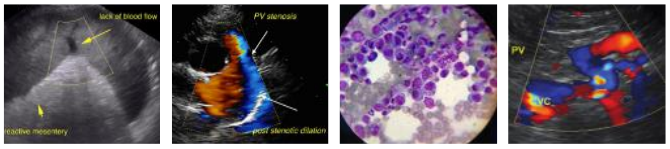
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Zuex Webster

SPECIES

Canine

BREED

Retriever Lab X

SEX

Neutered Male

AGE

8 years

WEIGHT

49.95 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brian Barnes

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Brian Barnes

INVOICE

10382

DATE

2/15/22

PRESENTING CLINICAL SIGNS

History: Dog presented with a one-week history of rapid weight loss. Energy is down a bit, bit of diarrhea, no vomiting

Abnormal PE/Chem/CBC/UA Results: Muffled cardiac sounds. No murmur no arrhythmia, Belly distended with ascites. Abdominocentesis non hemorrhagic clear modified transudate. (sp gr 1.027, Prot 4.4) Xrays: 1. Large-volume abdominal effusion 2. The globoid appearance of the heart is highly suggestive of pericardial effusion. 3. Hypovolemia. Right-sided heart failure can cause a similar radiographic change. CBC , WBC 19.55 (N 2.95-11.64), increasd neuts CHEM: ALT 153 (N 10-125) rest WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of gravity dependent mineralized sand, as well as a scant amount of suspended echogenic debris is observed within the lumen. 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 prostate is not definitively visualized due to its pelvic location.

The left kidney presented normal size (7.81 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (8.08 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.57 cm at cranial pole) (0.65 cm at caudal pole) (3.10 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 (1.23 cm at cranial pole) (0.92 cm at caudal pole) (3.78 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.

Spleen

The spleen is normal in size (2.60 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

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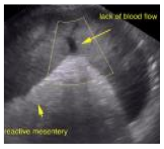
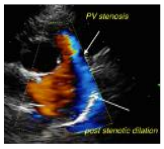
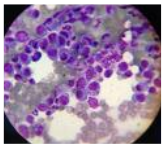
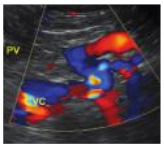

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Liver

The liver is subjectively prominent in size with slightly swollen, irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are 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 or overt infiltrative disease is noted.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

A moderate amount of slightly echogenic free fluid is observed within the abdomen. The abdominal lymph nodes are normal/not visible.

Other

Pericardial effusion is seen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Given the patient's history, the hepatic changes are most likely secondary to passive congestion along with benign age-relate remodeling.
- The splenic parenchymal changes are non-specific and trend toward the benign (i.e., lymphoid hyperplasia or extramedullary hematopoiesis) with a low possibility of emerging neoplasia.
- Urinary bladder sand
- Pericardial effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Further recommendations should be based on the echocardiogram report. Therapeutic pericardiocentesis may be useful in improving patient comfort.

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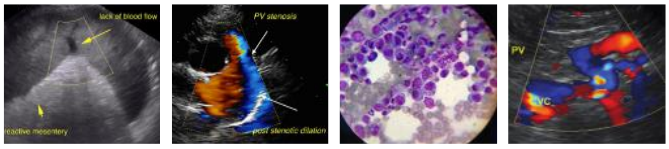

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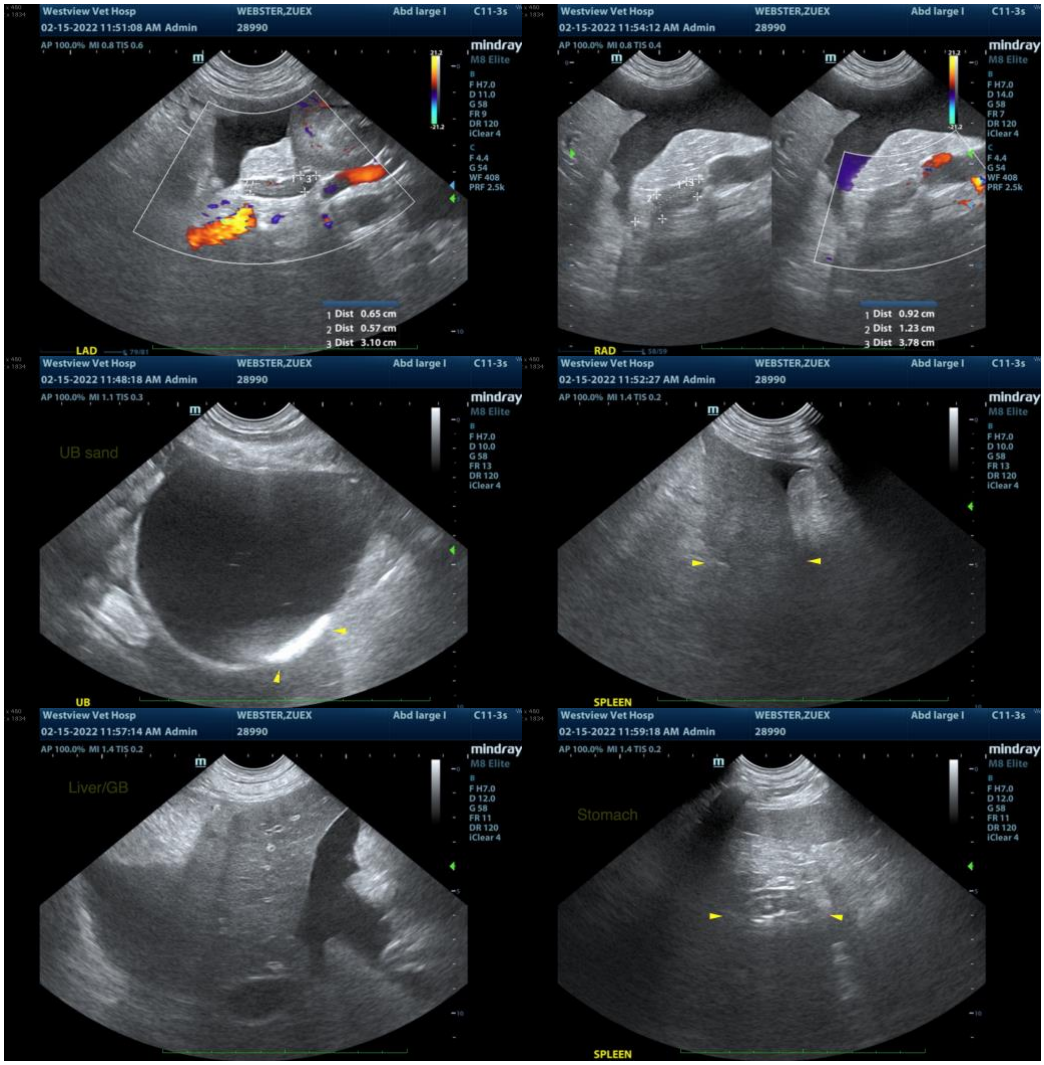

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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