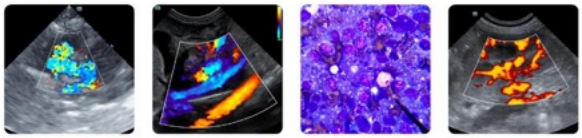


PATIENT

Kobe Casel

SPECIES

Canine

BREED

Chihuahua mix

SEX

Male

AGE

3/2/2011

WEIGHT

12.7 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

Dunes VC

REFERRING VET

Dr. Devon Soileau

INVOICE

13586

DATE

3/4/26

PRESENTING CLINICAL SIGNS

Pt initially presented for ADR. Whole body radiographs revealed abdominal effusion. Abdominocentesis revealed straw colored fluid. Started Lasix 12.5 mg by mouth twice a day. ALT 238, BUN 39, phosphorus 8.5, albumin 2.7, globulins 2.1, CBC WNL.

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 proximal urethra, visible to a depth of 3 cm, are normal.

The prostate is enlarged (3.58 cm in width) with smooth peripheral contours. The parenchyma is diffusely heterogeneous with numerous varying sized cysts throughout the gland. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (3.82 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Moderate pyelectasia is present (0.51 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.30 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present (0.18 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.43 cm at cranial pole) (0.51 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

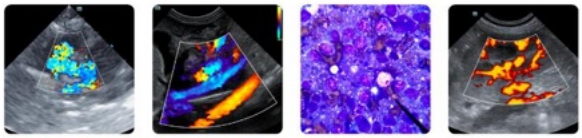
The right adrenal gland is normal in size (0.50 cm at cranial pole) (0.39 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.87 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.69 cm hypoechoic to anechoic irregular nodule is seen at the mid to caudal aspect. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with swollen/slightly irregular peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly mottled in appearance. At the tip of the left lateral lobe, a 1.4 x 1.1 cm ill-defined isoechoic nodule is visualized. Vascular and biliary tracts are of normal volume with no evidence of congestion.



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The gall bladder lumen is mildly distended. The wall is diffusely thickened (up to 0.36 cm) and hyperechoic. A small amount of mobile echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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.

Lymph nodes

A few prominent mesenteric lymph nodes are visualized, one of the nodes measuring 0.99 cm in its longest dimension.

Free Abdomen

The mesentery throughout the abdomen is variably hyperechoic. A moderate amount of slightly echogenic free fluid is observed.

Other

The testicles are subjectively normal in size and symmetrical with homogeneous parenchyma.

The caudal vena cava is subjectively dilated.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Ascites with peritonitis. The ascites may be secondary to increased hydrostatic pressure (i.e., resulting from right sided congestive heart failure), low oncotic pressure, increased vascular permeability, other.
- The diffuse hepatic changes could be secondary to passive congestion, vacuolar hepatopathy, regenerative nodular hyperplasia, inflammatory disease, infiltrative neoplasia, hepatotoxicosis (i.e., copper), fibrosis and/or other hepatopathy. The left hepatic nodule may represent a regenerative nodule, emerging tumor, inflammatory focus, other.
- The gallbladder wall changes are suggestive of cholecystitis.

Secondary Findings:

- Bilateral non-specific, age-related renal changes with dystrophic mineralization and pyelectasia (more pronounced in the left kidney). The pyelectasia may be secondary to pyelonephritis, parenchymal remodeling, PU/PD if applicable, or some combination thereof.
- The prostate changes are most consistent with cystic benign prostatic hyperplasia. Concurrent bacterial prostatitis is possible. Correlation with the patient's clinical history and urinalysis findings is recommended. Prostatic neoplasia is a consideration but considered less likely.
- The splenic nodule could be consistent with a benign focus (i.e., lymphoid hyperplasia, cyst, other). Alternatively, an emerging tumor cannot be excluded.

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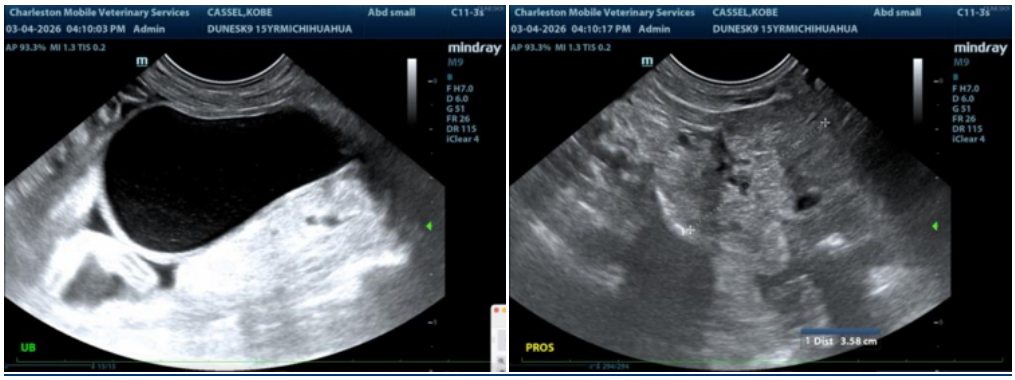
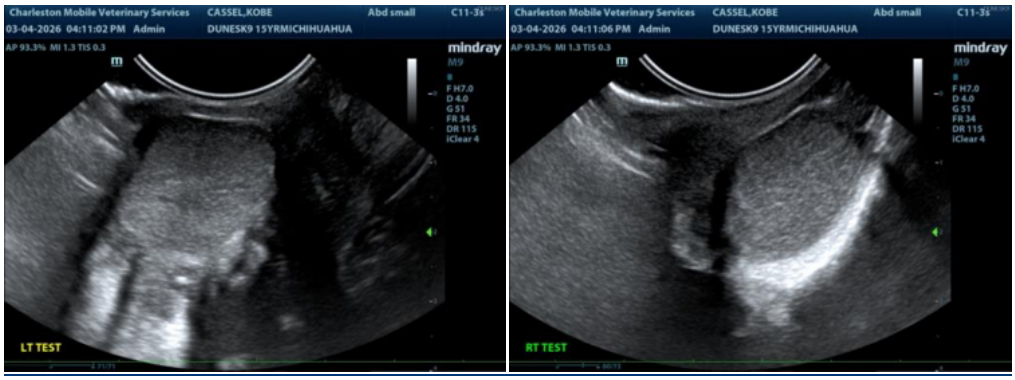
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Submission of the abdominal fluid for cytologic evaluation is recommended.
- If the echocardiogram results are not consistent with right sided congestive heart failure, further workup may be warranted and could include the following:
  1. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
  2. Fecal evaluation for ova and Giardia
  3. GI panel including serum cobalamin, folate, TLI and PLI
  4. Urinalysis with a UPC (if proteinuria is present in the absence of infection)
  5. Pre and post-prandial serum bile acids to assess hepatic function





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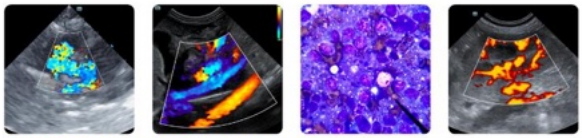

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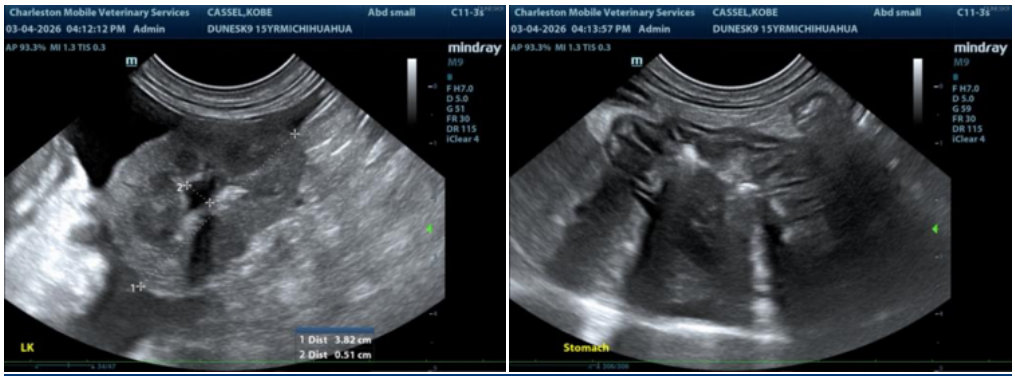

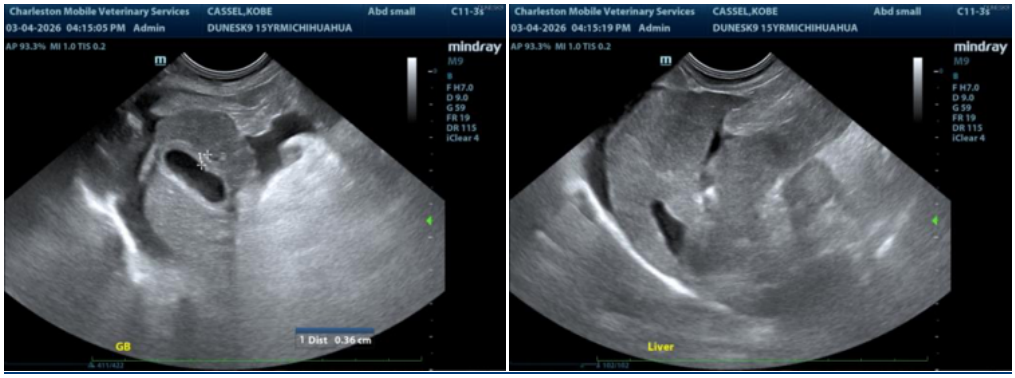

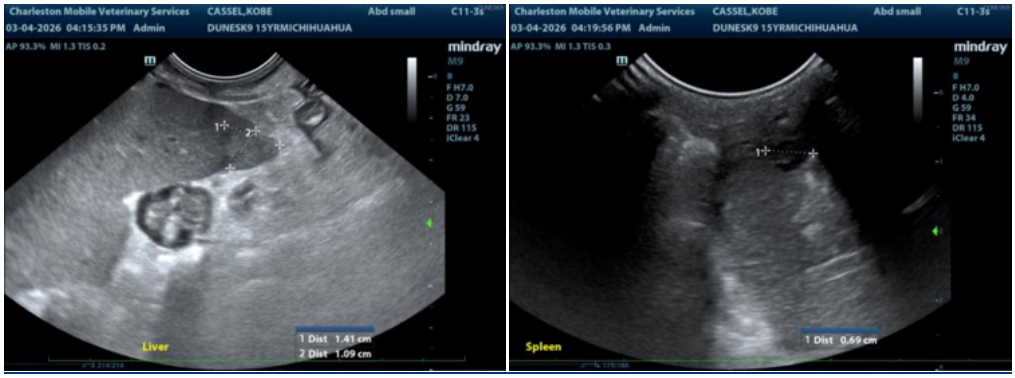

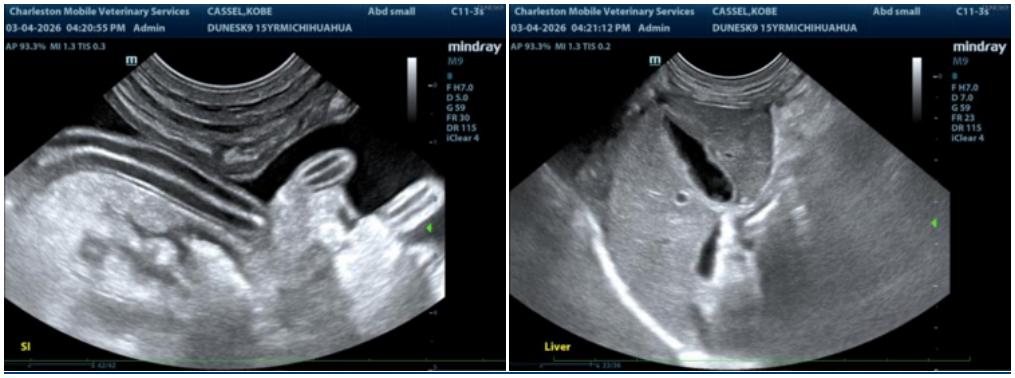

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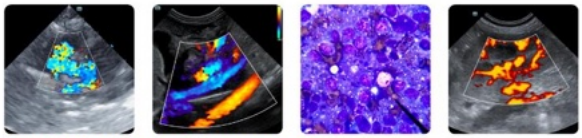

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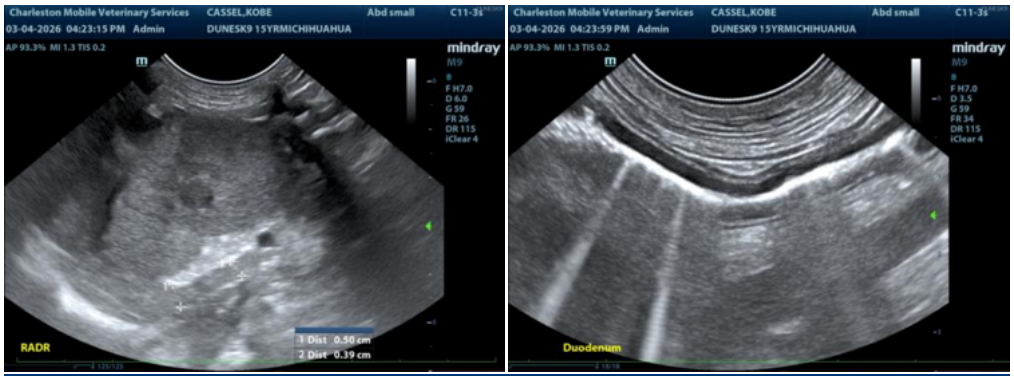

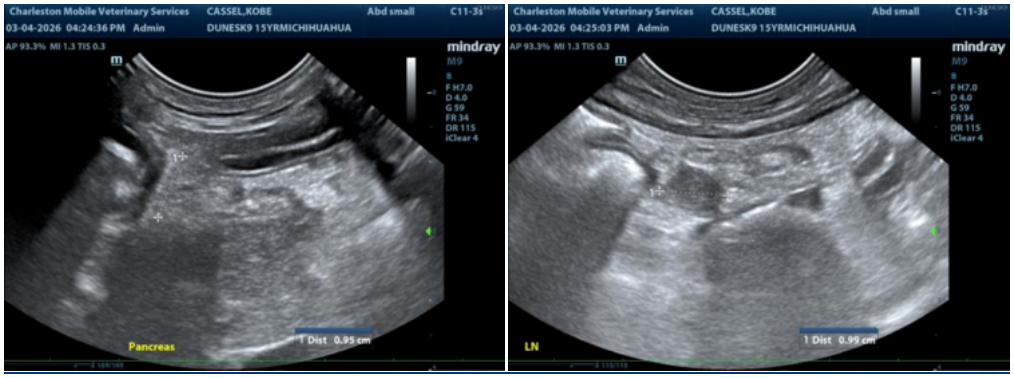

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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