



PATIENT PRESENTING CLINICAL SIGNS

Penny Pelto

SPECIES

Canine

BREED

Boxer Mix

SEX

Spayed female

AGE

8 years

WEIGHT

48.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Saum Hadi

HOSPITAL NAME

Bethany Family Pet
Clinic

REFERRING VET

Dr. Hanrahan

INVOICE

32476

DATE

8/23/22

History: hyporexia/anorexia x 3-5 days (o was out of town last week and unsure of onset- travel is unusual change). slightly more lethargic per o. PD with normal urination frequency/volume and no stranguira/hematuria noted per o. no vom, soft stools last night. ate chicken and rice last night but otherwise turning nose up to everything else. appetite has been waning over last few months per o (no longer interested in farmers dog that previously had scarfed down). no hx of dietary indiscretion per o. presented in 6/23/22 for V/D x 12 hours after ingesting raw salmon. fecal with direct smear neg for flukes/ova. tx empirically with doxy x 14 days, drontal x 4 days. cerenia PRN. cont to have intermittent GI signs since 6/23)

Abnormal PE/Chem/CBC/UA Results: sedated exam due to FAS. no oral exam due to muzzle. painful on cranial abdominal palpation. slightly distended abdomen soft stools on rectal palpation 8/23: LYMPH: 0.79 ALT: 367 otherwise cbc, chem 17, lytes wnl. cpl neg BW from 4/22/22: - ALT : 30 - PLT: 470 - otherwise unremarkable UA, T4, fecal, 4dx ab rads 8/23: The main finding is peritoneal effusion. This could be indicative of transudate (as with protein-losing enteropathy or occult neoplasia), peritonitis, or hemorrhage. 2. No gastrointestinal obstruction is identified. Pancreatitis or diffuse infiltrative disease (such as inflammatory bowel disease or neoplasia) cannot be ruled out. 3. Equivocal splenomegaly is nonspecific and could be a normal variation. Splenic congestion, extramedullary hematopoiesis, lymphoid hyperplasia, or neoplasia could be considered. 4. Despite the normal morphology of the liver, diffuse hepatopathy such as hepatitis, cirrhosis, vacuolar hepatopathy, or infiltrative neoplasia cannot be excluded. Pending: UA Peritoneal fluid analysis + cytology pending. Chest rads: being sent off for interpretation, but suggestive of pleural fluid in the cranial lung fields started on cerenia and convenia empirically

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. Both kidneys measured 6.0 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 was noted.



PATIENT

Liver

Penny Pelto

The **liver** revealed uniform parenchyma with mild hepatic vein dilation and passive congestion pattern. 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.

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Gastrointestinal

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.

Pancreas

AGE

8 years

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 mildly echogenic free fluid was noted in the abdomen. Enhanced omentum was noted throughout the midabdomen owing to ascites.

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ULTRASONOGRAPHIC FINDINGS

Ascites secondary to passive congestion.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Obstructive thoracic disease such as caudal vena cava obstruction, pericardial effusion, right sided heart failure or obstructive thoracic masses should all be evaluated. Cytospin of the free fluid in the abdomen is recommended to assess for carcinomatosis, lymphomatosis, mastocytosis or similar. The prognosis is guarded depending upon thoracic and cytology findings.

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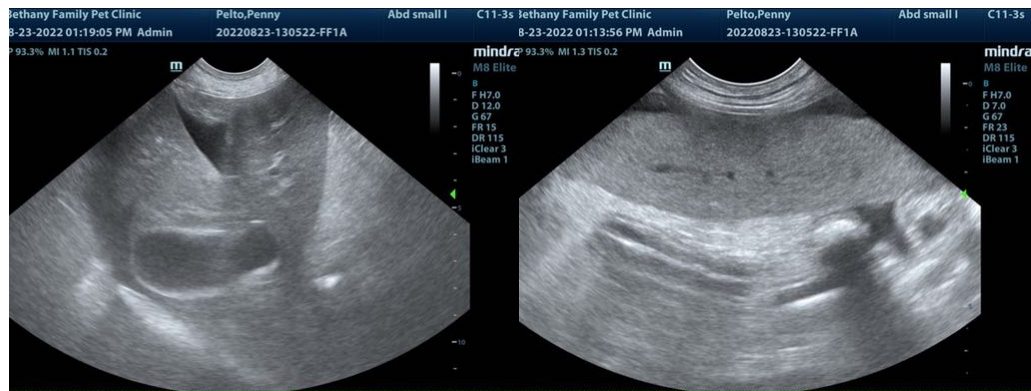
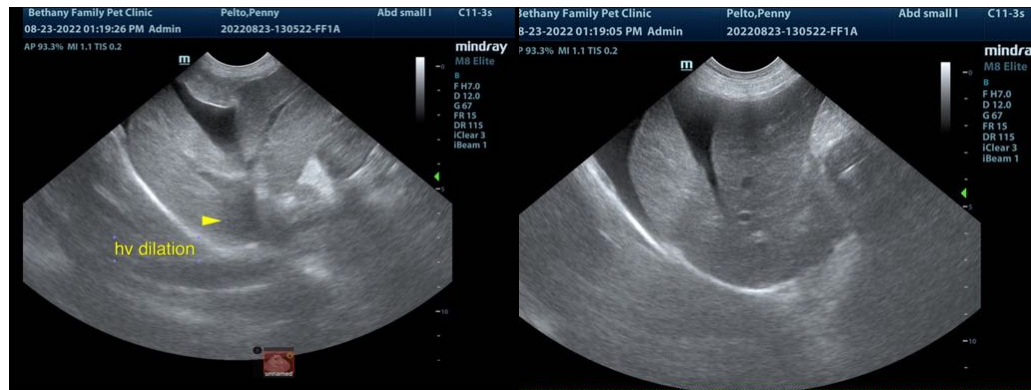
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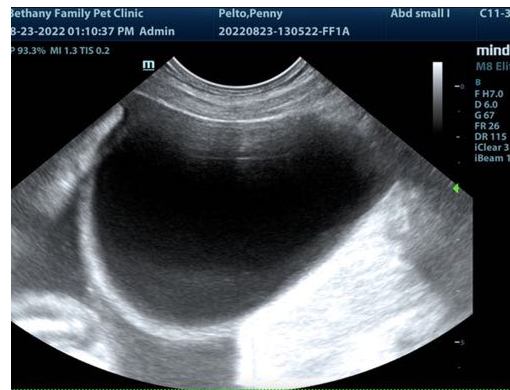
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com