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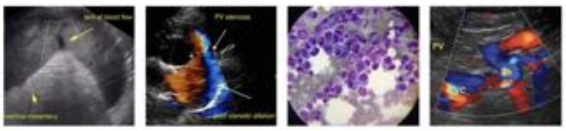


Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Bella Nelson

SPECIES

Canine

BREED

Labrador Retr Mix

SEX

Female Spayed

AGE

08/10/2013

WEIGHT

97 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Flowertown AH

REFERRING VET

Dr. Rebecca Hawk

INVOICE

13556

DATE

7.5.23

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Pt presented for exercise intolerance and distended abdomen developing over the past few days.
Abdominal effusion- 2.5 L of transudate effusion tapped from abdomen. Did not see any abnormal cells in sample. Difficult to assess heart due to panting and quiet heart sounds but no murmur heard.

Abnormal lab-work values:
HCT 36.1%
Glob 2.4 g/dL

Current Medications: none
Radiographic Findings: 6 radiographs of the thorax and abdomen are available.

The cardiac silhouette and pulmonary vessels are normal. There is a mild diffuse bronchial pulmonary pattern. No discrete pulmonary masses or nodules are seen. The trachea and mediastinum are normal. There is no evidence of thoracic lymphadenopathy. The pleural space is normal. No rib lesions are seen. The abdomen is distended and pendulous. The peritoneal detail is reduced with wispy soft tissue streaking within the ventral abdomen. The liver is mildly enlarged. The caudal hepatic margins extend mildly beyond the costal arch. The spleen, kidneys, and urinary bladder are normal. The GI tract is unremarkable. The detail within the retroperitoneal space is normal. Multiple thoracolumbar and lumbar intervertebral disc spaces are mildly reduced with spondylosis deformans. There are mild variable degenerative changes associated with \the lumbar articular facets, likely incidental findings. The sacroiliac joints are well aligned. There is a unilateral metallic TPLO plate within the proximal tibia.

Radiographic Conclusions/Recommendations:
1. Peritoneal effusion. This is consistent with the reported sonographic findings. Differentials include neoplastic/malignant effusion, hypoproteinemia, vasculitis, portal hypertension, hemorrhagic effusion, etc. Correlation with fluid analysis is recommended.

2. Mild diffuse bronchial pulmonary pattern. This could be an age-related bronchial thickening or chronic underlying inflammatory lower airway disease. Correlation with clinical signs is recommended. Otherwise, there is no evidence of thoracic lymphadenopathy or pulmonary metastasis.

3. Mild hepatomegaly. Differentials include congestion, vacuolar hepatopathy (e.g. diabetes mellitus, Cushing's disease, exogenous corticosteroid therapy, etc.), hepatitis, or neoplasia. Correlation with blood work is recommended.

4. Probable multifocal thoracolumbar and lumbar intervertebral disc degeneration. Correlation with neurological evaluation is recommended.

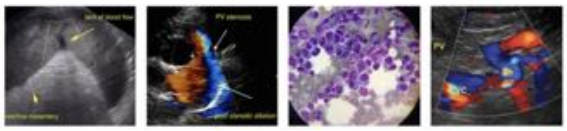
5. History of unilateral TPLO.

RECOMMENDATIONS/COMMENTS: Additional imaging such as abdominal ultrasound and/or CT is likely indicated for further evaluation.

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. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.



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The left kidney is normal in size (6.59 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. The cortex is isoechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.86 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. The cortex is isoechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.66 cm at cranial pole) (0.68 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 right adrenal gland is normal size (0.60 cm at cranial pole) (0.59 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.

Spleen

Previously splenectomized. The region of the splenic fossa is unremarkable.

Liver

The liver is prominent in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. 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 not 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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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.

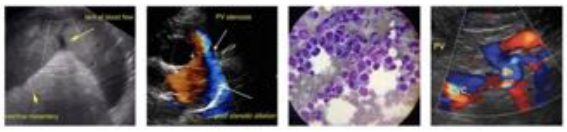
Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Ascites. Differentials include increased vascular permeability, increased hydrostatic pressure, increased vascular permeability (i.e., due to neoplasia), low oncotic pressure, other.



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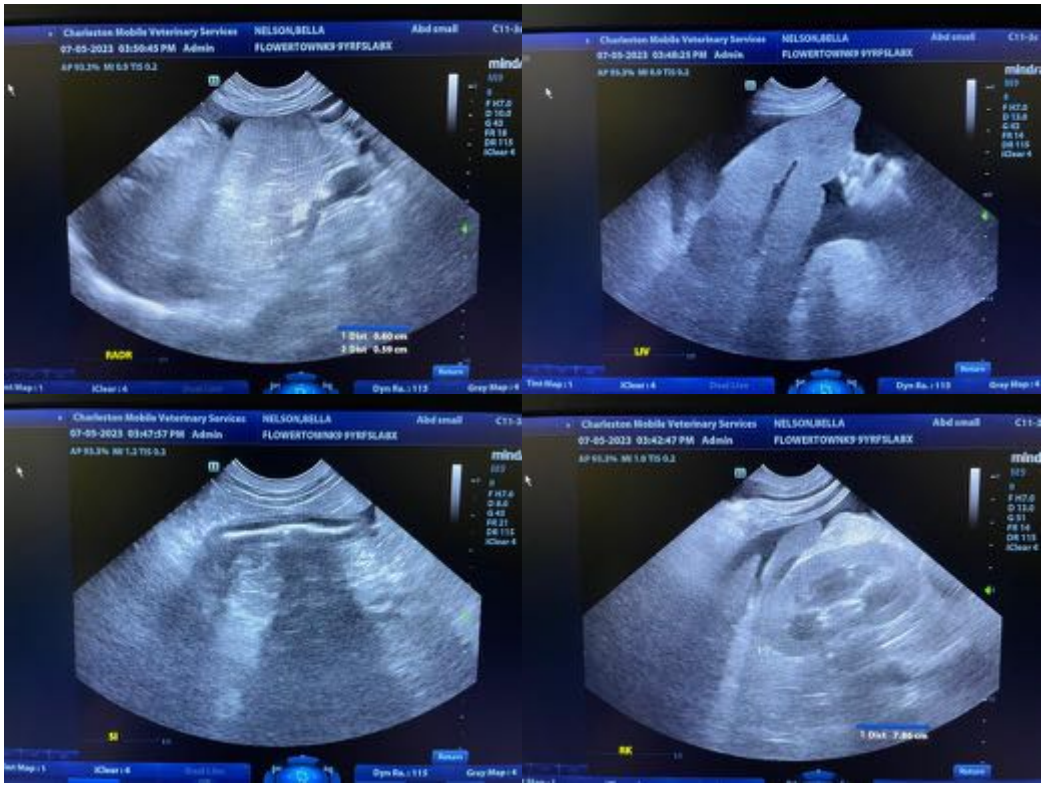
Secondary Findings

- Mild bilateral chronic age-renal changes
- The hepatic parenchymal changes are nonspecific and may be secondary age-related remodeling, passive congestion, regenerative micronodular hyperplasia, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Further recommendations should be based on the echocardiogram report.
- While awaiting test results, consider a therapeutic abdominocentesis, +/- submission of the abdominal fluid for cytologic evaluation.



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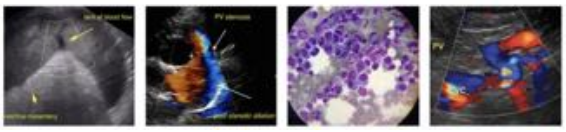

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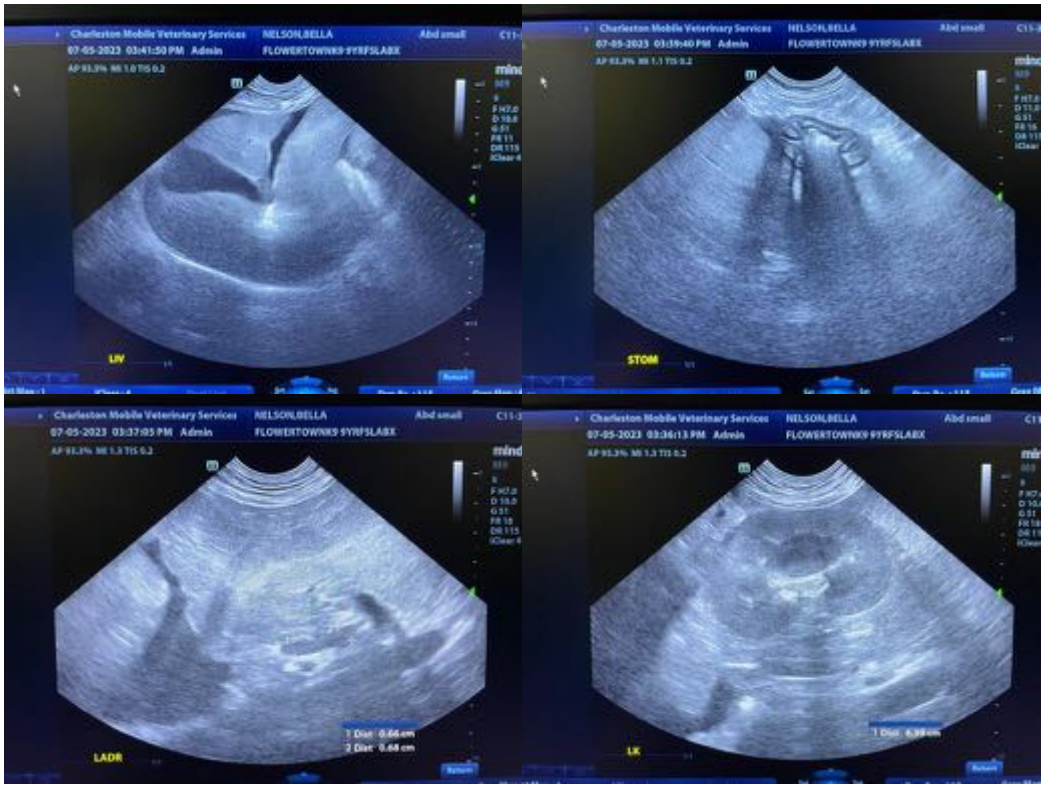

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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