



PATIENT

Patsy Merlino

SPECIES

Canine

BREED

English Bulldog

SEX

Spayed Female

AGE

7 Years

WEIGHT

51 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Chabora

INVOICE

12622

DATE

8/20/21

PRESENTING CLINICAL SIGNS

History: not eating, not defecating - possible obstruction

Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a minor amount of sand, measuring approximately 1.0 cm. The bladder wall itself and proximal urethra were unremarkable.

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 left kidney measured 5.23 cm. The right kidney measured 5.23 cm. Slight mineralization was noted in the kidneys.

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 right adrenal gland measured 2.16 cm x 0.83 cm at the caudal pole and 0.99 cm at the cranial pole. The left adrenal gland measured 2.65 cm x 0.8 cm at the caudal pole and 0.76 cm at the cranial pole.

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** was diffusely enlarged. Heterogeneous hepatic changes and parenchymal changes were noted. The gallbladder revealed a minor amount of sand and echogenic gallbladder wall thickening. No evidence of passive congestion. Hepatic lymph nodes were enlarged, measuring 2.0 cm x 1.5 cm.

Gastrointestinal

The **stomach** was overdistended with fluid consistent with metabolic ileus. Areas of intestinal stasis were noted, however, adhesions from regional omentum are likely obstructing. No obvious foreign body.

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. Enhanced mesentery was noted around the pancreas. Undifferentiated 3.0 cm x 2.5 cm hypoechoic mass was noted in the region of the pancreas.



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Free Abdomen

Patsy Merlino

A moderate amount of ascites noted in the **abdomen**.

SPECIES

Heart

Canine

A rapid view of the **heart** revealed no evident pathology in the right auricle or elsewhere. Hypocontractility was present.

BREED

ULTRASONOGRAPHIC FINDINGS

English Bulldog

- Right cranial undifferentiated mass with hepatic enlargement and hepatic lymphadenopathy
- Secondary ascites
- Urinary bladder sand
- Hypocontractility present in the heart
- Stomach, overdistended with fluid

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

7 Years

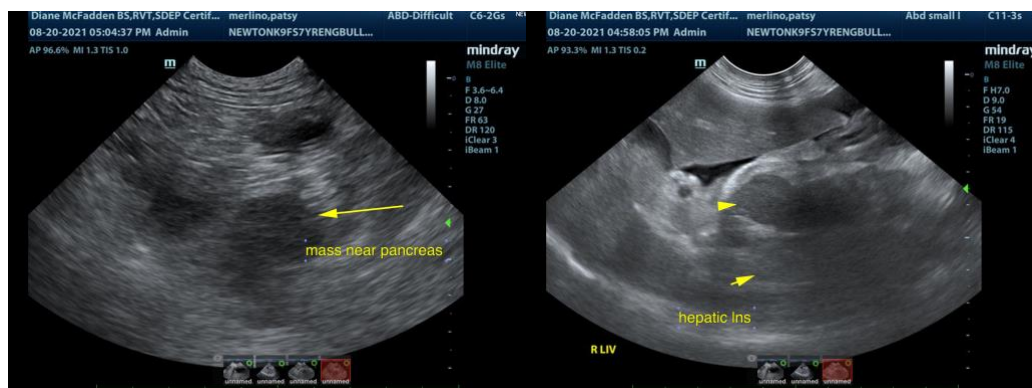
Given that the albumin level is not reported to be <1.5 and there is no evidence of passive congestion in the liver or right heart disease, lymphatic obstruction and secondary neoplastic ascites is suspected with hepatic lymphadenopathy and the undifferentiated right cranial mass in the region of the pancreas which may be pancreatic or lymphatic in origin, I recommend ultrasound guided FNA of the liver, abdominocentesis and cytospin of the free fluid and assessment of the many neoplastic cytology. Prognosis is guarded to poor. If by chance the abdominal fluid appears septic, then exploratory surgery would be indicated.

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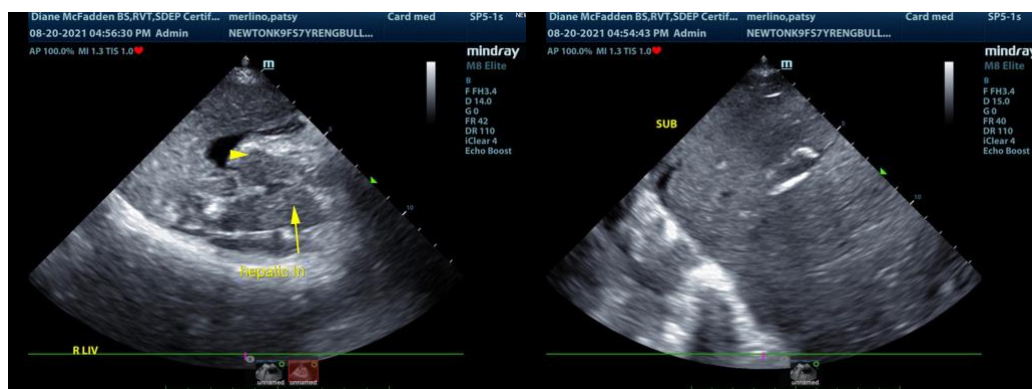


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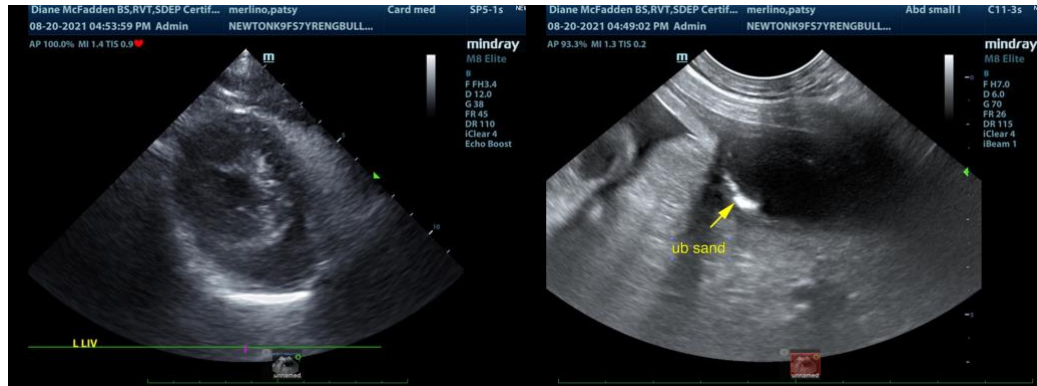
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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