

**DATE PRESENTING CLINICAL SIGNS**

3/15/2022 Abdominal distension for approximately 2 weeks, reduced activity, otherwise normal at home. Distended abdomen on exam with possible fluid wave.

PATIENT

Lily Feathers

Lab Results: Mild regenerative anemia, hypoalbuminemia, mild increased ALT.

Radiographs: Reduced serosal detail.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Declined.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

SPECIES

Canine

BREED

Labrador

SEX

Intact Female

AGE

10/14/2014

WEIGHT

80 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

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 left kidney presented normal size (7.08 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.

The right kidney presented normal size (7.59 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.

INTERPRETED BY

Andrea Nicastro, DMV,
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Adrenal Glands

The left adrenal gland is normal size (0.64 cm at cranial pole) (0.74 cm at caudal pole) (2.28 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.

HOSPITAL NAME

Swan Creek VC

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

Spleen

The spleen is normal in size (1.70 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.

REFERRING VET

Dr. O'Connor

Liver

The liver is subjectively small in size with irregular peripheral contours. The parenchyma is isoechoic to hyperechoic relative to the spleen and diffusely irregular/nodular in appearance. Intrahepatic biliary tracts are of normal volume with no evidence of congestion.

INVOICE

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The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

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 or overt infiltrative disease is noted.

Pancreas

A portion of the pancreas is obscured by the excessive abdominal effusion. In the visualized portions, no obvious pathology is observed.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

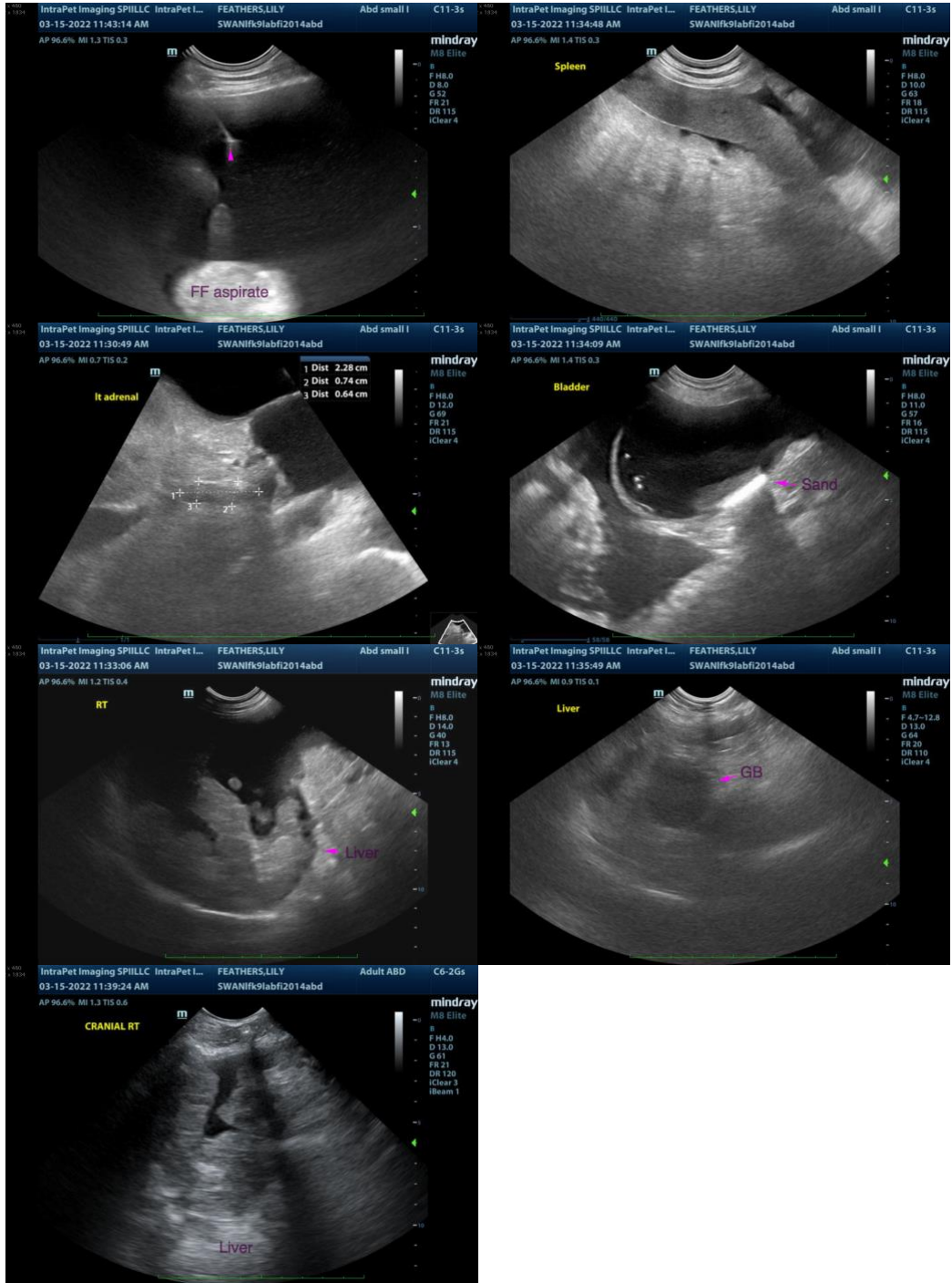
- The hepatic parenchymal changes are concerning for chronic end-stage liver disease (i.e., cirrhosis). The ascites may be secondary to portal hypertension and/or low oncotic pressure.

Secondary Findings

- Urinary bladder sand

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A surgical liver biopsy can be considered in an attempt to obtain a definitive diagnosis. However, with end-stage liver disease, hepatic biopsies often only reveal fibrosis, without an indication of the underlying precipitating event. Therefore, the benefits and risks must be weighed in making the decision about whether or not to biopsy the liver, particularly, since the long-term the prognosis is guarded to poor.
- Consider palliative care (i.e., therapeutic abdominocentesis as needed, hepatic antioxidants and symptomatic care).
- Also consider thoracic radiographs to assess for pleural effusion.
- Cytologic evaluation of the abdominal fluid can be considered but may be of low yield, particularly if a transudate is suspected.



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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