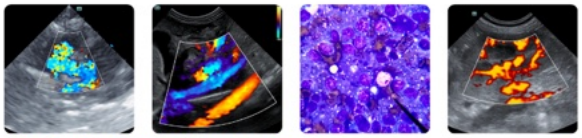


PATIENT

Murphy Sabel

SPECIES

Canine

BREED

Mix Hound

SEX

Neutered male

AGE

8 years

WEIGHT

50 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

Basking Ridge AH

REFERRING VET

Dr. Rotella

INVOICE

68264

DATE

11/3/25

PRESENTING CLINICAL SIGNS

History: Dog presented after collapsing at home. Walking in hospital okay but lethargic. Radiographs taken and read out as normal thorax and abdomen.
ALT = 202 Glucose = 138 HCT = 51.1 % Put = 185 Rest essentially wnl.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal. 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. The right kidney measured 6.34 cm. The left kidney measured 7.0 cm.

The residual prostate was uniform and measured 0.97 cm.

Adrenal Glands

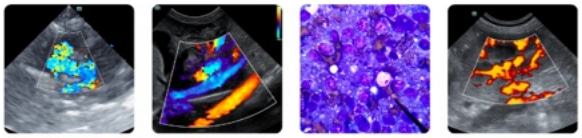
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.01 x 1.16 cm at the cranial pole and 0.67 cm at the caudal pole. The left adrenal gland measured 2.5 x 0.65 cm at the caudal pole and 0.73 cm at the cranial pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** revealed multiple, hypoechoic nodular changes measuring up to 1.15 cm. The liver presented mild, generalized hepatomegaly. The hepatic veins were not dilated. There was no evidence of passive congestion. The gallbladder was edematous likely secondary ascites.



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Gastrointestinal

The **gastric** wall was mildly thickened without loss of mural detail. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

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. No overt evidence of active inflammatory or neoplastic disease was noted.

Free Abdomen

Free fluid was noted in the abdomen between the liver lobes.

Heart

Rapid view of the heart revealed volume contraction.

ULTRASONOGRAPHIC FINDINGS

- Free fluid.
- Edematous gallbladder and undefined hepatic nodular changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Round cell neoplasia, hemangiosarcoma and suppurative hepatitis and cholangiohepatitis are all possible. Management is recommended based on FNA results. Full coagulation panel is warranted to assess for coagulopathy. Bile acid profile is indicated. The collapse is likely owing to hemorrhage most likely deriving from the liver; however, no overt masses are noted. The heart appears volume contracted and hypotensive, potentially shocky. Assessment for stage 1 or stage 2 shock is indicated. Fluid analysis with cytospin would be ideal as well as cytology evaluation. Management is recommended based on the results. EKG is indicated to ensure that the tachycardia is physiological and not pathological. Paroxysmal arrhythmia can also be playing a role in the collapsing event.

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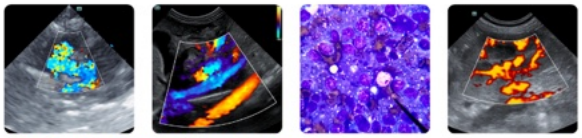

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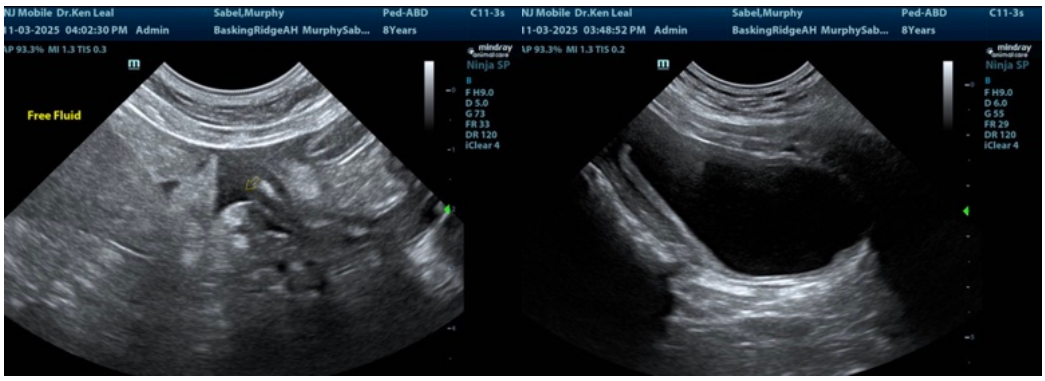

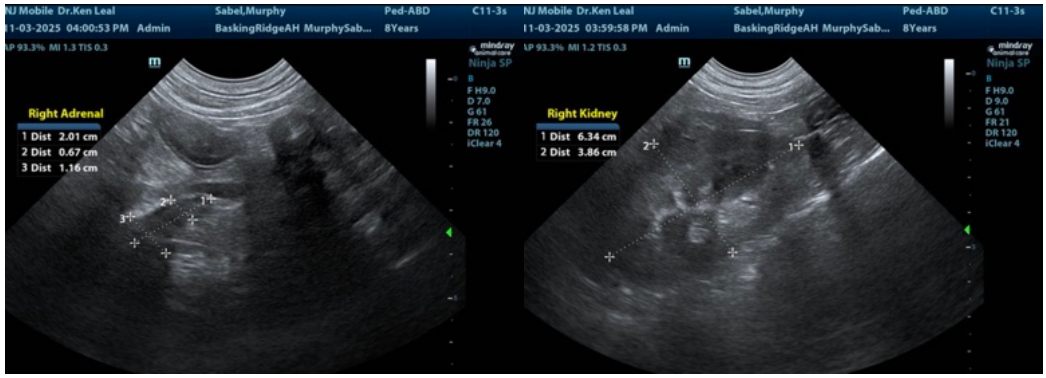

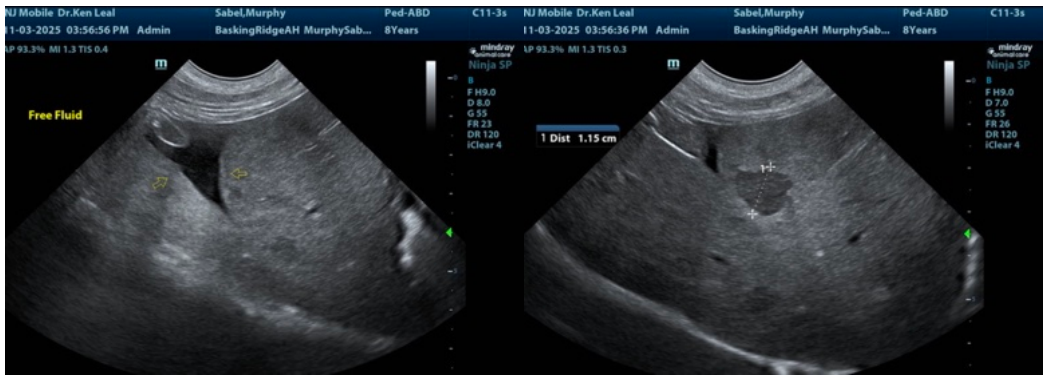

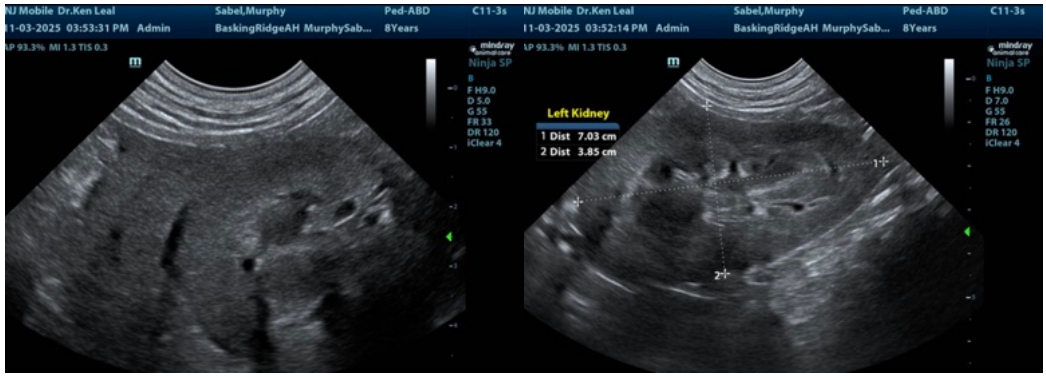

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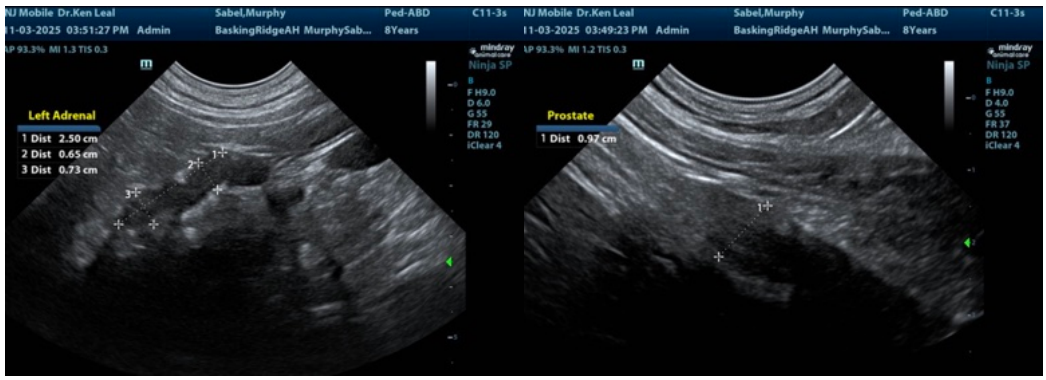

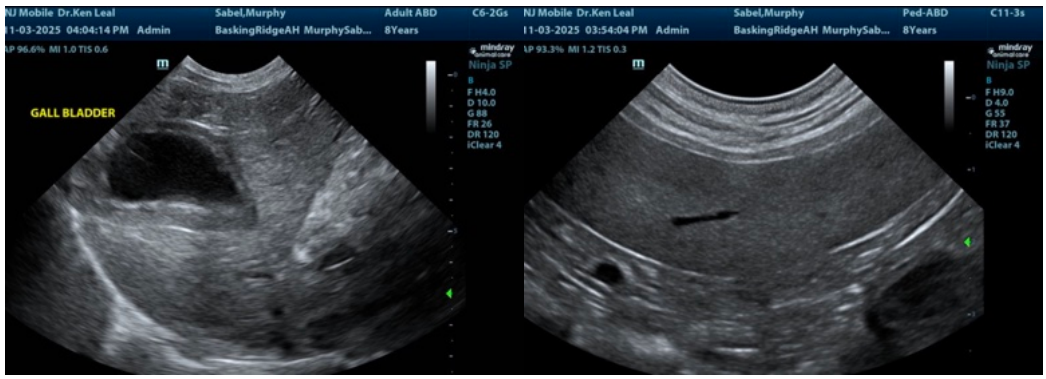

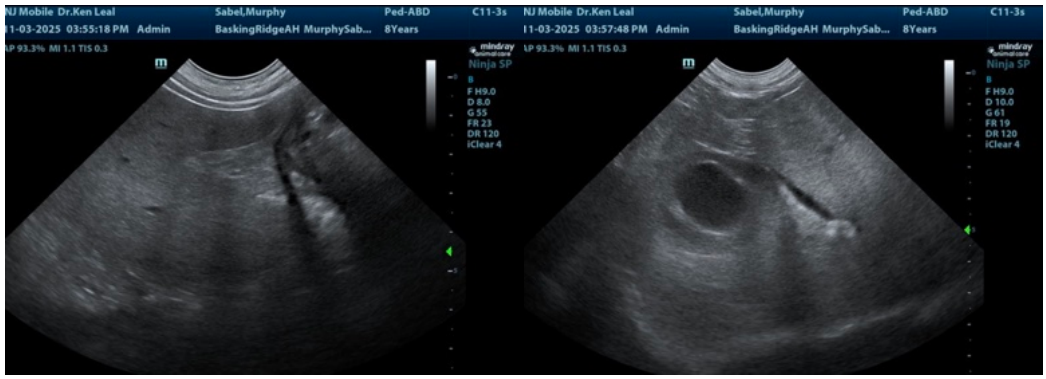

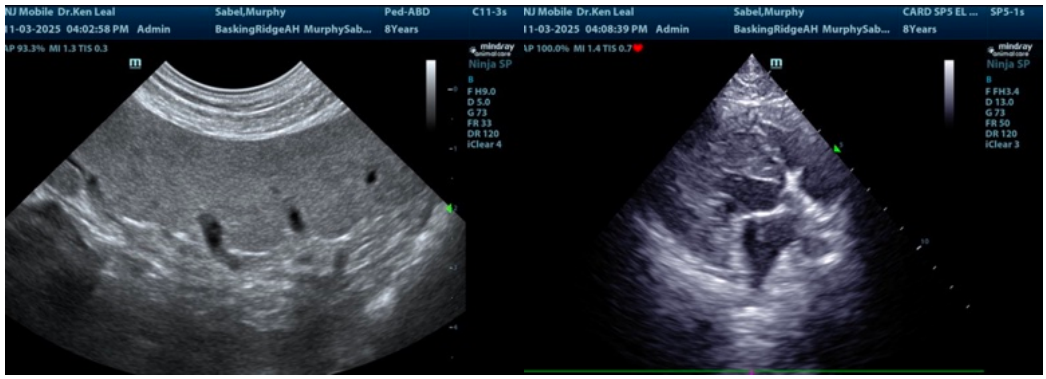

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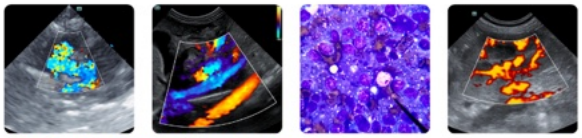

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com