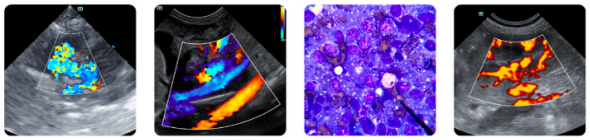


PATIENT

Laney Tank

SPECIES

Canine

BREED

Standard Poodle

SEX

FS

AGE

5 years

WEIGHT

62.6

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Mary Kermendy, CVT

HOSPITAL NAME

Wauwatosa Veterinary Clnic

REFERRING VET

Dr. Elaine Binor

INVOICE

11625

DATE

4/6/2026

PRESENTING CLINICAL SIGNS

History of ADR behavior over the last week and a half. Owner reports change in respiration and that the abdomen appears abnormal. She has gained weight since her last exam. History of elevated liver enzymes since 2024--open etiology. On PE her abdomen is distended, and a fluid wave is present. Concern for ascites. Mucus membranes are pale. Rule out HSA or other neoplasm. Other ddx: PLE, IMHA

Abnormal PE/Chem/CBC/UA Results: CBC/Chem indicated a regenerative anemia with low platelets, elevated potassium, low albumin, elevated ALT and Alk Phos (but improved liver enzymes since 2024 check).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The 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.

The right kidney is normal is size (8.21 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 is size (7.42 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 adrenal glands are unable to be visualized in these images.

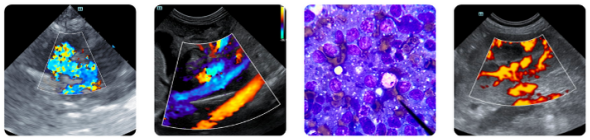
Spleen

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 possibly, mildly small in size with a slightly irregular or scalloped capsular contour or margins. Parenchyma is diffusely mildly heterogenous, but no definitive focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion. Beyond what's definitively visible as liver, there is an image of a non-specific, ill-defined tissue that's characterized by mildly heterogenous density with small discrete hypoechoic densities or nodules within. The images labeled "liver" however it doesn't match what is definitively liver, and I suspect the image may represent some clumped mesentery with potentially small fluid pockets, or other nodular organ, even pancreatic nodular hyperplasia versus other can't be ruled out.

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.



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Gastrointestinal

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.

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.

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

Pancreas

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.

Free Abdomen

There is a very large amount of free fluid in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Very 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 chronic inflammatory liver changes can't be ruled out. However, the subjectively, mildly small, irregular appearance of the liver may be artifact given the large amount of fluid surrounding it. The ill-defined possibly nodular tissue in the cranial abdomen labeled liver as described above, I don't believe is actually liver parenchyma but clumped mesentery, fat, etc. likely as a result also of the free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There's no definitive ultrasonographically visible, intraabdominal evidence of neoplasia or explanation for patient's reported free fluid. Further recommendations are dependent on the specific values of albumin i.e. could hypoalbuminemia be severe enough to cause the free fluid as well as specific values for the reportedly low platelets, anemia, etc. i.e. could a coagulopathy be resulting in hemorrhage, etc. Pending results of that evaluation, additional recommendations include:

- 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.
- Sampling of the free abdominal fluid could be considered for analysis and cytology if patient's coagulation status is appropriate.

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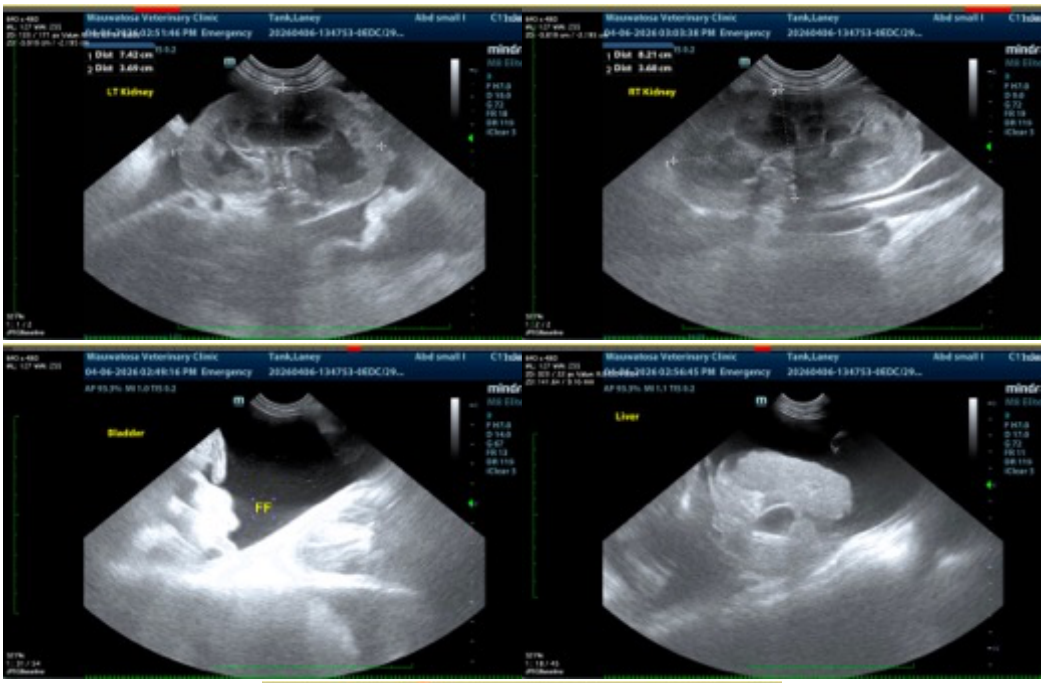
- At least a quick look of the heart to rule out pericardial effusion is recommended if not already evaluated.
- Pending results of the above workup, full cardiac assessment including a full echocardiogram may be indicated.



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
info@sonopath.com