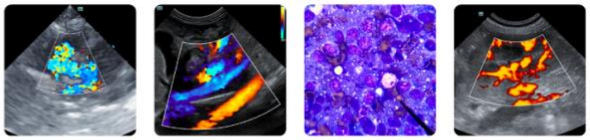


PATIENT

Bella Coleman

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

11 Years

WEIGHT

2.7 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Lacovides

HOSPITAL NAME

Tuxedo Animal Hospital

REFERRING VET

Dr. Rebizant

INVOICE

14748

DATE

03/30/26

PRESENTING CLINICAL SIGNS

- Several days history of PU/PD
- Was also previously seen for dental exam and referral for echo b/c of heart murmur and was dx'd previously with mitral valve disease
- Bicavity: to workup abdominal effusion/hypoproteinemia and echo to follow-up on prev dx/d mitral valve dz (no previous echo report available)

PE - abdomen mildly distended, no abnormal structures palpated - heart murmur still present grade 1-2 out of 6 Radiographs - in abdomen there is a loss of serosal detail and general diffuse increased opacity within the cavity. CBC: nsf CHEM: BUN 11.0 mmol/l (2.5-9.6) Cal 1.66 mmol/l (1.98-3.0) TP 37 g/l (52-82) ALB 12 g/l (22-39) ALT 155 u/l (10-125) ALP <10 u/l (23-212) TBIL 16 umol/l (0-15) Chol 2.79 mmol/l (2.84-8.26)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 2.9 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 2.9 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.0 mm and the caudal pole measures 4.3 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.1 and the caudal pole was not seen.

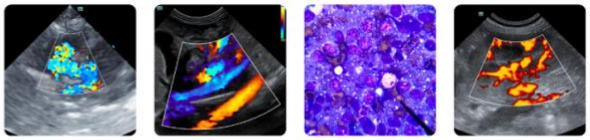
Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Normal blood flow was evident.

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

Gallbladder is markedly distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.



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Gastrointestinal

The stomach has normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Small intestine is diffusely mildly thick with a relatively thick mucosa compared to other layers. Normal wall layering is preserved; however, the mucosa is more echogenic than normal and contains hyperechoic striations perpendicular to the lumen. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

Pancreas

The pancreas was diffusely mildly hypoechoic with mildly dilated pancreatic duct. Mild pancreatic inflammation, most likely reactive due to the presence of free abdominal effusion.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. A marked amount of free abdominal fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Marked gallbladder debris.
- Hypoechoic pancreas.
- Marked amount of free abdominal fluid.
- Suspect lymphangiectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Suspect hypoalbuminemia is due to lymphangiectasia. Recommend starting with diet trial. Recommend feeding ultra low-fat diet such as Royal Canin GI low-fat. Rechecking albumin in 10 to 14 days. If albumin is not improved in 10 to 14 days on ultra low-fat diet, consider empirical trial with prednisone if cardiac status would allow glucocorticoid steroid administration. Also consider GI biopsies at that time. Endoscopically is preferred given they are more minimally invasive to determine underlying cause of patient's GI disease and to potentially allow for optimization of treatment protocol. Recommend sampling free abdominal fluid and submitting for fluid analysis and cytology.

If pure transudate is present, then most likely cause of ascites is hypoalbuminemia causing decreased oncotic pressure. If modified transudate is present, then consider right heart disease as a possible cause of the free abdominal fluid.

Prognosis is guarded at this time pending further diagnostics.

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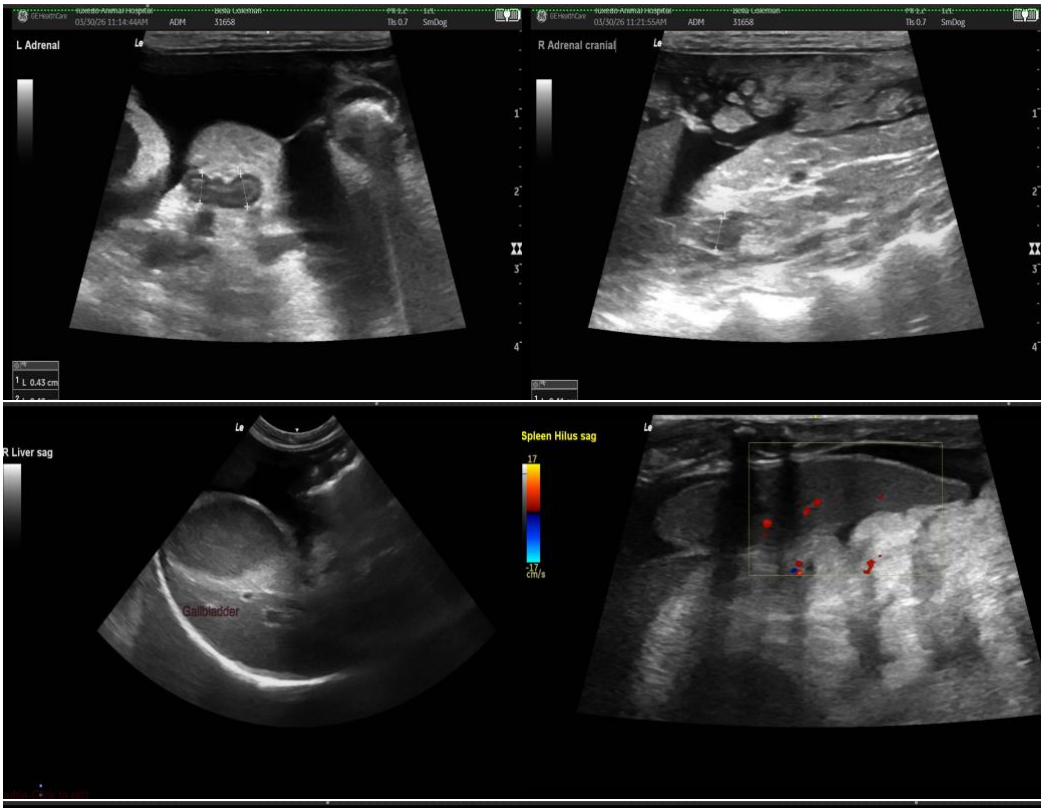

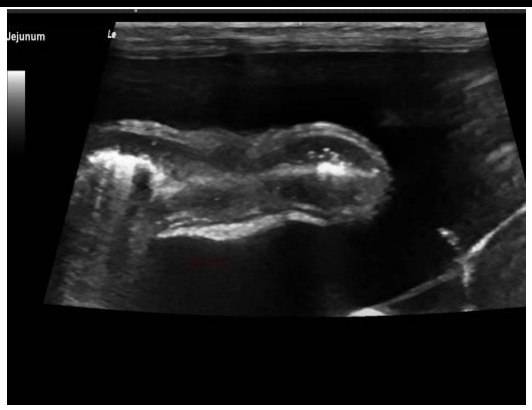

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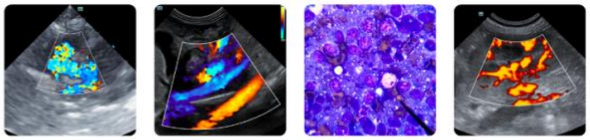

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)
Veterinary Internal Medicine Specialist
info@SonoPath.com