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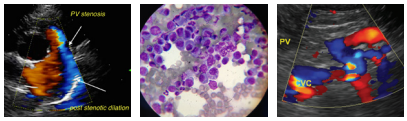

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DATE

4/11/22

PATIENT

Sierra Sheu

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

5/21/12

WEIGHT

97.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Stephanie Pearce RDCS, RVT

HOSPITAL NAME

Everhart Vet Hospital

REFERRING VET

Dr. DelFavero

INVOICE

36787

PRESENTING CLINICAL SIGNS

P presented today for about 3 month history of enlarged abdomen. 1-2 episodes of vomiting and diarrhea about 2-3 weeks ago, but not since. Currently, p is clinically doing well. BAR, mm pk/tacky, CRT <2sec. H/L clear, fluid wave on abdominal palp. AFAST scan- confirmed large amount of free fluid.

Current Medications: None.
Lab Results: PCV 42%/TS 5.6, labs unremarkable.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Requested/Approved.

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 left kidney presented normal size (6.81 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 (7.28 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 (0.58 cm at cranial pole) (0.61 cm at caudal pole) (3.35 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 seen.

Spleen

The spleen is subjectively prominent to enlarged (2.87 cm) with irregular peripheral contours. The parenchyma is subtly mottled in appearance. No focal distinct focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is slightly mottled in appearance. No distinct focal lesions are observed. Vascular 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 gastric lumen is mildly to moderately 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 segmentally dilated with chyme. 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 somewhat obscured by the large amount of abdominal fluid. In the visualized portions, no abnormalities are seen.

Free Abdomen

A large amount of echogenic free fluid is present.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

- Echogenic ascites – Based on the history, a hemoabdomen is suspected. However, this should be confirmed by comparing a PCV on the abdominal fluid to the peripheral PCV. If hemoabdomen is confirmed, top differentials include coagulopathy or a small, bleeding abdominal tumor.

- The splenic changes are non-specific and could be secondary to antigenic stimulation, lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, or infiltrative neoplasia (i.e., round cell tumor).

- The hepatic parenchymal changes are non-specific and could be consistent with age-related remodeling. Infiltrative neoplasia cannot be excluded but is considered less likely.

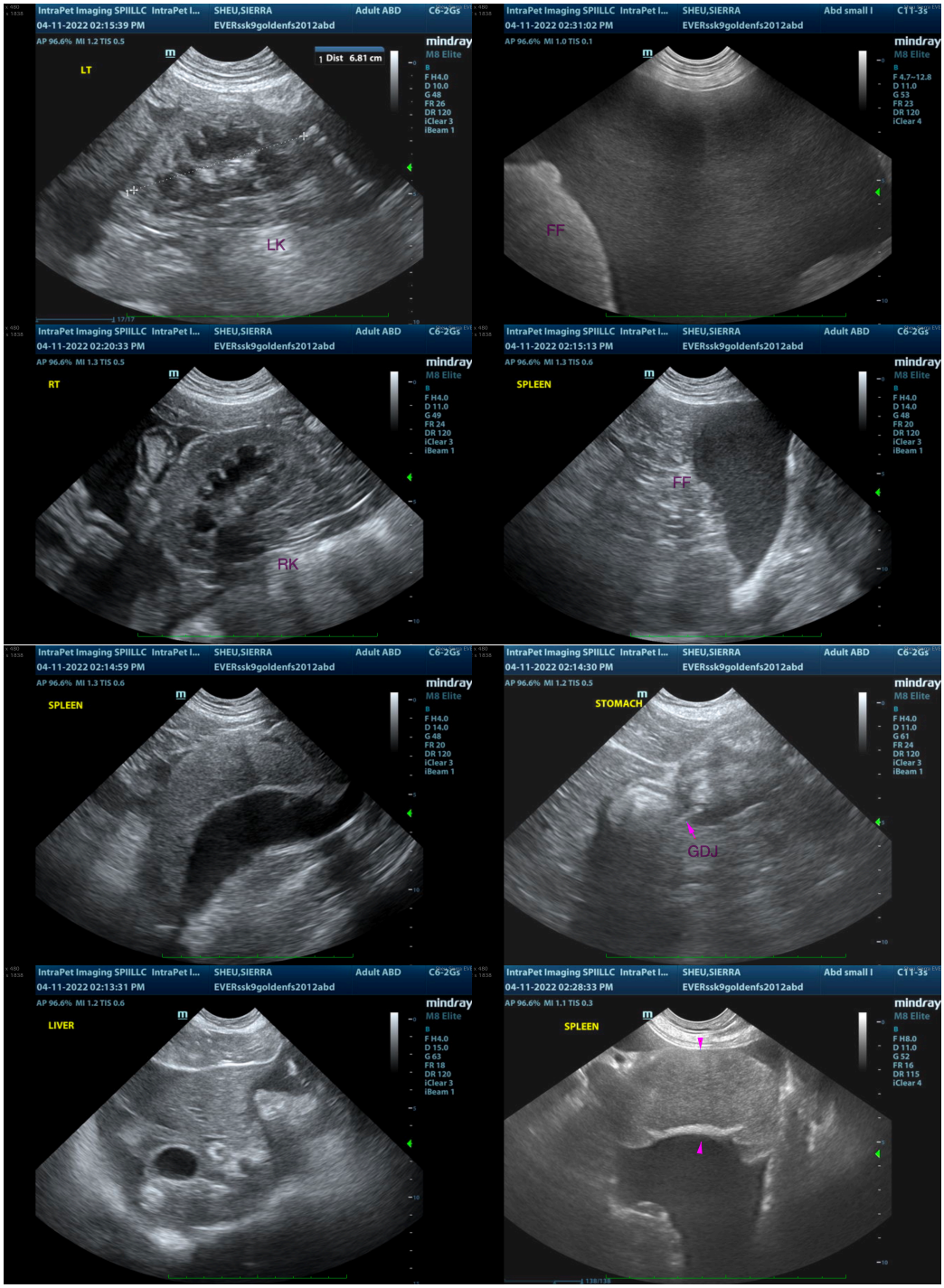
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline lab work including a CBC with reticulocyte count, chemistry panel, urinalysis (free catch), and T4 is recommended if not already performed.

- A PCV should be performed on the abdominal fluid and compared to a peripheral PCV. If a hemoabdomen is confirmed, a PT and PTT are recommended to assess for a coagulopathy. If there is no evidence of a coagulopathy, consider an abdominal exploratory to assess for a small tumor not visible via ultrasound. An abdominal CT scan may help to identify small masses. Three-view thoracic radiographs should be performed prior to anesthesia to assess cardiopulmonary status.

- If the PT and PTT are significantly prolonged, initiate Vitamin K1, perform pre- and post-prandial serum bile acids (to assess for occult hepatic disease) and thoracic radiographs (to assess cardiopulmonary status).

- If a hemoabdomen is **not** present and clotting status is appropriate, fluid analysis and cytology on the abdominal fluid is recommended along with a splenic FNA.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AP 96.6% MI 1.2 TIS 0.5
mindray M8 Elite
LT
Dist 6.81 cm
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IntraPet Imaging SPIILLC IntraPet I... SHEU,SIERRA Abd small I C11-3s
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IntraPet Imaging SPIILLC IntraPet I... SHEU,SIERRA Adult ABD C6-2Gs
04-11-2022 02:20:33 PM EVERssk9goldenfs2012abd
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IntraPet Imaging SPIILLC IntraPet I... SHEU,SIERRA Adult ABD C6-2Gs
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AP 96.6% MI 1.3 TIS 0.6
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IntraPet Imaging SPIILLC IntraPet I... SHEU,SIERRA Adult ABD C6-2Gs
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SPLEEN
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mindray M8 Elite
STOMACH
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IntraPet Imaging SPIILLC IntraPet I... SHEU,SIERRA Adult ABD C6-2Gs
04-11-2022 02:13:31 PM EVERssk9goldenfs2012abd
AP 96.6% MI 1.2 TIS 0.6
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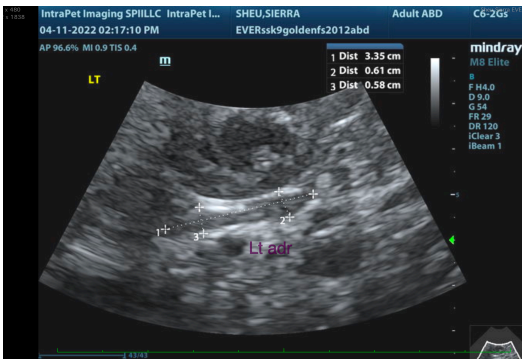
LIVER
IntraPet Imaging SPIILLC IntraPet I... SHEU,SIERRA Abd small I C11-3s
04-11-2022 02:28:33 PM EVERssk9goldenfs2012abd
AP 96.6% MI 1.1 TIS 0.3
mindray M8 Elite
SPLEEN



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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