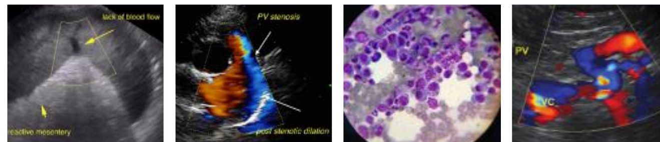


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Will Humane Society of Guaynabo

SPECIES

Canine

BREED

Pitbull Mix

SEX

Intact Male

AGE

8 weeks

WEIGHT

10.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. G. Ferrer, DVM

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Gabriel Ferrer

INVOICE

11144

DATE

6/21/22

PRESENTING CLINICAL SIGNS

History: Presented from the humane society for further evaluation of an abdominal distension. Pt has been dewormed several times and several fecal sample has been negative. Was given Doxycycline and also on furosemide and pt has not improve.

Abnormal PE/Chem/CBC/UA Results: PE: abdominal distension and fluid wave. BW: June 11, 2022 CBC: HCT: 25% (37-55), RBC 3.96 (5.5-8.5), MPV 12.3 (3.9-11.1) CHEM: Gluc: 126 (60-110) PHOS: 9.8 (2.9-6.6) TP: 4.5 (5.4-8.2) Glob: 1.7 (2.3-5.2) CHEM on 6-20-22: Phos: 7.9 (2.5-6.8) Potassium: 7.9 (3.5-5.8) TP: 4.1 (5.2-8.2) Albumin : 1.9 (2.3-4) Globulin 2.3 (2.5-4.5) 4DX: all neg Abdominal rads: Ascites and loss of serosal detail. Abdominal effusion total protein: 2.2 Color: clear with blood tinged.

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 normal in size (0.73 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (4.55 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.

The right kidney is normal size (4.80 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 (0.36 cm at cranial pole) (0.38 cm at caudal pole) (1.97 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 (0.75 cm at cranial pole) (0.39 cm at caudal pole) (1.84 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 (0.75 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.

Liver

The liver is subjectively prominent in size with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and homogenous in appearance. Hepatic veins appear subjectively dilated. Intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is mildly distended. The wall is slightly thickened (up to 0.23 cm). Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly fluid distended. 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 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.

Pancreas

The left limb is prominent, with slightly irregular peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

A moderate to large amount of anechoic free fluid is present. The mesentery throughout the abdomen is mildly hyperechoic. Several, prominent mesenteric and caudal abdominal lymph nodes are visualized, the largest measuring 3.31 cm in length (mesenteric).

Other

The caudal vena cava is subjectively dilated (1.10 cm in diameter).

There is questionable trace pleural effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Ascites. This finding, in combination with possible caudal vena cava and hepatic vein dilation, is concerning for an “upstream” issue (i.e., right-sided congestive heart failure, obstruction of the thoracic caudal vena cava). Other considerations include hepatic arteriovenous fistula, hypoalbuminemia (secondary to a protein-losing enteropathy, hepatic failure, or less likely, renal loss), other.

Secondary Findings

- The abdominal lymphadenopathy could be consistent with immunologic immaturity, reactive lymphadenitis, or lymphoid hyperplasia. Infiltrative neoplasia is considered unlikely.

- The gall bladder wall changes could be secondary to hypoalbuminemia, cholecystitis, lack of full repletion, passive congestion, other.

- The hepatomegaly may be a normal variant for this patient or may be secondary to passive congestion, hepatic parenchymal disease, normal variation, other.

- The pancreatic changes could be consistent with edema, passive congestion, normal variation or mild pancreatitis.

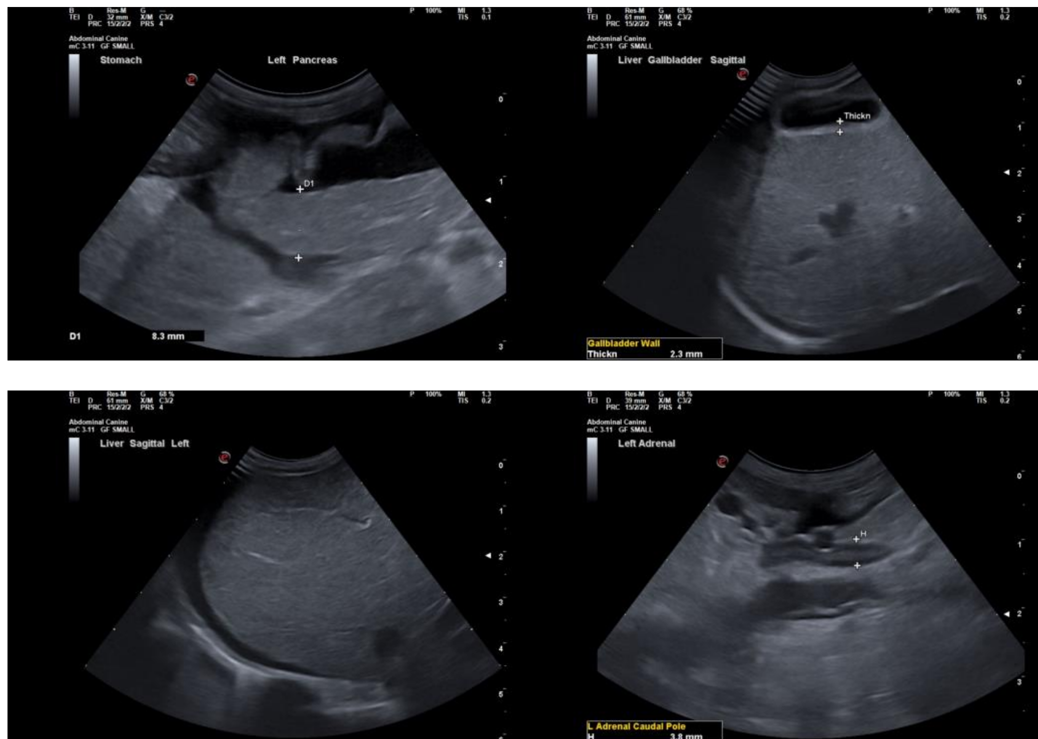
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

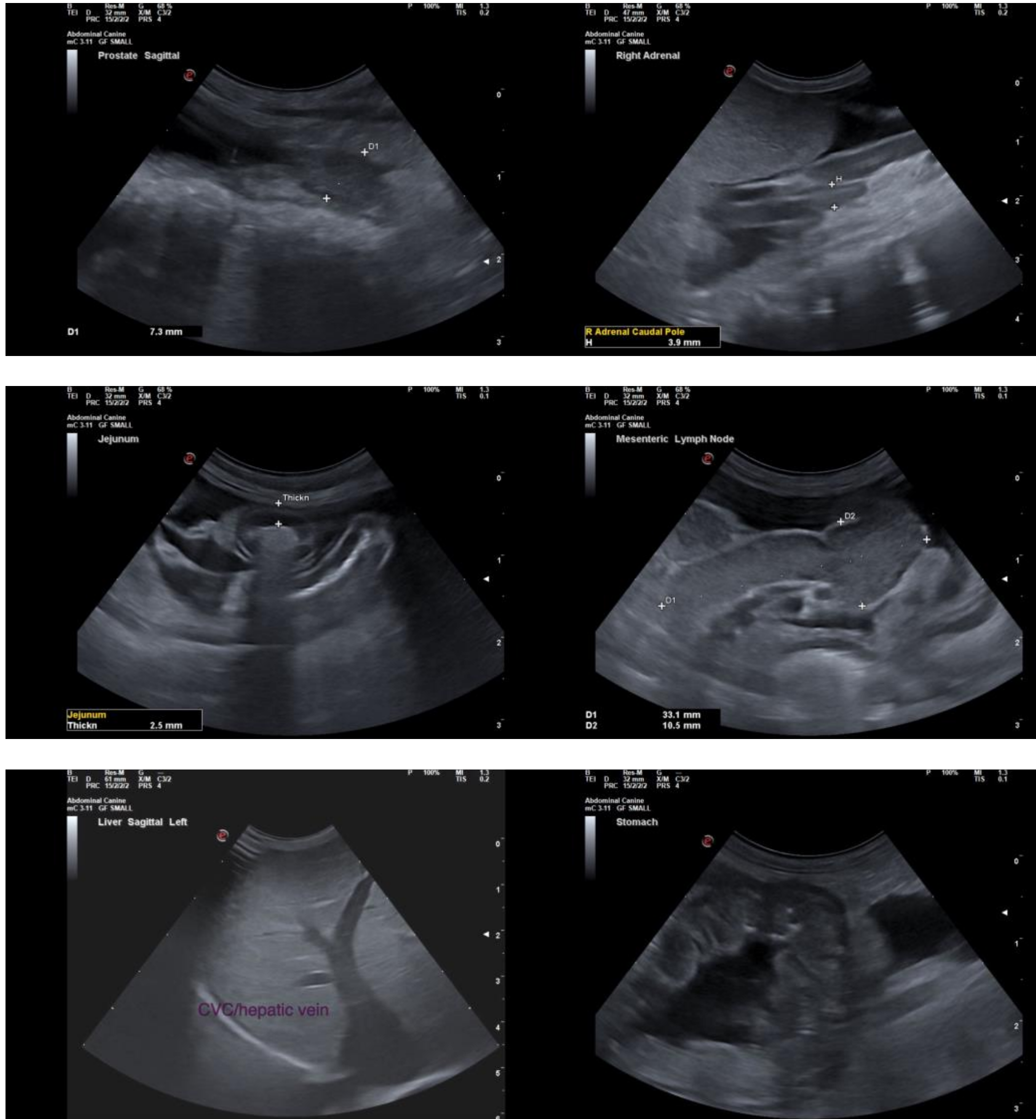
Thoracic radiographs along with an echocardiogram +/- ECG are recommended.

Other diagnostics considerations include the following:

1. Submission of the abdominal fluid for analysis and cytology
2. Pre-and postprandial serum bile acids
3. Fecal evaluation for ova and Giardia
4. Urinalysis to assess for proteinuria. If present, a UPC should be performed.

Depending on the results of the above diagnostics, a contrast abdominal CT scan (to assess for congenital vascular shunting within the liver), +/- hepatic and/or gastrointestinal biopsies may be warranted.





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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