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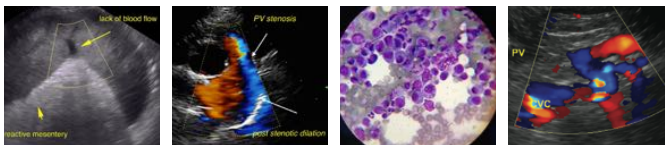

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1-800-838-4268 info@sonopath.com

PATIENT
Gretchen Snyder

SPECIES
Canine

BREED
Catahoula Mix

SEX
Spayed female

AGE
11 years

WEIGHT
50 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Myers

HOSPITAL NAME
Hershire AH

REFERRING VET
Dr. Zhang

INVOICE
42509

DATE
2/1/23

PRESENTING CLINICAL SIGNS

History: hx DJD--on adequan and gabapentin; 2 wks ago AST 121, ALP 600. hx seizures--used to be 2x/yr now increased in frequency, started zonisamide 1/31. At same appt noticed abd distension. Mod ascites TP 4.2. straw colored effusion
Abnormal PE/Chem/CBC/UA Results: mild non regenerative anemia HCT 35.5, alb within normal limits 3.1, ALP 1254, ALT normal and unfortunately AST not on in house BW

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.0 cm. The right kidney measured 5.0 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.8 cm at the cranial pole and 0.6 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** was swollen with irregular contour and nodular scalloping contour with enhanced surrounding mesentery. Generalized hepatomegaly was noted. Isoechoic, macronodular changes were noted. Vena cava and hepatic vein dilation was noted. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

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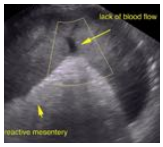
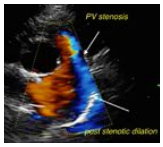
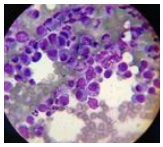
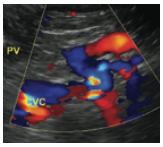

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

An abdominal lipoma was noted and measured 8.0 x 4.0 cm. Pericardial effusion was noted through the diaphragm.

ULTRASONOGRAPHIC FINDINGS

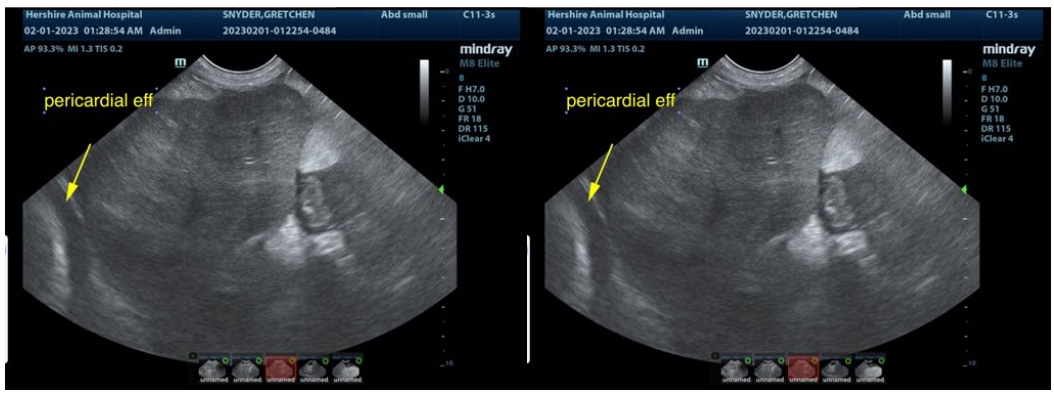
Ascites owing to passive congestion and/or infiltrative disease/lymphatic obstruction.

Concerning nodular hepatic changes, passive congestion pattern.

Concurrent pericardial effusion noted through the diaphragm.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is concern for thoracic disease causing passive congestion such as the pericardial effusion noted through the diaphragm. Echocardiogram and assessment of the right auricular region particularly for underlying neoplasia is indicated. 25-gauge FNA of the hepatic nodular changes and general parenchyma is indicated as well. Further imaging is recommended. SDEP 3 echo maneuver is recommended of the right auricle as well as FNA of the liver.



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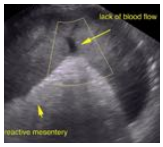
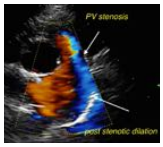
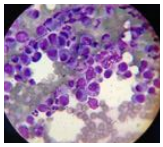
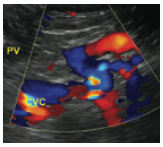

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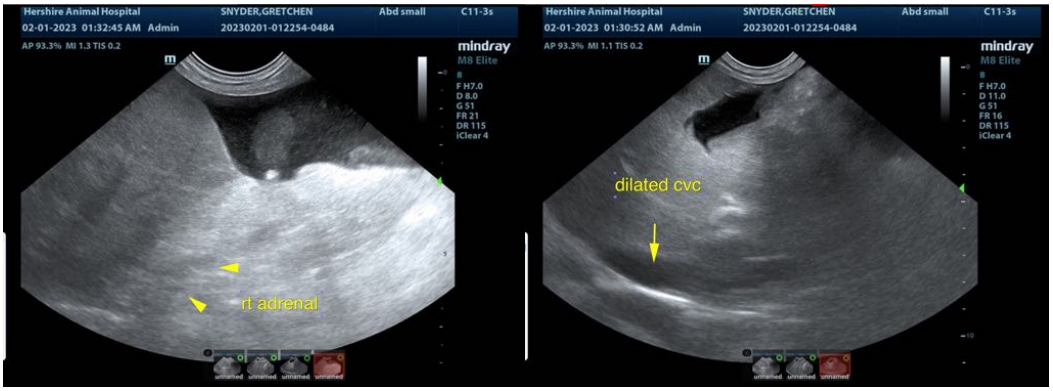

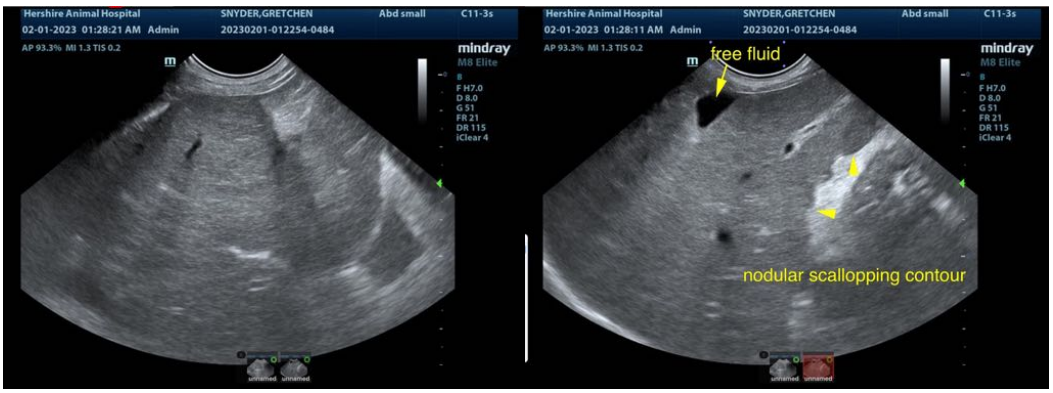

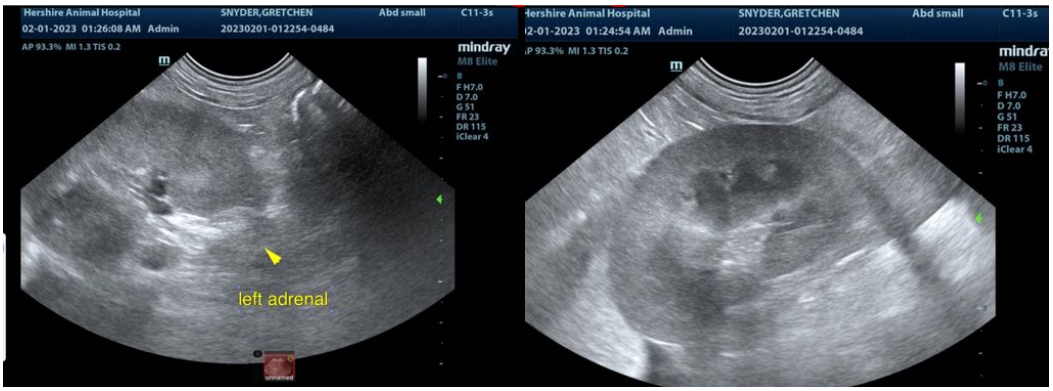

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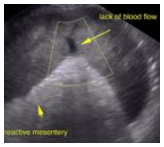
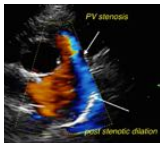
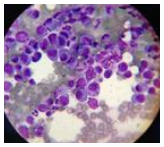
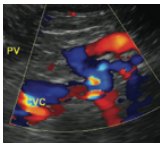

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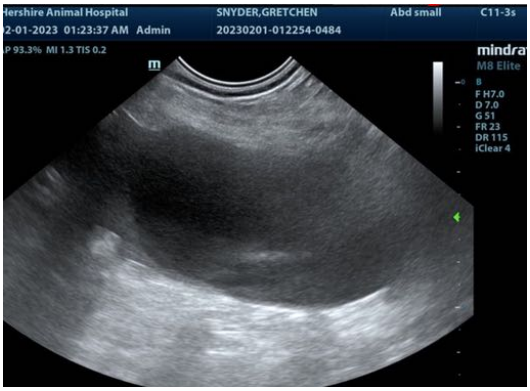

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com