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Clinical Sonography & Telecytology
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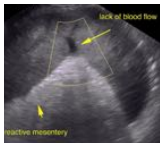
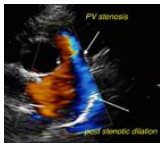
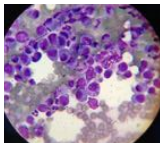
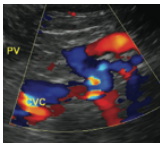

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Shredder Esguerra

SPECIES
Canine

BREED
Pitbull

SEX
Neutered male

AGE
11 years

WEIGHT
34 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Peterson

HOSPITAL NAME
Wilvett Salem

REFERRING VET
Dr. Peterson

INVOICE
32100

DATE
8/3/22

PRESENTING CLINICAL SIGNS

History: P started gagging and coughing yesterday and seemed like he had a bit more effort in breathing. O had mentioned that they gave a different type of treat today at 11am and P had a seizure while he was eating the treat and one after he finished the treat. Another seizure happened around 8pm today after they gave another one of the treats to him. In February of 2021 P was diagnosed with hemangiosarcoma. O took him for a checkup in June 2022 and there was no spread but they did see an enlargement of the heart. P's abd has been distended but O says she thinks that comes and goes. P tends to be very gassy. e/d ok u/d ok
Abnormal PE/Chem/CBC/UA Results: CBC- 5.56 M/uL Lymphopenia 1.00 K/uL (likely stress leukogram) MPV 14 fL Plateletcrit 0.58 % Chem17- BUN 40 mg/dL ALT 457 U/L ALP 323 U/L GGT 21 U/L EPOC- pH 7.344, K 3.2 mmol/L, lactate 5.2 mmol/L, BUN 31mg/dL, HCT 35% Chest radiographs 3 view- heart appears significantly enlarged V/D taking up over 2/3 of chest, potential of mass effect in cranial mediastinum, left lateral appears to have pleural effusion, Abdominal radiographs 3 view- liver appears enlarged and rounded, serosal detail decreased, thoracentesis - took 600 mL of chest fluid. serosanguinous fluid.

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 left kidney revealed an anechoic cyst that measured 2.0 cm with loss of corticomedullary definition. The left kidney measured 6.0 cm in length.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The visible **spleen** was unremarkable and uniform.

Liver

The **liver** was enlarged with passive congestion pattern and dilated hepatic veins and vena cava. 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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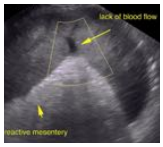
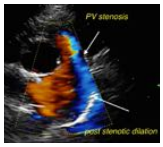
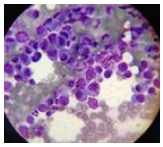
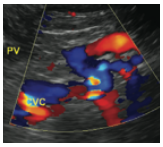

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Gastrointestinal

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

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

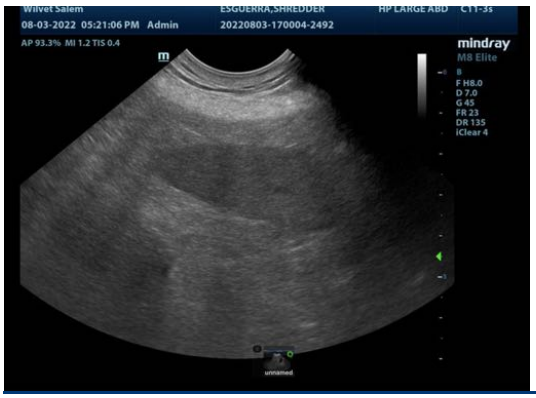
A minor amount of free fluid was noted in the caudal abdomen.

ULTRASONOGRAPHIC FINDINGS

Passive congestion liver pattern with secondary ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Thoracic radiographs and cardiac ultrasound are recommended to assess for causes of passive congestion such as right-sided heart failure, pericardial effusion and obstructive thoracic disease. Other than the hepatic cysts and benign hepatopathy the abdomen is largely unremarkable.



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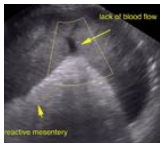
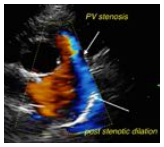
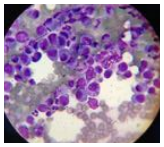
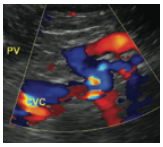

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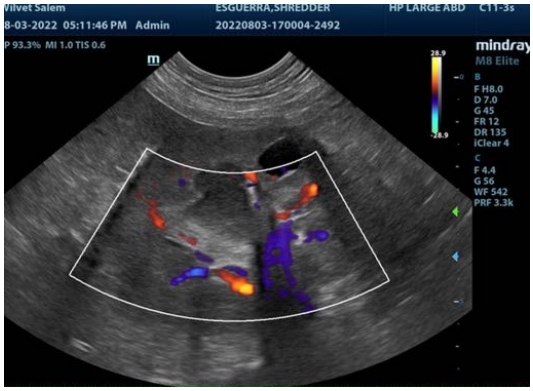

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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