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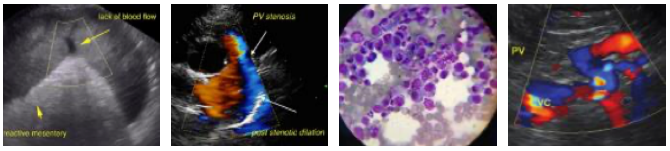

PATIENT
Whiskey Monson

SPECIES
Canine

BREED
Golden Retriever

SEX
Male, neutered

AGE
6 Yrs. 7 months

WEIGHT
34 kg.

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

IMAGING PERFORMED BY
Dr. Woodside

HOSPITAL NAME
Sherwood Family Pet Clinic

REFERRING VET
Dr. Woodside

INVOICE
13338

DATE
5/10/22

PRESENTING CLINICAL SIGNS

History: Owner is one of our clinic technicians. Normal until yesterday late afternoon at which time he became lethargic. His gums were pale. He did eat canned i/d with encouragement. No known access to excess food, rodenticide, other non-food items. Radiographs taken last night. Submitted two view thorax, three view abdomen. Ascites fluid, CBC, Chem, UA submitted to lab. at time of ultrasound. Abnormal PE/Chem/CBC/UA Results: Quiet, pale sclera, mm pale pink with normal CRT, mild tachycardia (130 bpm) w/o arrhythmia or murmur. Mild sensitivity with caudal abdominal palpation but bladder quite distended.

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 lumen is moderately distended with anechoic urine. 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 is normal size (6.90 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (6.78 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.

Adrenal Glands

The left adrenal gland is normal size (0.52 cm at cranial pole) (0.56 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.

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

Spleen

The spleen is normal in size (2.69 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 1.00 cm irregular hypoechoic nodule is observed in the mid to caudal aspect. In addition, a 0.57 cm hypoechoic nodule is observed more cranially. Splenic vasculature is normal.

Liver

The liver is subjectively small in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of thrombosis. The gall bladder lumen is not visualized in its entirety. In the visualized portions, it is moderately distended with normal wall thickness and anechoic luminal contents. The cystic and common bile ducts are normal/not seen.

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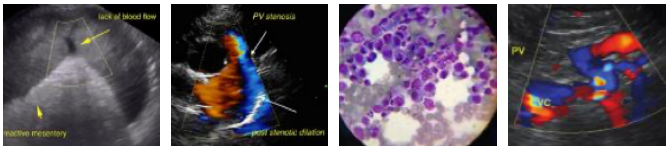

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Gastrointestinal

The gastric lumen is mildly gas distended. The visible portion of the gastric wall, in the region of the fundus, 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 region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Ascites, the cause of which is unclear. Considerations include low oncotic pressure, increased hydrostatic pressure or increased vascular permeability.
- Suspected microhepatica. Rule out chronic hepatic disease vs normal variation.

Secondary Findings:

- The hypoechoic splenic nodules trend toward the benign (i.e., foci of lymphoid hyperplasia or extramedullary hematopoiesis) with a lower likelihood of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the microhepatica, pre- and post-prandial serum bile acids may be warranted.
- If the patient's abdominal fluid is hemorrhagic in nature, clotting times (PT/PTT) should be performed.
- Further recommendations should be based on the results of the labwork and abdominal fluid cytology.

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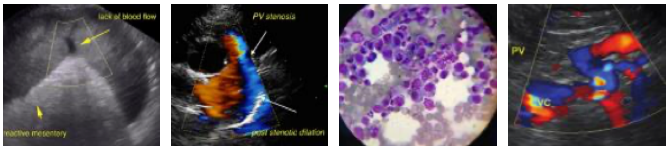

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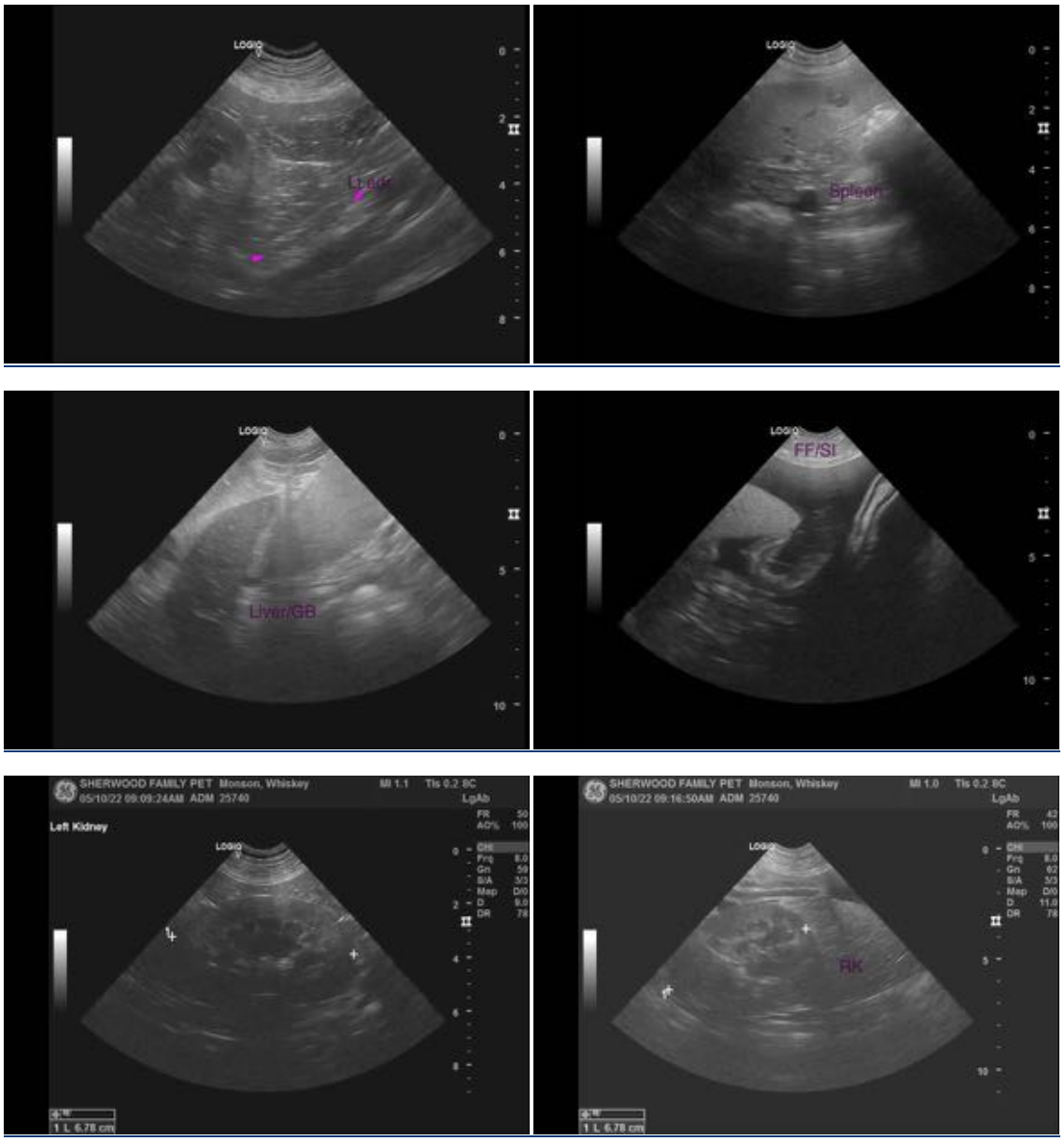

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com