



PATIENT

Rayna Molnar

SPECIES

Canine

BREED

Corgi

SEX

Female, spayed

AGE

13 Yrs.

WEIGHT

44 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Christensen

HOSPITAL NAME

Tranquility VC

REFERRING VET

Dr. Christensen

INVOICE

14868

DATE

5/1/23

PRESENTING CLINICAL SIGNS

History: Acutely painful and heavy breathing on Saturday. Distended abdomen and muffles heart on PE.

Abnormal PE/Chem/CBC/UA Results: WBC/PMN count= 28,000/26,000. Platelet count= 66. Straw colored fluid tapped out of abdominal cavity.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (5.31 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild pyelectasia is present (0.25 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter.

The right kidney is normal size (5.64 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 (0.43 cm at cranial pole) (0.40 cm at caudal pole) (1.62 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 (0.57 cm at cranial pole) (0.61 cm at caudal pole) (1.35 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.

Spleen

The spleen is subjectively normal in size (1.80 cm in width at the level of the hilus). A 1.59 cm slightly hypoechoic nodule/swelling is observed at the medial aspect. A few small ill-defined myelolipomas are also seen. The remaining parenchyma is relatively homogeneous. Splenic vasculature appears normal with no obvious evidence of thrombosis.

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely mottled and heterogeneous in appearance with a coarse echotexture, particularly the caudate process. An approximately 1 cm ill-defined hypoechoic nodule is observed approximately mid-liver. 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. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

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The gastric lumen is mildly distended with ingesta. 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. There is no evidence of an obstructive pattern.

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Pancreas

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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.

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Free Abdomen

The mesentery throughout the abdomen is mildly hyperechoic. A moderate to large amount of slightly echogenic free fluid is present. A 2.84 x 0.88 cm medial iliac lymph node is visualized.

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Other

A brief echocardiogram reveals a large amount of pericardial effusion. There is a questionable 1.43 cm irregular echogenic mass observed in the region of the right auricle.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Pericardial effusion with questionable right auricular mass.
- The ascites is likely secondary to right sided congestive heart failure/pericardial effusion.
- The hepatic parenchymal changes could be consistent with passive congestion, regenerative nodular hyperplasia, vacuolar hepatopathy, age-related remodeling, inflammatory disease, infiltrative neoplasia, fibrosis, other hepatopathy or some combination thereof.

Secondary Findings:

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Minor bilateral chronic renal changes with subtle dystrophic mineralization.
- The swelling at the medial aspect of the spleen may represent a benign process (i.e., focus of lymphoid hyperplasia, extramedullary hematopoiesis or similar). Alternatively, an emerging tumor cannot be completely excluded.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A full echocardiogram is recommended to further evaluate for a right atrial/auricular mass. Therapeutic pericardiocentesis is also recommended. Three-view thoracic radiographs should be performed to assess for metastatic disease in the chest.
- Consider fine needle aspirates of the liver and splenic swelling, if clotting status is appropriate. 25 gauge needles should be used.



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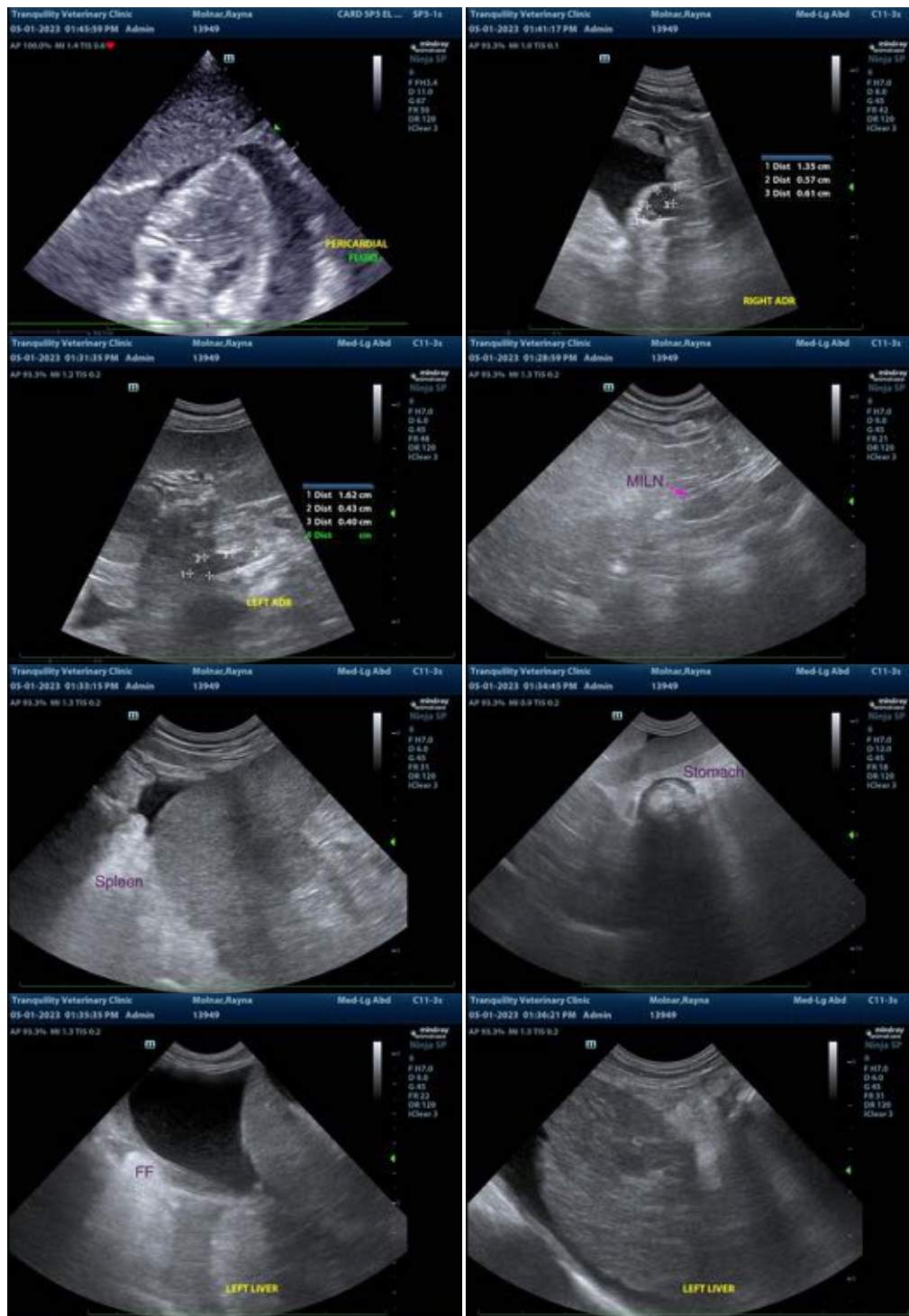
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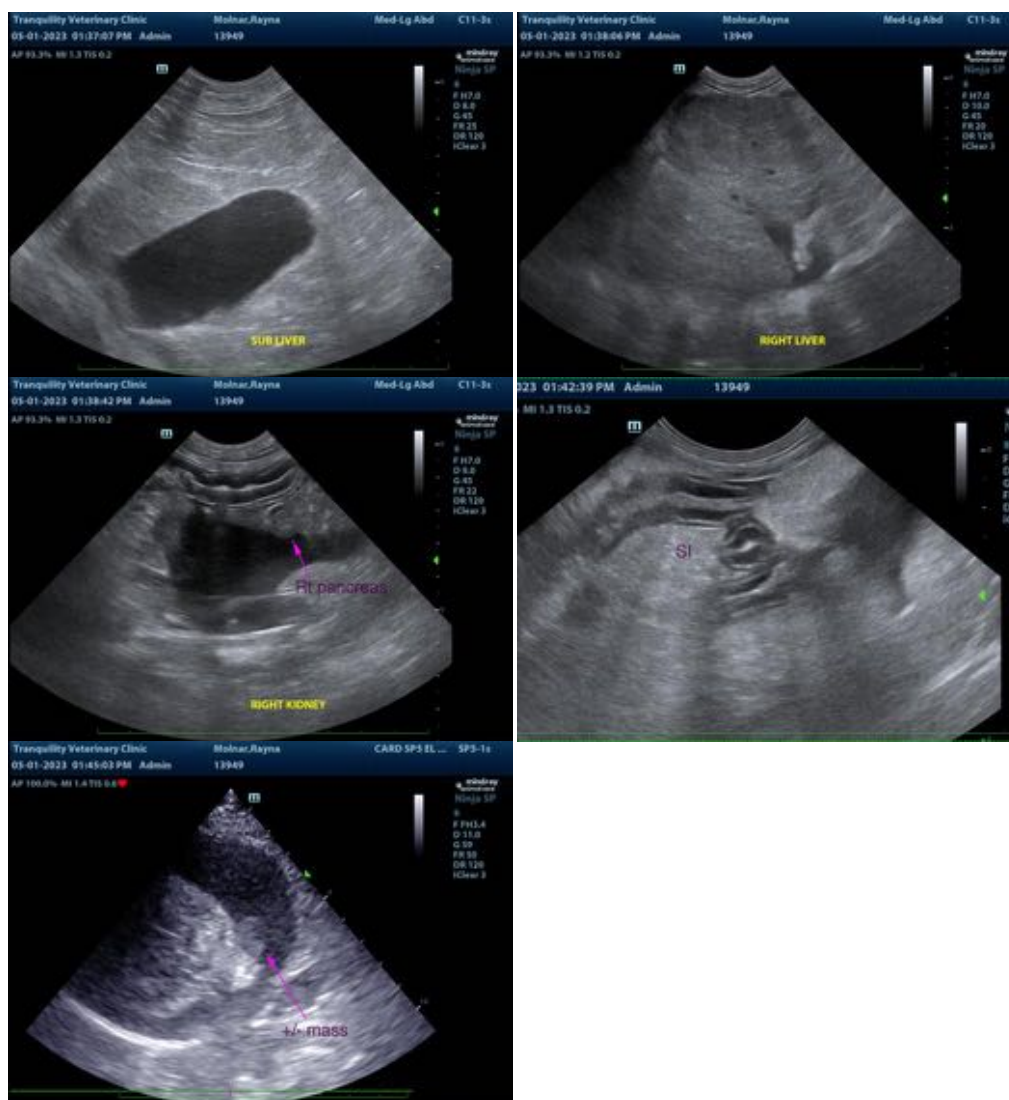
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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