

**DATE PRESENTING CLINICAL SIGNS**

1/12/23 Rechecking - O says her belly looks larger. was inappetant and lethargic also, but this may be improving. Prev finding - CVC obstructive mass

PATIENT

Bella Mershon
 Current Medications: None listed.
 Date of Previous IntraPet Ultrasound: 12/7/22. See attached.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.

SPECIES

Canine

Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Goldendoodle

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.

SEX

Spayed Female

The right kidney is normal in size (7.43 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.

AGE

12/24/13

The left kidney is normal in size (7.08 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.

WEIGHT

83 Pounds

Adrenal Glands

Adrenal glands are plump/swollen in size. Normal shape and contour are maintained without evidence of capsular invasion. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The right adrenal gland measures 3.01 cm long x 1.04 cm at the cranial pole and 0.82 cm at the caudal pole. The left adrenal gland measures 2.87 cm long x 0.73 cm at the cranial pole and 0.74 cm at the caudal pole.

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

HOSPITAL NAME

Stay Pet Veterinary

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.

REFERRING VET

Dr. Klimovitz

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

INVOICE

44192

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 stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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.

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

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.

Free Abdomen

A large amount of anechoic free fluid is noted throughout the abdomen.

There is no apparent lymphadenopathy noted in these images.

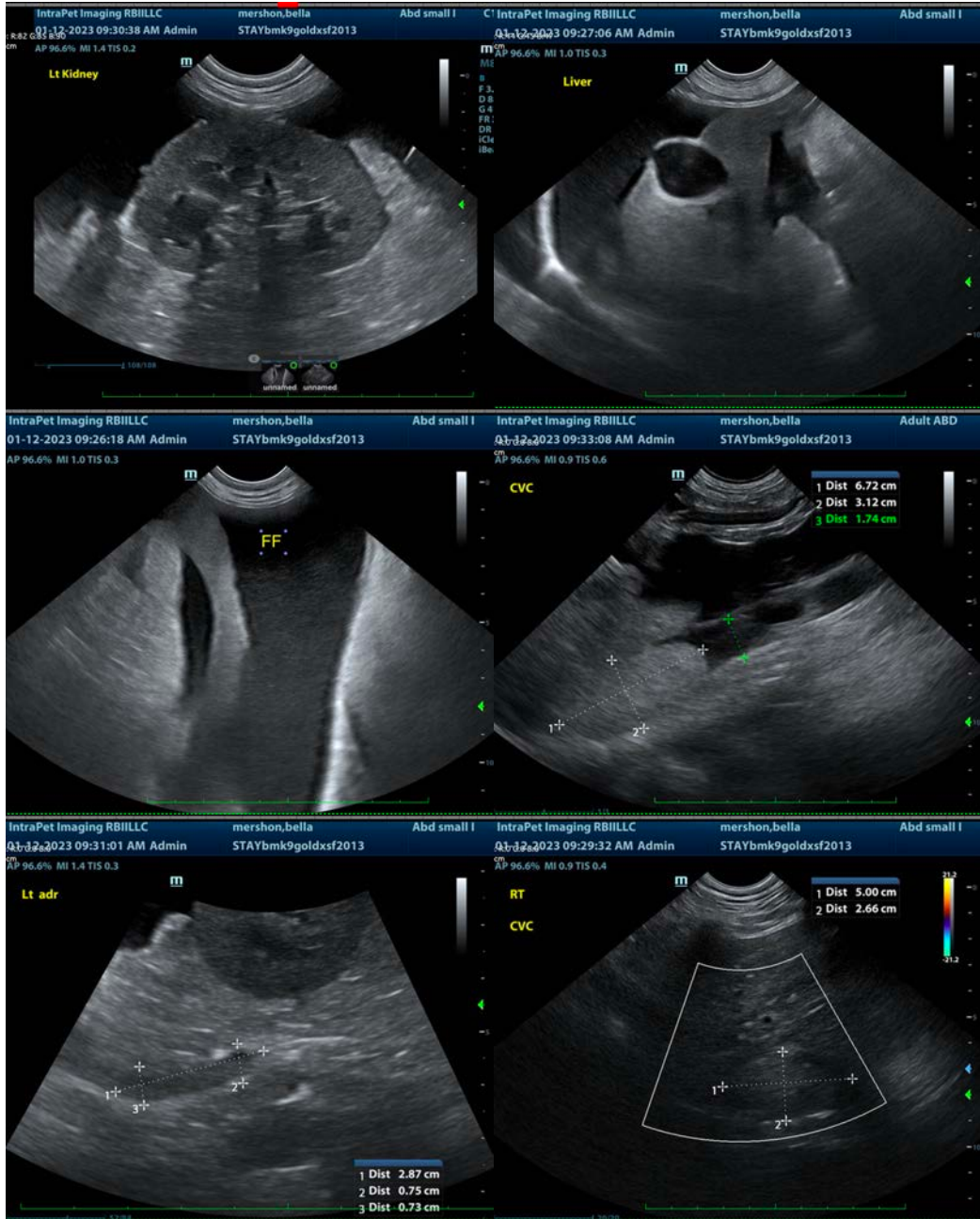
In the cranial abdomen, there remains an intracaval opacity that measures 6.72 cm long and 3.0 cm wide.

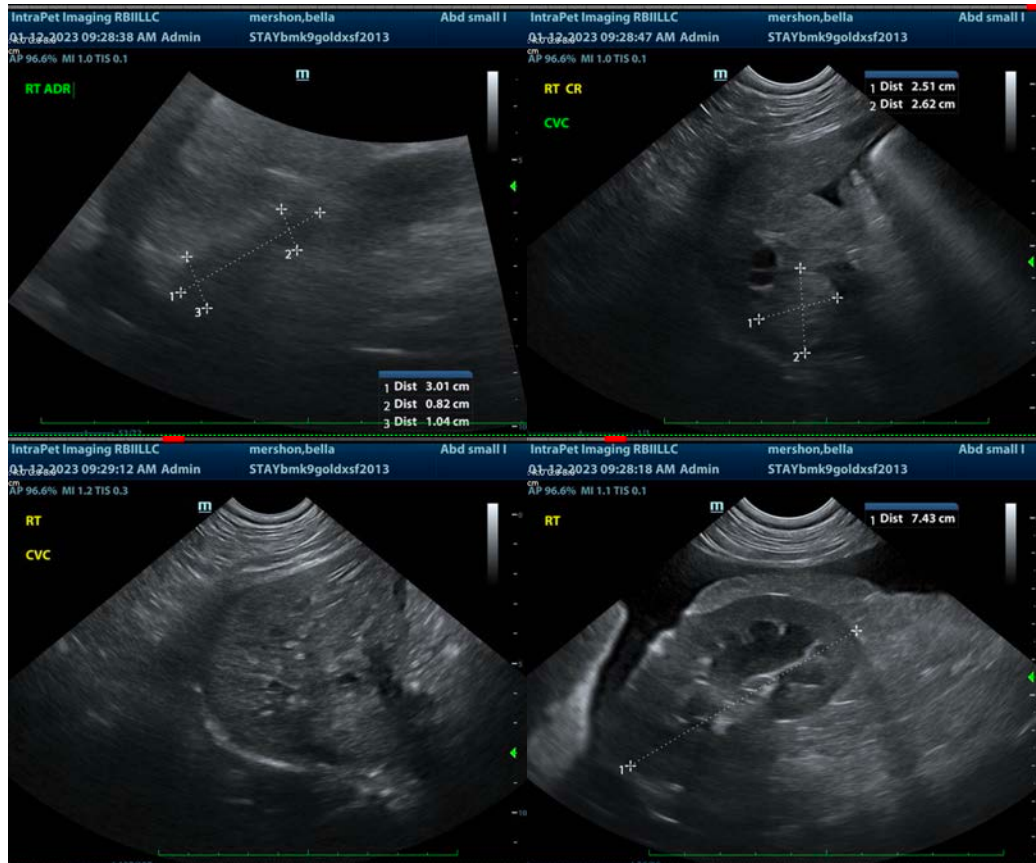
ULTRASONOGRAPHIC FINDINGS

- **Static intracaval opacity** – most consistent with a thrombus or clot. Tumor invasion from an adrenal gland versus other can't be definitively ruled out but is believed to be less likely, given the appearance of surrounding structure. The appearance of the clot is static to the previous ultrasound.
- **Large amount of free abdominal fluid that has progressed since the previous ultrasound** – likely secondary to the caval obstruction.
- **Heterogenous Liver** – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.
- **Bilateral adrenomegaly** – consistent with adrenal hyperplasia secondary to pituitary dependent hyperadrenocorticism vs stress or normal variant. Interpret in combination with clinical signs of hyperadrenocorticism.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the suspected caval thrombus is static. The amount of free fluid, however, has progressed. Further recommendations are dependent on which previous recommendations have been implemented and which ones have not but could include an abdominal CT scan for further evaluation and potentially consultation with a veterinary surgeon regarding potential additional treatment options. These are in addition to working up the suspected hypercoagulable state, and if coagulation status is appropriate, additionally treating with antithrombotics.





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.

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