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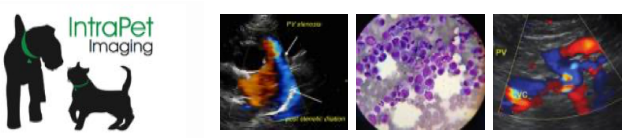

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DATE
11/29/22

PATIENT
Charlee Gunzelman

SPECIES
Canine

BREED
Labrador

SEX
Male, neutered

AGE
2/25/2014

WEIGHT
100 lbs.

INTERPRETED BY
Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

HOSPITAL NAME
Perry Hall AH

REFERRING VET
Dr. Miller

INVOICE
14281

PRESENTING CLINICAL SIGNS

Patient presents for evaluation of a cough at home and some soft stool. Radiographs showed some concern for a scant amount of abdominal effusion.

Current Medications: None listed.
Radiographs: Suspect broncho-pneumonia within the caudal segment of the left cranial lung lobe. The globoid appearance of the heart could be a normal patient variant. The possibility of pericardial effusion or primary cardiac disease cannot be ruled out. Suspect small volume abdominal effusion. Peritonitis/steatitis as a result of pancreatitis, ascites due
to nonspecific etiologies or carcinomatosis would be primary differentials. The abdomen is otherwise unremarkable.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Torb
Stat Report: Requested by DVM.
Imaging Performed By: Andi Parkinson, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (1.19 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (7.31 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal size (7.68 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is normal size (0.61 cm at cranial pole) (0.84 cm at caudal pole) (3.42 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 right adrenal gland is normal size (1.26 cm at cranial pole) (0.79 cm at caudal pole); 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.

Spleen

The spleen is subjectively prominent in size with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent to enlarged with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogeneous in appearance. No focal lesions are observed. Vascular and biliary tracts appear normal. The gall bladder lumen is mildly to moderately distended. The wall is thickened (up to 0.53 cm) and hypoechoic with a “double-walled” effect. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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. No obstructive disease is noted.

Pancreas
The right limb is visible/prominent with slightly irregular peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen
A moderate amount of slightly echogenic free fluid is present within the abdomen. The mesentery throughout the abdomen is mildly hyperechoic. The abdominal lymph nodes are normal/not visible.

Other
A brief visualization of the heart reveals a moderate amount of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS
Primary Findings:

- Pericardial effusion. Differentials include cardiac neoplasia, idiopathic pericardial effusion, other.
- The hepatic parenchymal changes are most consistent with passive congestion. However, other hepatopathies (i.e., vacuolar, inflammatory) are also possible. Correlation with the patient's liver values and clinical history is recommended.
- The gallbladder wall changes are most consistent with edema secondary to right sided heart failure/cardiac tamponade.
- The pancreatic changes could be consistent with edema secondary to cardiac tamponade or may be due to age-related remodeling.
- The ascites is likely secondary to cardiac tamponade.

Secondary Findings:

- Minor, bilateral renal dystrophic mineralization.
- The mild splenomegaly may be a normal variant for this patient or may be secondary to passive congestion, lymphoid hyperplasia, extramedullary hematopoiesis, antigenic stimulation, splenitis or less likely, infiltrative neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Further diagnostic and treatment recommendations should be determined by the cardiologist.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com