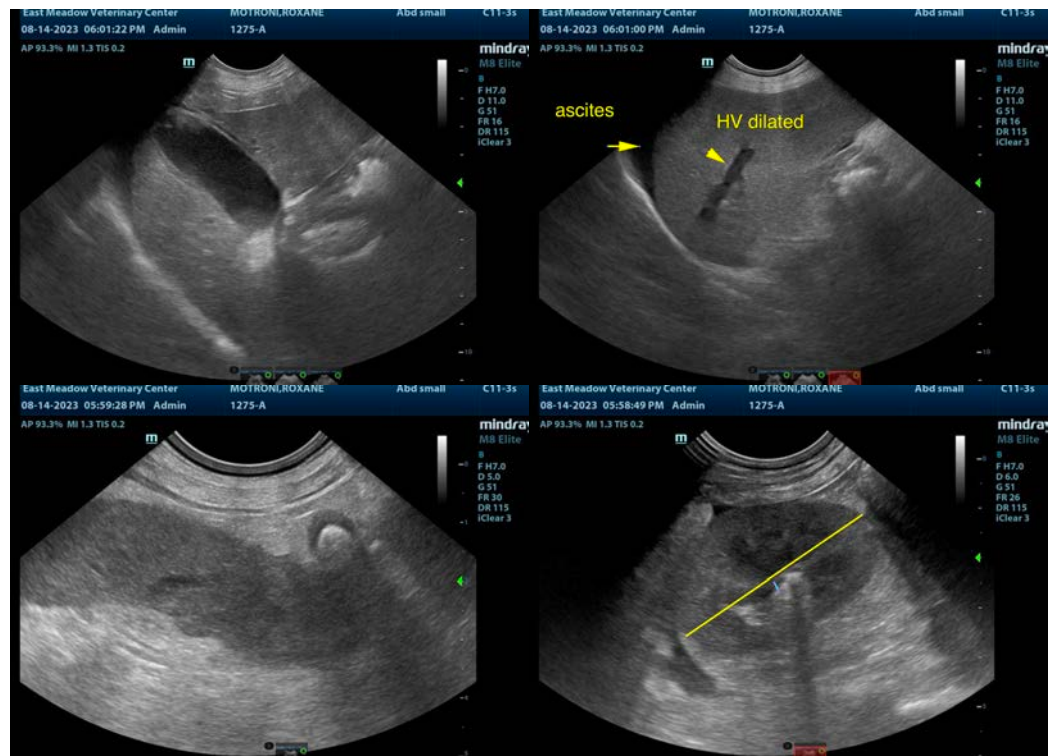
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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