



PATIENT

Primrose PetResQ

SPECIES

Canine

BREED

Cavalier King Charles

SEX

Intact Female

AGE

~5 Years

WEIGHT

10.5 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Cresskill AH

REFERRING VET

Dr. J Khodari

INVOICE

44147

DATE

1/11/23

PRESENTING CLINICAL SIGNS

Patient presented this morning in respiratory distress, a large amount of abdominal ascites was noted. The patient received an injection of Lasix while awaiting double cavity ultrasound; the patient became more comfortable and breathing stabilized. R/O right/left CHF vs. other. Intermittent diarrhea; check kidneys. Current meds: Vetmedin 1.25 mgs, Lasix 10 mgs BID, and metronidazole.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (4.75 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (4.24 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (1.67 cm long x 0.65 cm at the cranial pole and 0.42 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (1.56 cm long x 0.37 cm at the cranial pole and 0.31 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.



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The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

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Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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Free Abdomen

A moderate amount of anechoic free fluid is present in these images.

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There is no apparent lymphadenopathy noted in these images.

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Both ovaries and the uterus are visible without obvious reproductive tract pathology noted.

ULTRASONOGRAPHIC FINDINGS

- Moderate amount of anechoic free abdominal fluid – suspected to be related to underlying cardiac disease, given the patient history. However, other causes including low albumin, inflammatory, paraneoplastic, etc. cannot be ruled out without sampling.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As is reportedly already planned, an echocardiogram is recommended. Given this patient's reported history of chronic diarrhea, if not recently evaluated a general metabolic health screen including CBC/Chem panel, electrolytes, and urinalysis is recommended.

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A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

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A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

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In the meantime, after stabilizing/managing the suspected cardiac disease, empirical gastrointestinal sign management could include empirical deworming with a 5-day course of Panacur, as well as a probiotic such as Visbiome or Provable, and if tolerated, a transition in diet based on trial and error response, beginning with a hydrolyzed protein diet.

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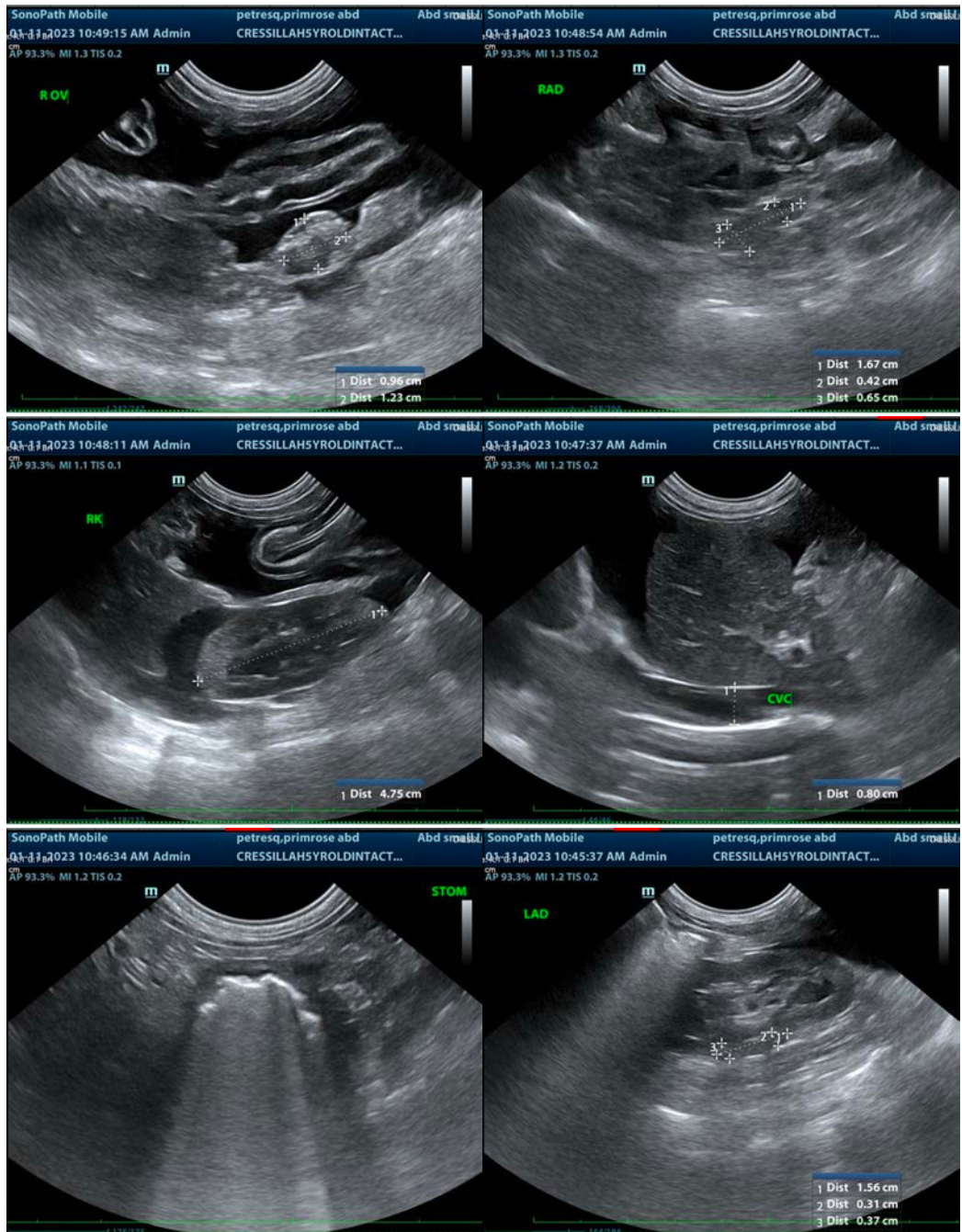
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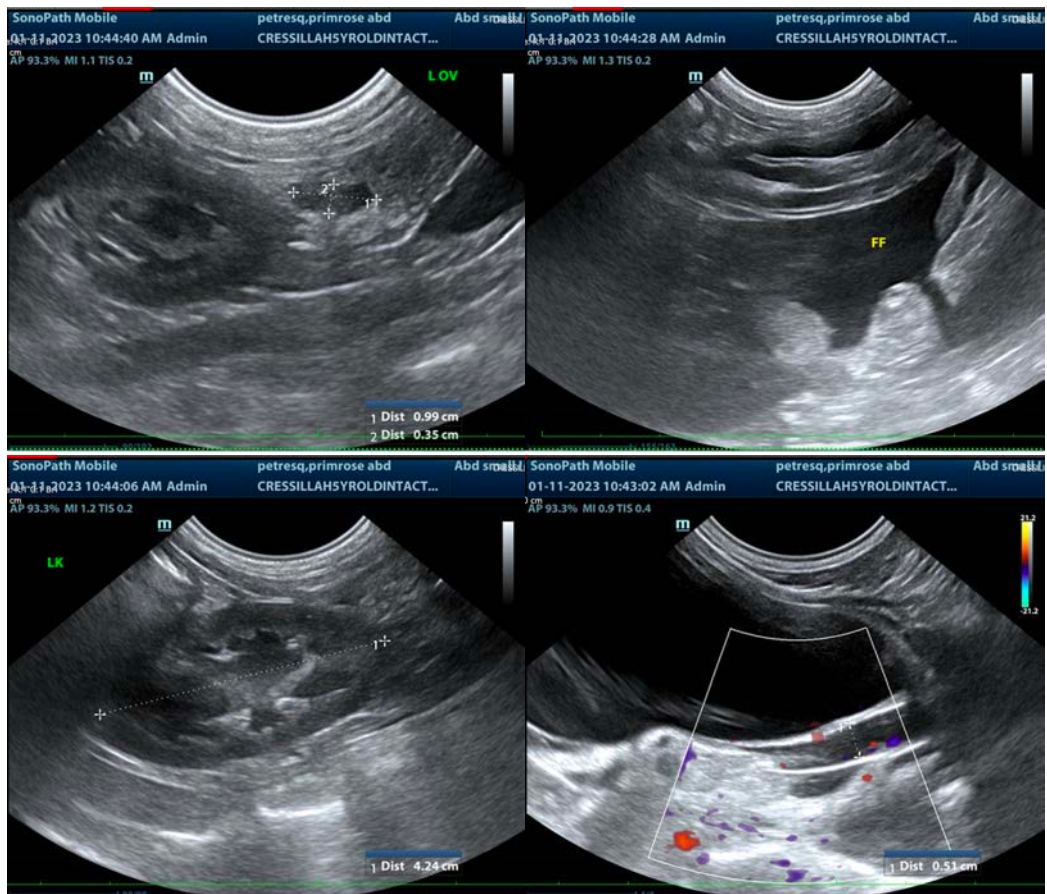
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com