



PATIENT PRESENTING CLINICAL SIGNS

Chloe Baldauski Enlarged abdomen with episodes of recent collapse.

SPECIES Abnormal PE/Chem/CBC/UA Results: Fluid tapped from abdominal cavity, see attachment. Minor increase in ALT/BUN, see attached. WBC increase with left shift?

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Pit Bull x

Urinary bladder is only mildly distended (empty). Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.

SEX

Spayed Female

AGE

13.5

The right kidney is normal in size (6.12 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

66

The left kidney is normal in size (5.9 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

The right adrenal gland is normal in size (1.1 cm at the cranial pole and 0.70 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

The left adrenal gland is normal in size (0.45 cm at the cranial pole and 0.76 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Dr. Christensen

Spleen

HOSPITAL NAME

Spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Tranquility VC

REFERRING VET

Liver

Dr. Antonelli

Liver is subjectively enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

INVOICE

44507

DATE

8/9/23

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.



PATIENT

Gastrointestinal

Chloe Baldauski

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

SPECIES

Canine

BREED

Pit Bull x

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.

SEX

Spayed Female

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

Pancreas

AGE

13.5

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.

WEIGHT

66

Free Abdomen

There is a moderate amount of anechoic free fluid in these images.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

In right cranial abdomen, a 1.5 cm x 2.2 cm hypo- to anechoic structure is noted.

There is no evidence of heart base or pericardial pathology noted in these images at this time. If cardiac function evaluation is desired a full echocardiogram is recommended.

ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

Dr. Christensen

- Hypoechoic hepatomegaly – This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.
- Hypersplenism – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

HOSPITAL NAME

Tranquility VC

REFERRING VET

Dr. Antonelli

- Hypo- to anechoic structure in the right cranial abdomen – Appears to be an enlarged, possibly cystic lymph node. However, other tissue origin including potentially pancreas versus other are also possible.

INVOICE

44507

- Large amount of anechoic free fluid of unknown origin – Differentials include paraneoplastic effusion versus increased hydrostatic pressure secondary to lymph blockage, heart disease, other, versus vasculitis, hemorrhage, etc.

DATE

8/9/23



PATIENT

Chloe Baldauski

SPECIES

Canine

BREED

Pit Bull x

SEX

Spayed Female

AGE

13.5

WEIGHT

66

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Christensen

HOSPITAL NAME

Tranquility VC

REFERRING VET

Dr. Antonelli

INVOICE

44507

DATE

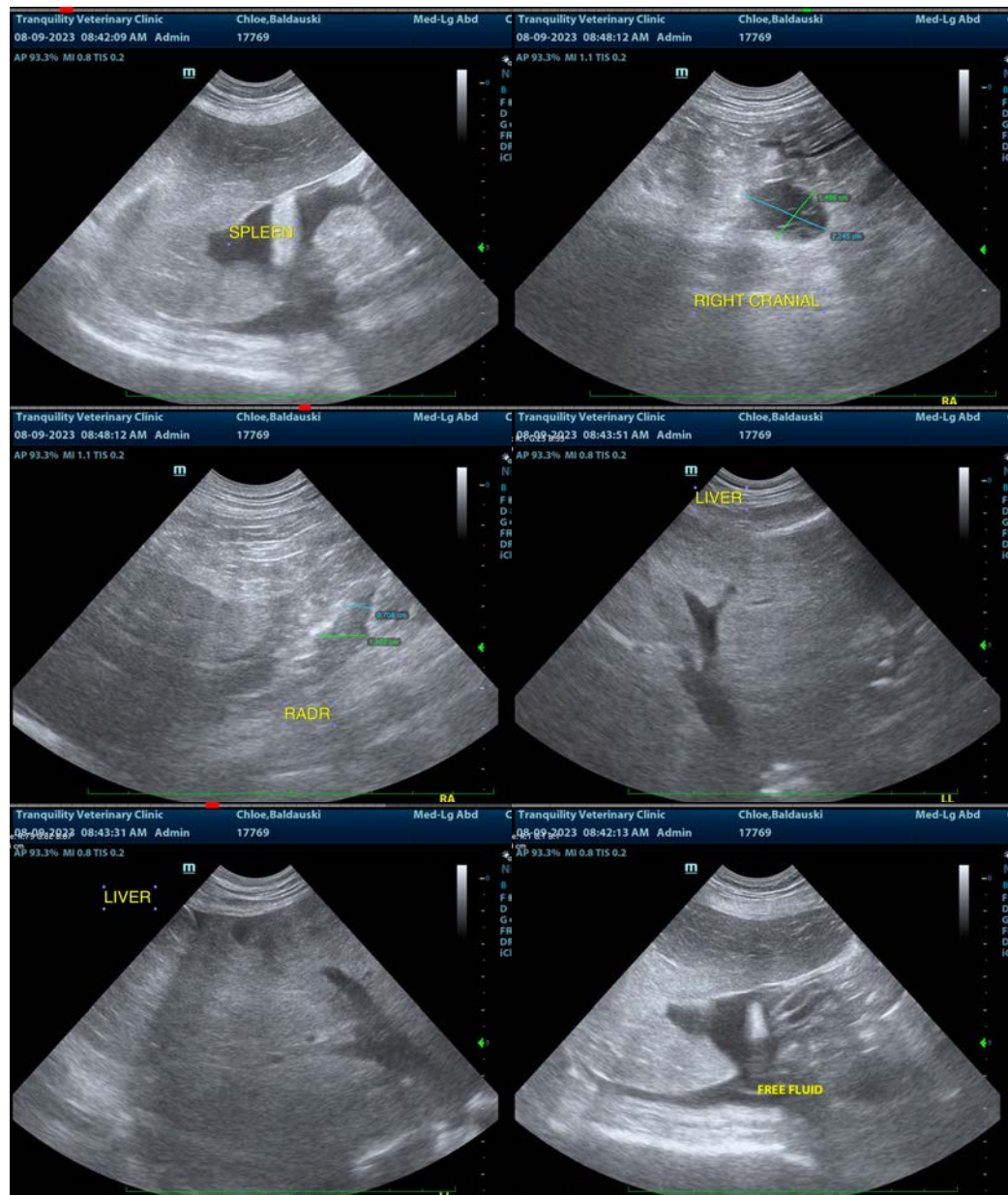
8/9/23

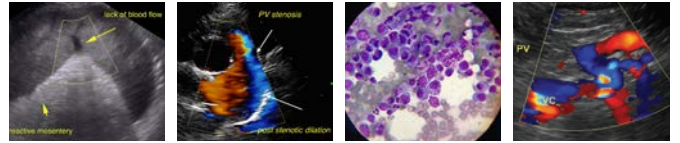
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the combination of organomegaly, free fluid, etc., infiltrative round cell neoplasia is a top concern.

The fluid was reportedly already sampled, and recommendations are to submit it for cytologic evaluation.

Pending results, fine needle aspirates of the liver and spleen could be considered if patient's coagulation status is appropriate. Therapeutic recommendations are dependent on cytology results.





PATIENT

Chloe Baldauski

SPECIES

Canine

BREED

Pit Bull x

SEX

Spayed Female

AGE

13.5

WEIGHT

66

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Christensen

HOSPITAL NAME

Tranquility VC

REFERRING VET

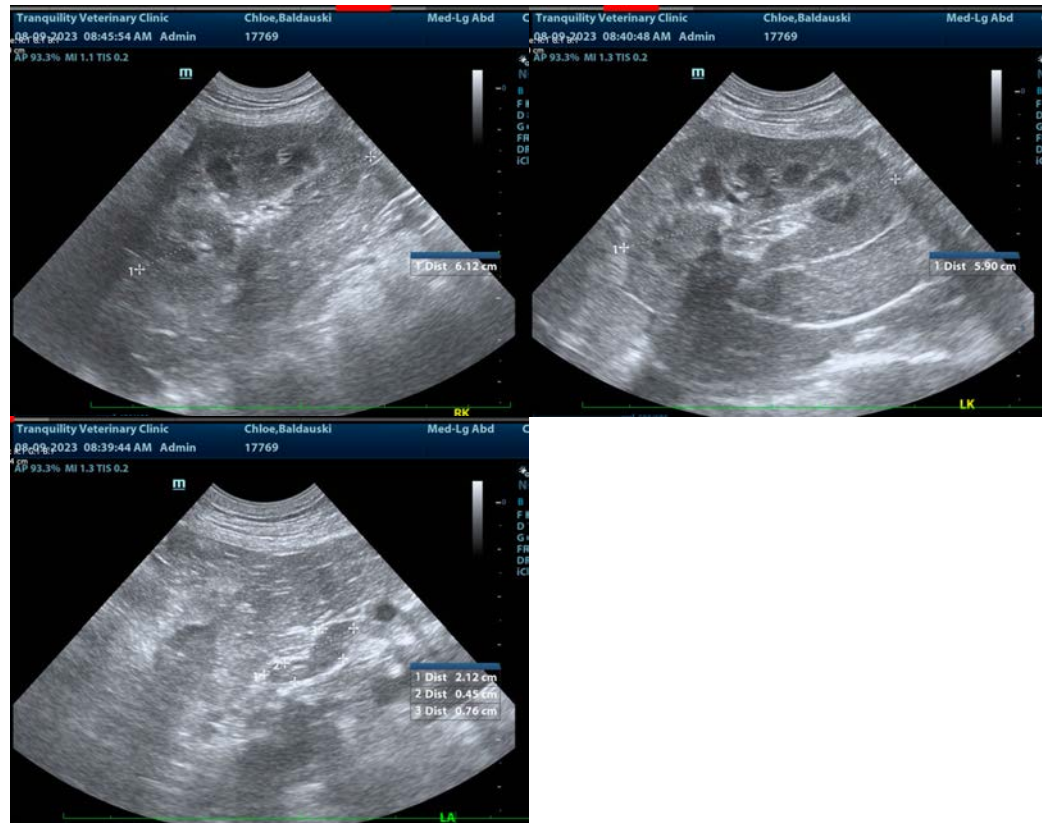
Dr. Antonelli

INVOICE

44507

DATE

8/9/23



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