

**DATE PRESENTING CLINICAL SIGNS**

8/21/23 History: Vomiting. Lethargic. decreased appetite since end of July. Restless, shivering. drinking increased. energy decreased. Free fluid in abdomen.

PATIENT

Sophia Jones

Current Medications: Cerenia SQ 3mL.

Lab Results: phosphorus 5.1 (high), total protein 4.4 (low), glucose 134 (high), ALT 206 (high), ALP 361 (high)

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Sedation: Torbugesic IV.

Canine

Stat Report: Declined at the time of the scan.

Imaging Performed By: Stephanie Warga RDCS, RVT.

BREED

Pitbull Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

Urinary System

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.

AGE

6/16/15

Left kidney is normal in size (6.23 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

65.4 Pounds

Right kidney is normal in size (6.61 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 BYBeth Johnson, DVM
DACVIM**Adrenal Glands**

Left adrenal gland is normal in size (0.48 cm at cranial pole and 0.73 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (1.0 cm at cranial pole and 0.92 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Alexander AH

Spleen

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. Alexander

Liver

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.

INVOICE

24019

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 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 and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas 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 large amount of anechoic free fluid within the abdomen, as well as concern for concurrent pericardial and possibly pleural effusion noted on the edge of some of the cranial abdominal videos. There is no apparent lymphadenopathy.

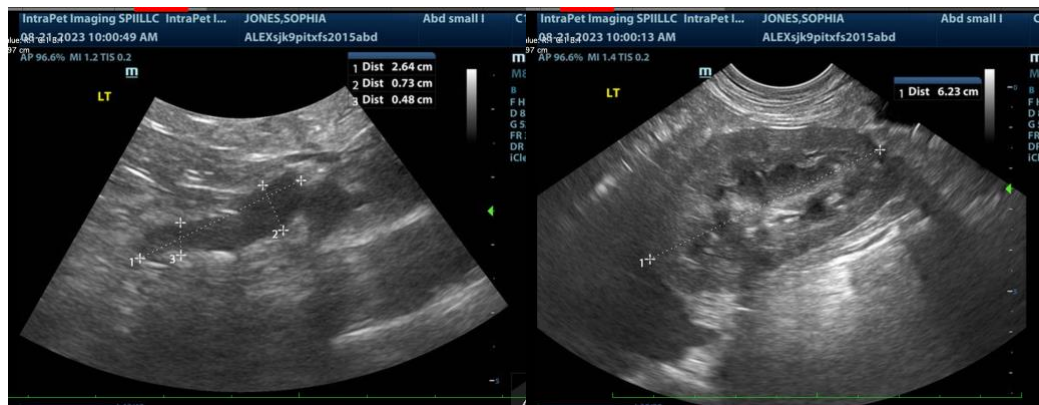
ULTRASONOGRAPHIC FINDINGS

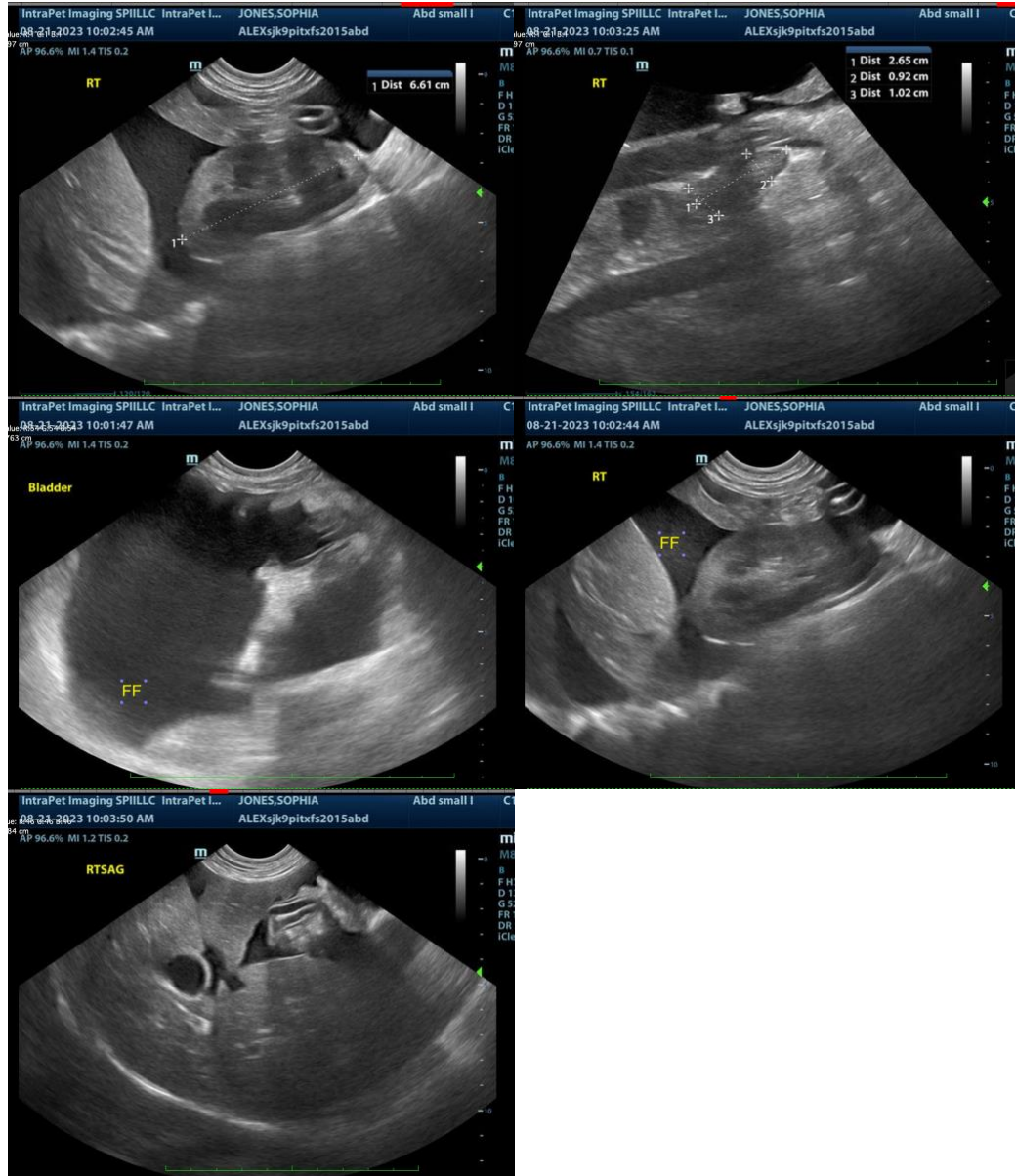
- Large amount of free fluid is noted in the abdomen, as well as concern for pericardial and possibly concurrent pleural effusion. Differentials for bicavitary and possibly tricavitary effusion include tamponade due to possible hemorrhage within the pericardial space vs other primary cardiac dysfunction. Severe vasculitis paraneoplastic effusions, effusions secondary to decreased oncotic pressure, etc., are also possible and can't be differentiated without further work up.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As is reportedly already pending, next diagnostic recommendations include an echocardiogram.

Pending results of that, sampling of the free fluid for cytology could be considered.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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