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Clinical Sonography & Telecytology
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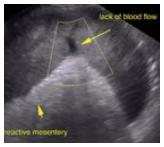
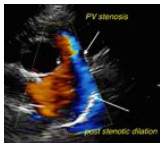
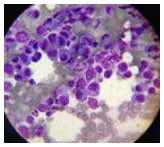
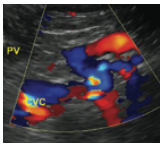

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1-800-838-4268 info@sonopath.com

PATIENT
Hans Brock

SPECIES
Canine

BREED
Labrador

SEX
Neutered male

AGE
8 years

WEIGHT
76.5 lbs

INTERPRETED BY
Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY
Dr. Whitesell

HOSPITAL NAME
Dickson AC

REFERRING VET
Dr. Whitesell

INVOICE
42371

DATE
12/27/22

PRESENTING CLINICAL SIGNS

History: Lost 6 pounds in 1 month. Off and on sick throughout fall with upset stomach.
Abnormal PE/Chem/CBC/UA Results: distended abdomen, x-ray showed fluid in abdomen and pleural effusion. waiting on blood work, submitted to outside lab this morning.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted. Surrounding moderate volume anechoic free fluid

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio (cortex 1/3 of medulla). Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Peritoneal effusion was noted around the left kidney. The right kidney measured 7.4 cm. The left kidney measured 6.9 cm.

Adrenal Glands

Both adrenal glands were not visualized; however, the regions of the adrenal glands were unremarkable.

Spleen

The spleen was normal in size with a mottled or coarse parenchyma and slightly irregular capsule, surrounded by anechoic free fluid.

Liver

The liver parenchyma is irregular with heterogenous coarse parenchyma and irregular capsule with rounded lobes surrounded by anechoic free fluid. Gall bladder is moderately distended with diffusely thickened and hyperechoic wall.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed. The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness.

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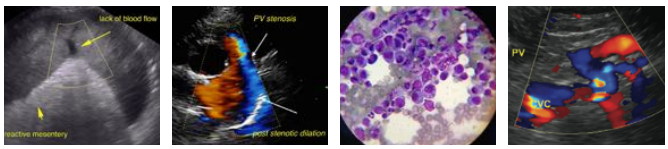

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Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

Large volume free fluid. Generally hyperechoic omentum.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

1. Large volume abdominal effusion
2. Diffusely irregular hepatic parenchyma
3. Cholecystitis
4. Mottled slightly irregular splenic parenchyma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatic changes along with gall bladder inflammation is concerning for diffuse hepatic disease and liver fine needle aspirate is recommended. Splenic changes may be reactive to effusion, an age related change or represent infiltrative disease and splenic aspirate could also be considered. No specific abdominal masses or lymphadenopathy was visualized, however, the large volume of abdominal effusion, reported bicavitary effusion, along with hepatic changes and omental thickening are concerning for a neoplastic process such as carcinomatosis. Omental thickening could also be reactive due to presence of effusion. Sampling of peritoneal and pleural effusions to better characterize them as transudate, modified transudate or effusions is recommended with submission for cytology and culture. If albumin is < 1.5 assess for significant proteinuria. If proteinuria is mild, the PLE should be considered. Ensure immediate cytospin on effusion with slide prep right after sampling to ensure the most accurate cytology assessment.

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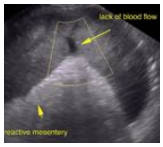
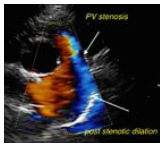
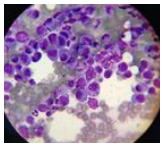
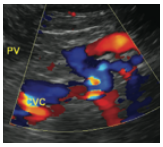

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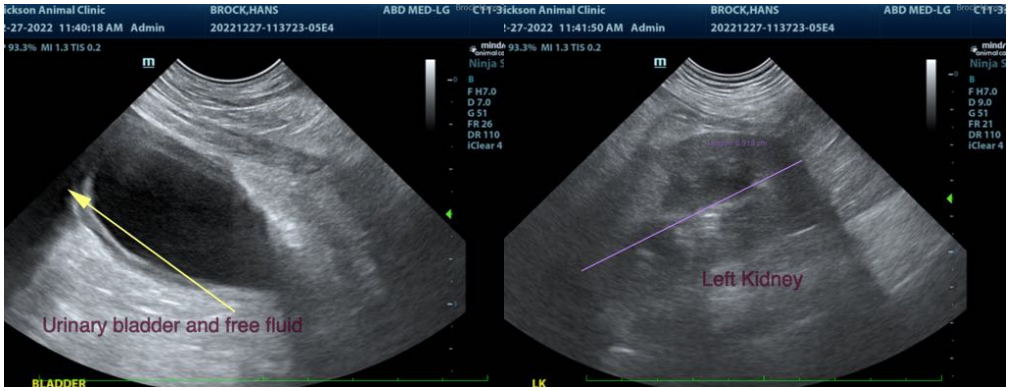

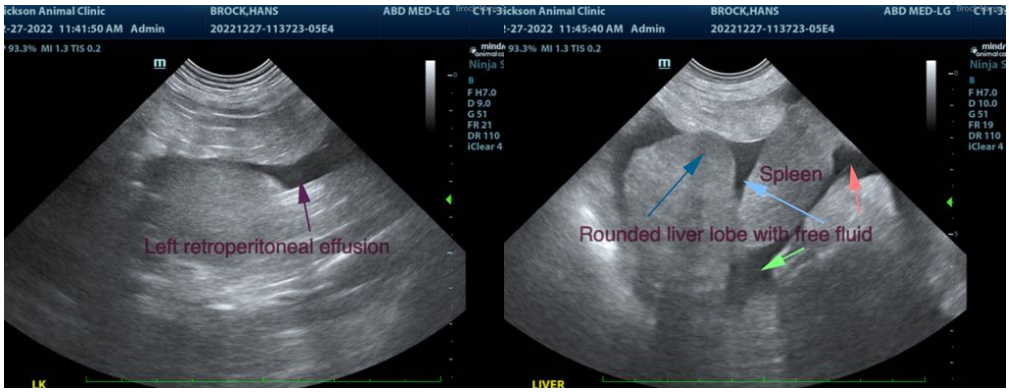

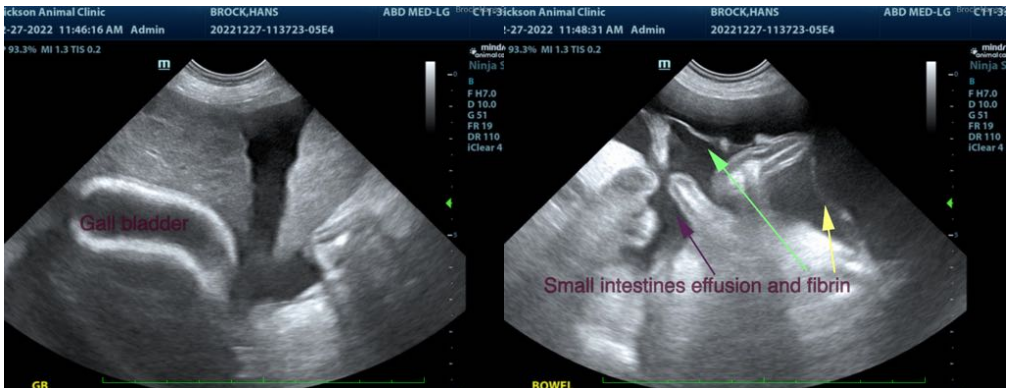

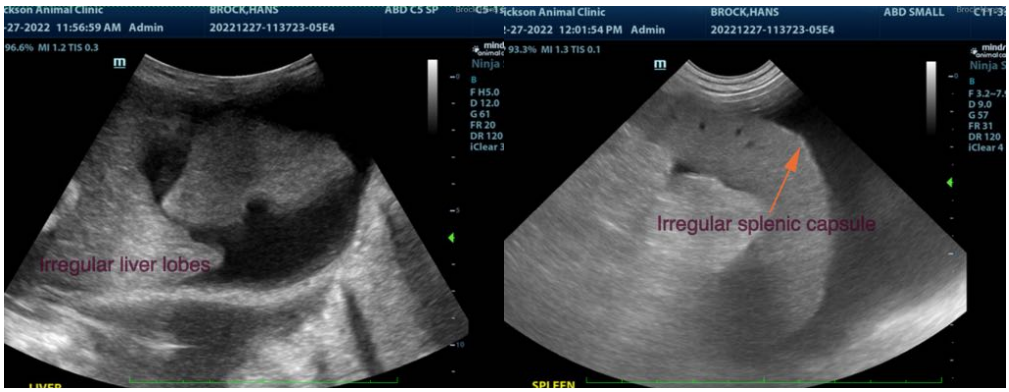

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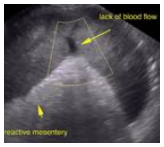
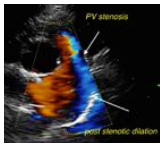
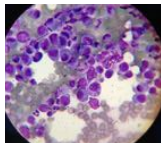
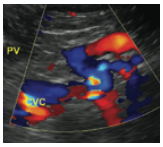

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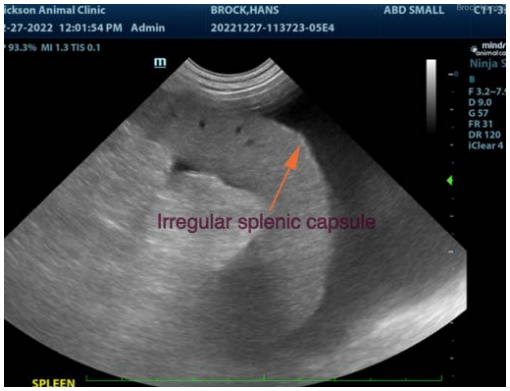

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC
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