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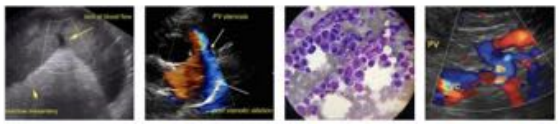


Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Samantha Thompson

SPECIES

Canine

BREED

Lab mix

SEX

Female, spayed

AGE

4/15/2014

WEIGHT

70 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

Fowerton AH

REFERRING VET

Dr. Pignatello

INVOICE

13451

DATE

6/1/22

PRESENTING CLINICAL SIGNS

Diarrhea, Abdominal Effusion, Elevated ALT

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 left kidney is normal size (6.75 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. Renal vasculature is normal.

The right kidney is normal size (7.27 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.52 cm at cranial pole) (0.48 cm at caudal pole) (2.03 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 (1.25 cm at cranial pole) (0.68 cm at caudal pole) (3.30 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

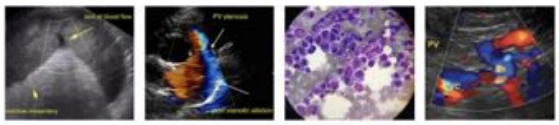
The spleen is normal to prominent in size (2.2ccm in width at the level of the hilus) with a slightly undulating medial contour. The parenchyma is diffusely mottled in appearance. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to spleen and homogeneous in appearance. No distinct focal lesions are observed. Vasculature appears normal with no evidence of thrombosis. The gall bladder lumen is moderately distended. The wall is thin and smooth. 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 distended with ingesta. 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. No obstructive disease is noted.



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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 large amount of echogenic free fluid is present within the abdomen. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass. There is no obvious evidence of chamber enlargement.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The severe ascites may be secondary to neoplasia, portal hypertension, increased vascular permeability, low oncotic pressure (less likely), other.
- The hepatic parenchymal changes could be consistent with infiltrative neoplasia (i.e., lymphoma, inflammatory disease, vacuolar hepatopathy or other hepatopathy).

Secondary Findings:

- The splenic parenchymal changes are non-specific and may be secondary to a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation) or infiltrative neoplasia (i.e., lymphoma).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider fine needle aspirates of the liver, free fluid +/- spleen for cytologic evaluation. If cytology results are inconclusive, an abdominal exploratory with surgical liver biopsies along with aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for potential copper quantitation can be considered.

While awaiting test results, consider initiation of broad spectrum of antibiotics (as empirical treatment for bacterial cholangiohepatitis), hepatic antioxidants and symptomatic treatment.

***Note: An ultrasound-guided fine needle aspirate of the abdominal fluid was obtained at the end of the study using a 25-gauge needle.

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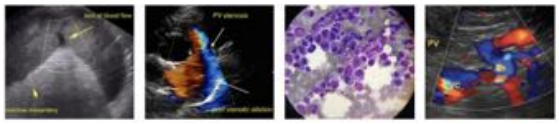

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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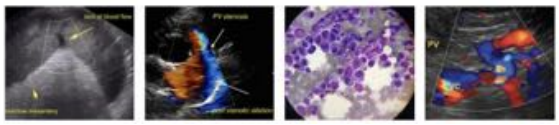

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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

Andrea.Nicastro@CharlestonMobile.net