



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Kenzo Pichler
PRESENTING CLINICAL SIGNS History: Presented at our hospital for possible seizure, P acting different, went outside to potty and defecated and sat in it, knuckling on left front paw, gums pale, RR increased, T at home 101.5F, all happened within the last hour

SPECIES Previous Health Concerns: seizures
 Current Medications: none

Canine
 Appetite/When did they eat last: 3:15p/ wnl

BREED Abnormal PE/Chem/CBC/UA Results:
 Temp: 99.4F
 HR: 168
 RR: 40

SEX Cardiovascular: muffled heart sound; tamponade appreciated, tachycardia
 Abdominal: slight tense cranial to mid abdomen
 Neutered Male Radiographs: globoid heart, increased bronchial pattern perihilar, no edema noted; hepatomegaly with dorsal displacement of stomach, loss of detail in cranial abdomen, no obvious mass noted
 Chemistry: ALT 124 H, GGT 15 H, Total bilirubin 1 H
AGE CBC: RBC 8.83 H, Hgb 23.3 H, HCT 62% H
 EPOC: pH 7.209 L, Lactate 3.21 H, HCT 59% H

8 years
 Brief abdominal ultrasound: ascites noted; tap revealed yellow tinged serous like fluid; Protein of abdominal fluid: 5.4

WEIGHT Pericardiocentesis: Removed 300 ml Hemorrhagic fluid. Pericardial effusion still present but slight only.
 29.8 kg Immediate improvement in heart rate/tachycardia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

INTERPRETED BY

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IMAGING PERFORMED BY

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HOSPITAL NAME

Shores Vet Emerg
 Ctr

REFERRING VET

Dr. Lupole

INVOICE

11789

DATE

10.10.22

Urinary System

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The region of the **prostate** is not visualized due to its pelvic location.

The **left kidney** is normal size (7.26 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The **right kidney** is normal size (7.56 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.61 cm at cranial pole) (0.71 cm at caudal pole) (2.52 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the **right adrenal gland** is evaluated. No obvious pathology is observed.

Spleen

The **spleen** is normal in size (2.09 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The **liver** is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen, with minor changes consistent with age-related remodeling. A 1.53 cm anechoic cyst is observed on the left side. Hepatic vasculature is normal to slightly dilated. Intrahepatic biliary tracts are of normal.

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **stomach and intestine** are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The region of the **pancreas** is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

A small to moderate amount of anechoic free fluid is present. The mesentery throughout the abdomen is mildly hyperechoic. The abdominal **lymph nodes** are normal/not visible.

Other

Pleural effusion is noted in the thorax.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hepatic changes could be consistent with passive congestion, age-related remodeling, inflammatory disease, infiltrative neoplasia (less likely) or other hepatopathy. The cystic lesion within the liver may represent a benign cyst or an emerging vascular tumor.
- The ascites, slightly secondary to cardiac tamponade. However, other consideration (i.e., low oncotic pressure or increased vascular permeability) should also be considered.

*There is no obvious evidence of neoplasia in the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A full cardiac work-up (i.e., echocardiogram, ECG and blood pressure) are recommended.

Regarding the hepatic cyst, consider a repeat ultrasound in 3-4 weeks to assess for growth.

Consultation with a board-certified neurologist is also recommended.



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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