

PATIENT PRESENTING CLINICAL SIGNS

Ollie Silva Enlarged/mildly distended abdomen Recent past history of diarrhea Has pacemaker Current Medications Nexgard Spectra XL once monthly

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Lab

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

Prostate is normal in size, echotexture and echogenicity for a neutered male.

Neutred Male

The right kidney is normal in size (7.73 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

3 Years

The left kidney is normal in size (7.3 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

96 Pounds

Adrenal Glands

INTERPRETED BY

The right adrenal gland is unable to be well visualized in these images.

Beth Johnson, DVM
DACVIM

The left adrenal gland is normal in size (2.64 cm long x 0.80 cm at the cranial pole and 0.73 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Kelly Reschny

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.

HOSPITAL NAME

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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.

REFERRING VET

Dr. Hughes

INVOICE

46663

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.

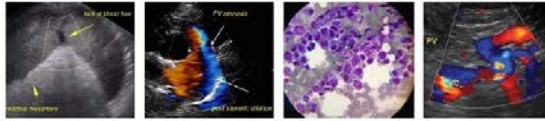
Gastrointestinal

DATE

4/13/23

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.



PATIENT

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

SPECIES

Pancreas

Canine

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.

BREED

Lab

Free Abdomen

SEX

There is a very large amount of free fluid noted in these images, partially distorting full visualization of gastrointestinal tract and potential subtle pathology.

Neutered Male

There is no apparent lymphadenopathy noted in these images.

AGE

3 Years

ULTRASONOGRAPHIC FINDINGS

- Very large amount of free fluid present of unknown origin

WEIGHT

96 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Given this patient's history, differentials for the fluid include patient's cardiac disease versus other hydrostatic pressure abnormality, decreased oncotic pressure due to hypoalbuminemia if present, vasculitis, paraneoplastic effusion, etc. Recommendations include a general metabolic health screen including CBC/Chem panel and electrolytes.

IMAGING PERFORMED BY

Kelly Reschny

Urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

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Sampling of the free fluid is recommended for cytology as well as culture and sensitivity, etc., if indicated based on cytology results.

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

REFERRING VET

Dr. Hughes

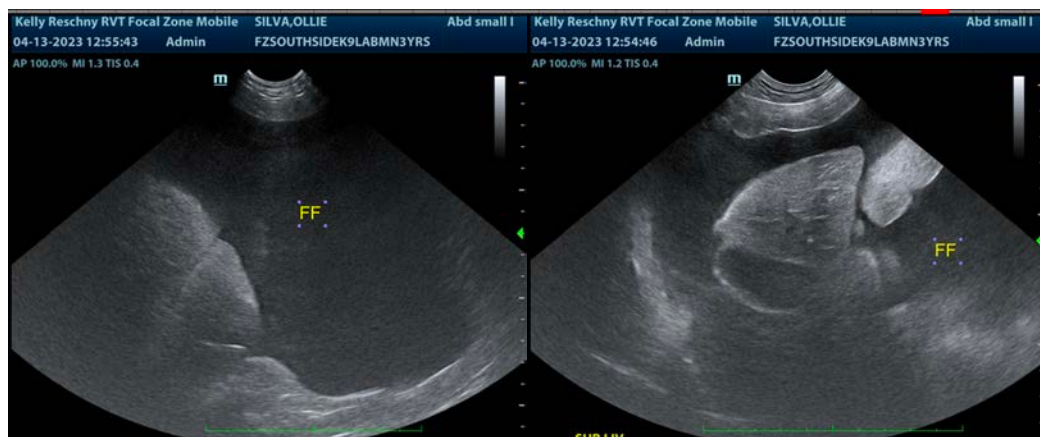
Pending results of above, follow up consultation with a cardiologist is advised.

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PATIENT

Ollie Silva

SPECIES

Canine

BREED

Lab

SEX

Neutred Male

AGE

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Beth Johnson, DVM
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IMAGING PERFORMED BY

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HOSPITAL NAME

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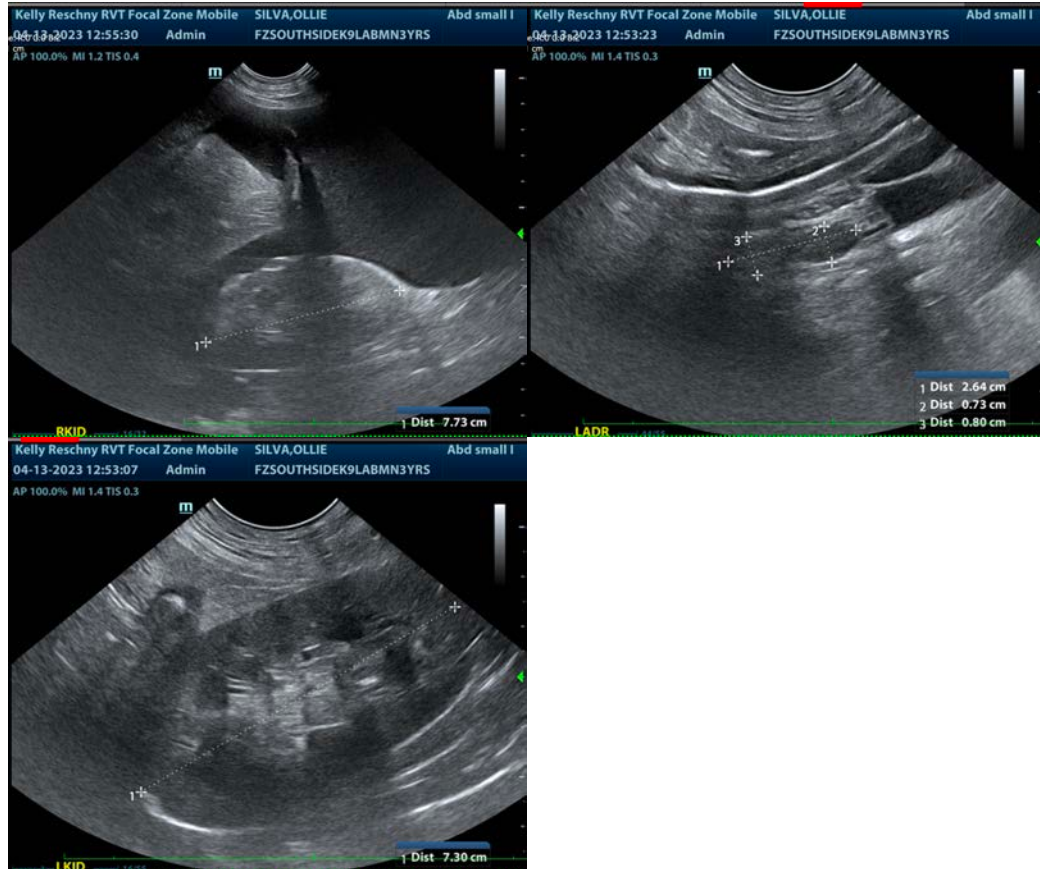
Dr. Hughes

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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