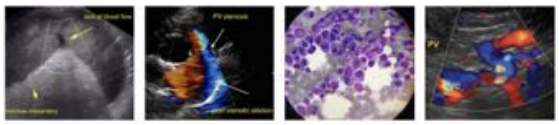


PATIENT

Harley Gorton

SPECIES

Canine

BREED

Great Dane

SEX

Female, spayed

AGE

9 Yrs.

WEIGHT

83.6 kg.

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

Blue Pearl Mount Pleasant

REFERRING VET

Dr. Adam

INVOICE

14746

DATE

3/15/23

PRESENTING CLINICAL SIGNS

Pleural effusion on AFAST PE 3/14 MM/CRT: Pink, tacky, CRT <2 sec Hydration: Dehydrated Attitude: QAR Eyes: No ocular discharge, eyes clear OU Ears: Clean AU Oral: Mild dental tartar/gingivitis. No oral lesions noted Integumentary: Clean haircoat. No external wounds or ectoparasites noted Musculoskeletal: Ambulatory/weight bearing all limbs. Slow to rise. Decreased ROM with pain and resistance bilaterally hindlimbs Circulatory: No murmurs/arrhythmias, pulses strong/synchronous Respiratory: Mildly increased respiratory rate and effort; mildly muffled ventral bronchovesicular sounds bilaterally Digestive: Abdomen soft, but uncomfortable no palpable masses or abnormalities Rectal Exam: UTO Genitourinary: Normal externally Neural System: Normal cursory neuro exam; no ataxia noted, cranial and spinal nerves intact, normal mentation Lymph Nodes: Normal peripherally

3/14 GLOB 4.8, ALKP 416, aPTT 113, RBC 5.43 pleural effusion PCV: 5%, TS: 5.8g/dL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is 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. The region of the trigone is normal.

The left kidney is normal size (8.82 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (9.40 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

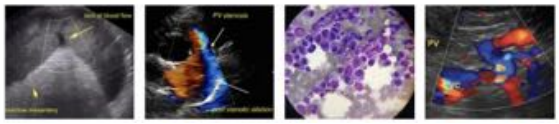
The left adrenal gland is normal size (0.58 cm at cranial pole) (0.66 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (1.06 cm at cranial pole) (0.75 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

The spleen is normal in size (1.92 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



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The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and slightly 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 lumen is moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is moderately fluid distended and hypomotile. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears 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. 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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Other

Within the thorax, a moderate amount of pleural effusion is present. There is no evidence of pericardial effusion. There is evidence of atelectasis in the right hemothorax. The fat within the thoracic cavity is hyperechoic and nodular in appearance.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

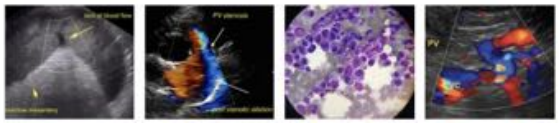
- Pleural effusion with pulmonary atelectasis. The fat changes within the thoracic cavity are concerning for carcinomatosis. However, reactive change cannot be excluded.

Secondary Findings:

- Mild, bilateral, age-related renal changes.
- The hepatic parenchymal changes are non-specific and could be secondary to a benign, age-related remodeling, regenerative nodular hyperplasia, inflammatory disease, fibrosis, infiltrative neoplasia, other hepatopathy or some combination thereof. Correlation with the patient's liver values is recommended.
- Gastric ileus, suspected to be functional as there is no obvious evidence of a pyloric outflow tract obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Submission of the pleural fluid for fluid analysis and cytologic evaluation is recommended.



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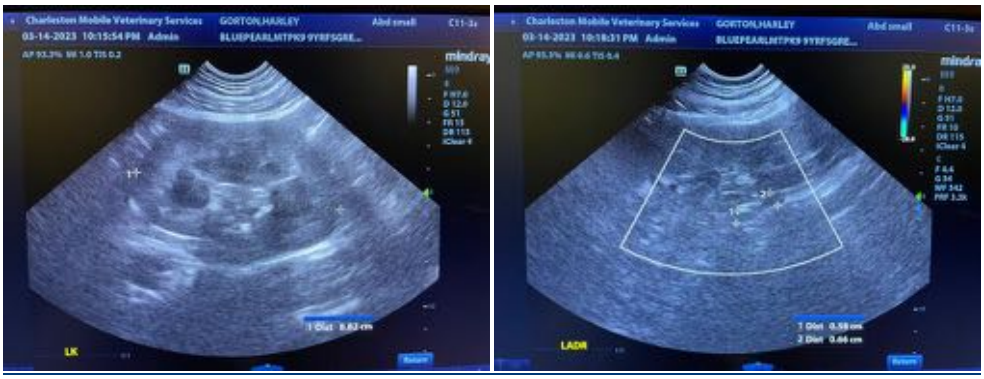
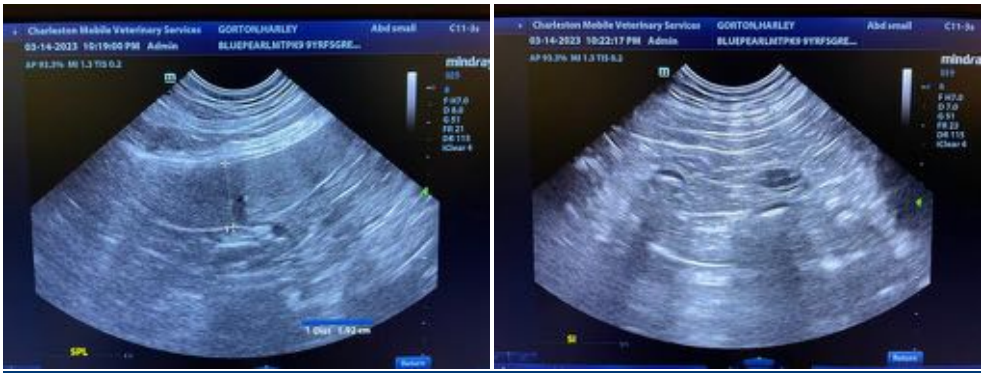
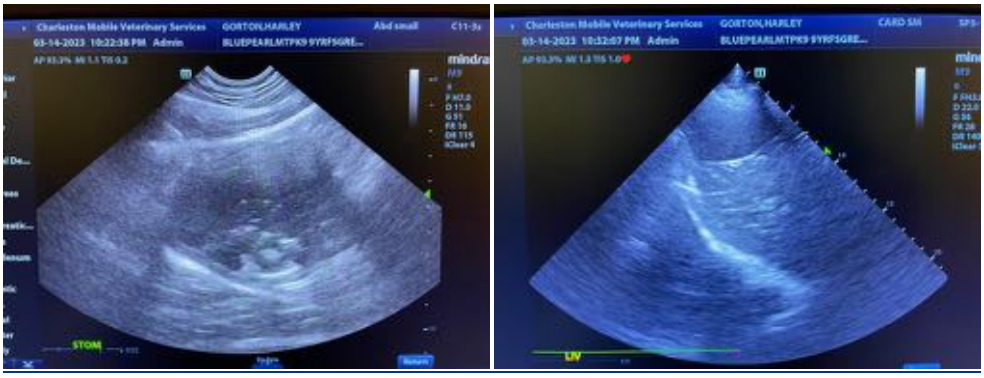
- Depending on the echocardiogram report, a thoracic CT scan may be necessary to further characterize the pulmonary pathology.







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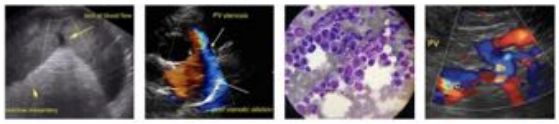

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CharlestonMobile.Net 800.403.5408

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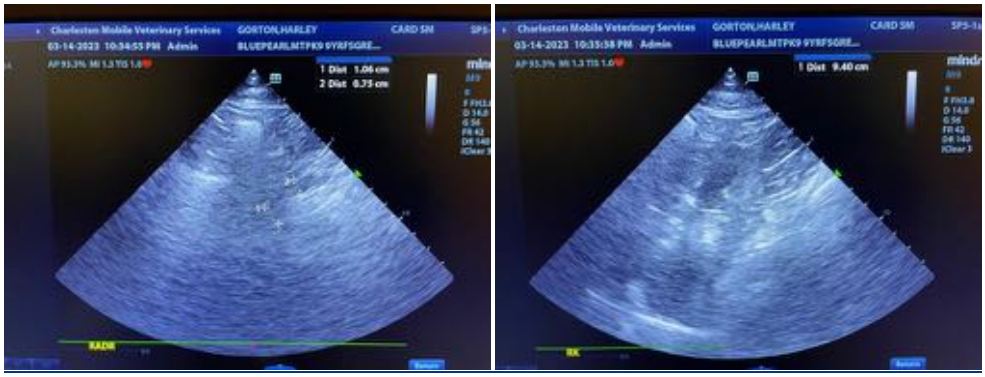

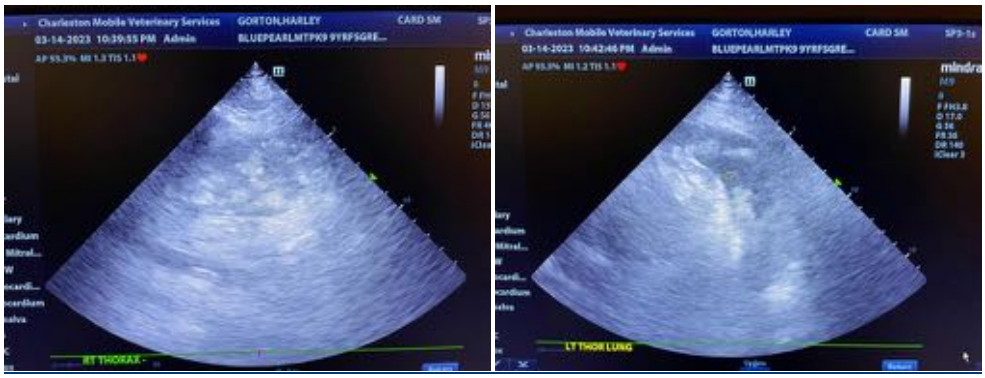

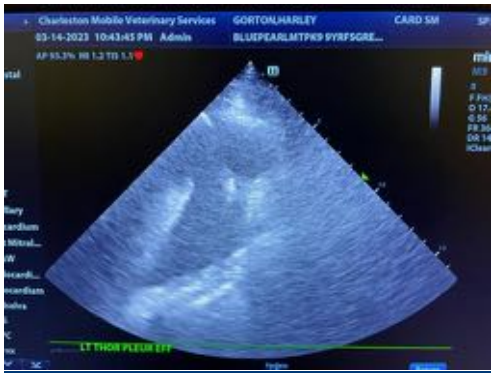

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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