



PATIENT

Lola Grant

SPECIES

Canine

BREED

Pomeranian

SEX

Spayed Female

AGE

13 Years

WEIGHT

5.30 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Singh

HOSPITAL NAME

Balmy Beach PH

REFERRING VET

Dr. Singh

INVOICE

13259

DATE

9/24/21

PRESENTING CLINICAL SIGNS

History: not eating well for the past 3-4 days. Has hx of cardiac disease - recent visit with cardiologist on Sept 2nd, 2021, she was stable. Please see cardiology notes below: Cardiology Consultation Summary - 09-02-2021 Diagnosis Degenerative mitral valve disease - severe (ACVIM stage C) Congestive heart failure - appropriately controlled with medications Degenerative tricuspid valve disease - moderate and compensated Moderate pulmonary arterial hypertension - secondary to left-sided cardiac disease Recommendations Medications: Furosemide (20 mg tablets): continue to give 1/2 tablet (= 10 mg) orally every 8 hours. In case of difficulty breathing, you can give an extra dose of furosemide and contact us or her regular veterinarian as soon as possible. Pimobendan (= Vetmedin, 1.25 mg capsules): continue to give 1 capsule orally every 8 hours, ideally on an empty stomach (at least 30 min before a meal). Benazepril (2.5 mg tablets): continue to give 1 tablet (= 2.5 mg) orally once daily. Spironolactone (25 mg tablets): continue to give 1/4 tablet (= 6.25 mg) orally once daily. Cardiologist comments: Additional information I am very pleased with today's physical examination, which showed no obvious signs of fluid in the lungs. Moreover, Lola's kidneys have been tolerating medications very well. No change in therapy is necessary at this time. On PE, Lola is panting, gets stressed easily. There was mild abdominal distension noted. Possible intra-abdominal mass/organomegaly noted. Free fluid found. She has a known bladder stone, which has not been dealt with due to her heart disease.

Abnormal PE/Chem/CBC/UA Results: Worsening azotemia since beginning of September Elevated liver enzymes ALT 327 (10-125), ALP 516 (30-212)

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 evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. Bladder calculi were noted, a grouping of which measured approximately 5.0 mm.

The **kidneys** presented multiple calculi and occasional cysts. The kidneys measured approximately 4.0 cm each.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The visible **spleen** was volume contracted yet uniform.

Liver

The **liver** revealed minor heterogeneous changes with minor excessive gallbladder debris. A large amount of ascites noted with passive congestion liver pattern, dilated hepatic veins and vena cava.

Gastrointestinal

Variable upper **gastrointestinal** thickening noted without overt loss of detail. The small intestine and colon were unremarkable.

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.

SPECIES

Canine

Free Abdomen

Enhanced mesentery noted in the mid **abdomen**.

Other

BREED

Pomeranian

Pericardial effusion noted throughout the **diaphragm** in this patient. Echocardiogram recommended to assess for cardiac masses- may be causing pericardial effusion and tamponade.

SEX

Spayed Female

- Ascites owing to passive congestion
- Renal and bladder calculi
- Minor hepatic changes with passive congestion pattern and gallbladder debris
- Minor upper gastrointestinal thickening
- Volume contracted spleen

AGE

13 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pericardial effusion is a concern, especially with the history of valvular disease as this may be caused by left atrial rupture. Focusing on adjusting cardiac medications and treatment for right sided failure would be appropriate depending upon cardiac parameters. Prognosis is very guarded depending upon cardiac presentation. I believe that the clinical significance of the abdominal presentation is owing to primary cardiac issues and right sided failure.

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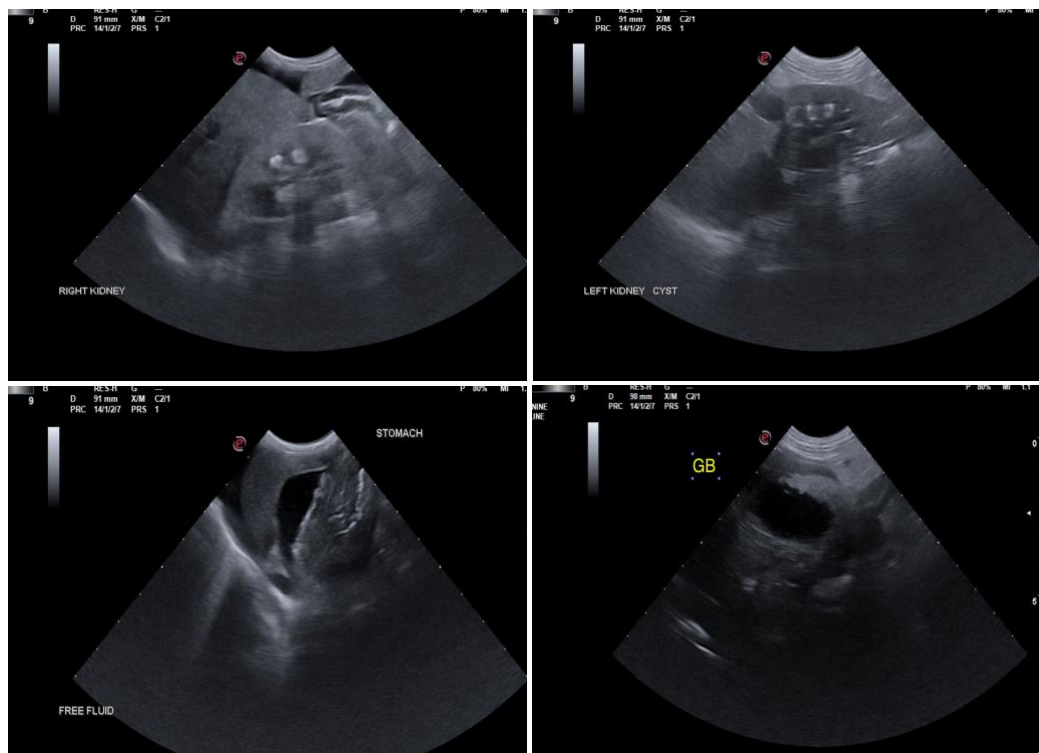
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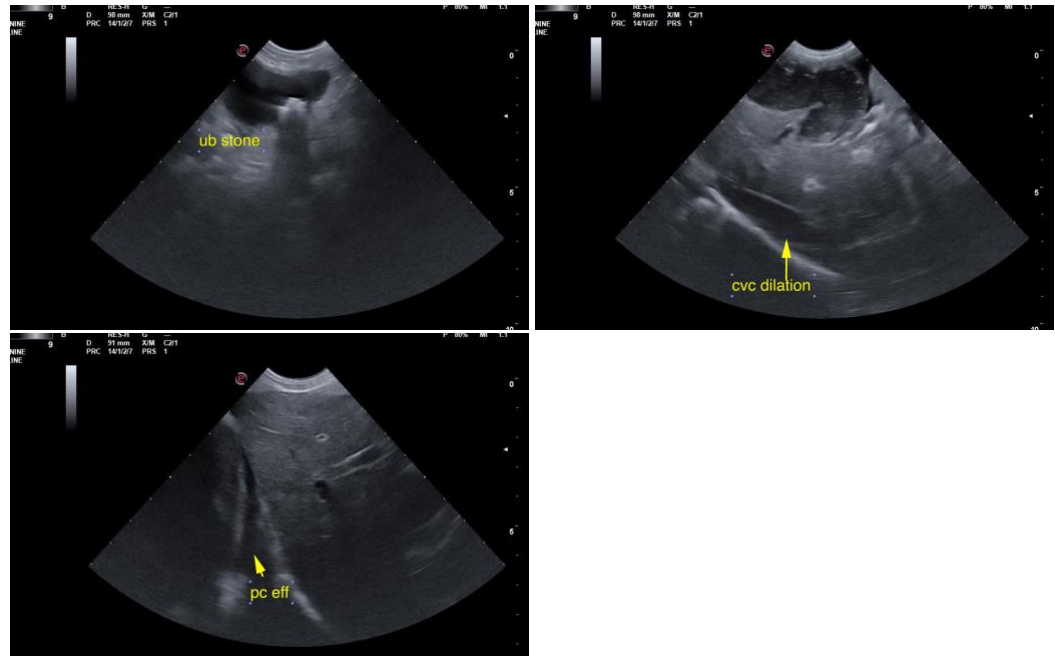
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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