



PATIENT PRESENTING CLINICAL SIGNS

Rigby Crane History: Abdomen: markedly distended, fluid-filled, difficult to palpate abdominal organs
 Abdominocentesis performed: 2 L of straw-yellow fluid was drained.
SPECIES Abnormal PE/Chem/CBC/UA Results: Labs and rads attached.

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

Golden Retriever Urinary bladder is adequately 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

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

AGE

6 Years Left kidney is normal in size (8.15 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

37.4 kg Right kidney is normal in size (7.11 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.

INTERPRETED BY

Adrenal Glands

Beth Johnson, DVM, DACVIM (SAIM) Left adrenal gland is normal in size (0.55 cm at cranial pole and 0.53 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (1.5 cm at cranial pole and 0.6 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Spleen

Kelly Reschny 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

Liver

Gagemount AH Liver is markedly small in size with markedly undulating or scalloped capsular contour or margins. Patchy ill-defined areas of increased echogenicity are present with reduced visualization of vessels. No overt nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

REFERRING VET

Dr. Ahmed

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Gastrointestinal

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.



PATIENT

Rigby Crane

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

SPECIES

Canine

The visible small intestines are normal in wall thickness and layering. 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.

BREED

Golden Retriever

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

SEX

Neutered Male

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

AGE

6 Years

Pancreas

WEIGHT

37.4 kg

There's a very large amount of free fluid noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

Beth Johnson, DVM,
DACVIM (SAIM)

- Hepatic fibrosis pattern- This appearance is most consistent with chronic hepatitis with fibrosis and/or early cirrhosis. These changes can occasionally be seen with resolved past inflammatory episodes and should therefore be interpreted in combination with clinical signs and/or associated laboratory changes (including bile acids).
- A large amount of free fluid is of unknown origin. Differentials (unless already ruled out) could include increased hydrostatic pressure (cardiac disease and/or vascular or lymph blockage), decreased oncotic pressure (low albumin), vasculitis, paraneoplastic fluid, rupture/leakage of/from an organ (GI, GB, UB, other), blood (hemoabdomen), other.
- Mild gallbladder debris- Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

IMAGING PERFORMED BY

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HOSPITAL NAME

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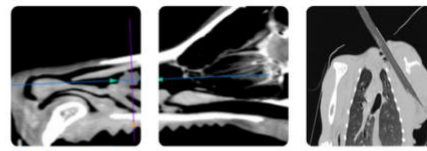
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given patient's provided laboratory changes, the appearance of the liver, the free fluid, etc., top differential is end-stage liver disease with hepatic dysfunction and potentially portal hypertension contributing to free fluid, unless hypoalbuminemia is contributing. Other contributing factors can't be ruled out. Sampling of the free abdominal fluid for analysis and cytology could be considered. Ultimately, however, after assessing patient's coagulation status, a liver biopsy, being sure to include copper level assessment, if possible, is recommended for a more definitive diagnosis and to further guide therapy.



PATIENT

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SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

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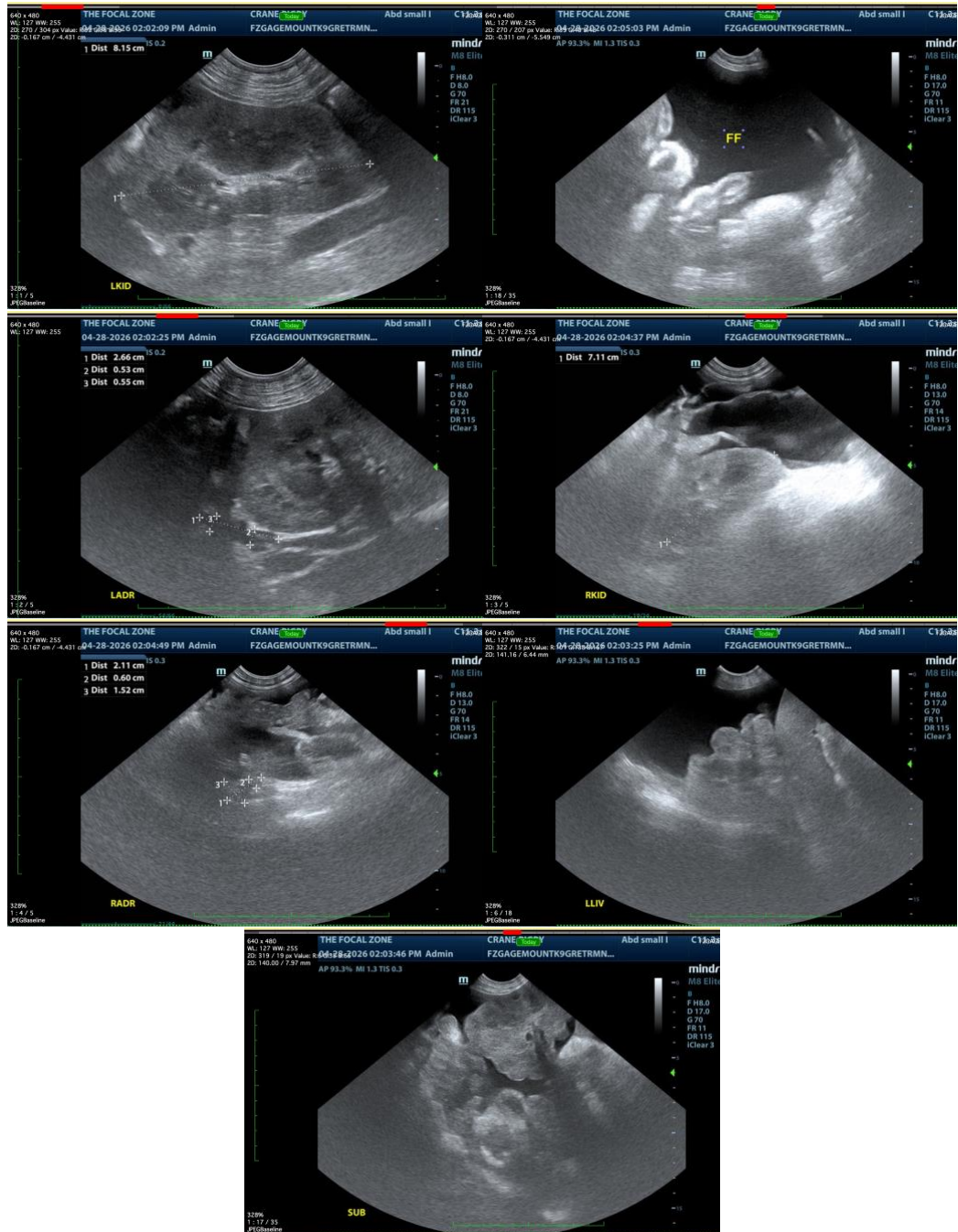
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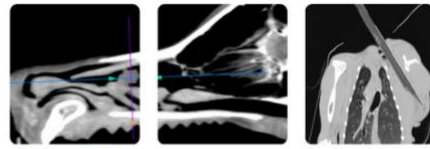
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



PATIENT

Beth Johnson, DVM DACVIM

Rigby Crane

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SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

6 Years

WEIGHT

37.4 kg

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