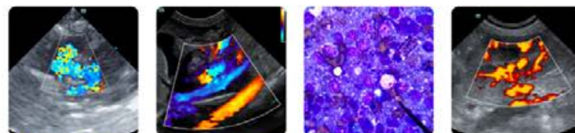


PATIENT

Coconut Ozdemir

SPECIES

Canine

BREED

Sibarian Husky

SEX

Spayed Female

AGE

10 Years

WEIGHT

55.4 lbs

INTERPRETED BY

Karen Ebersole, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Countryside Animal Clinic

REFERRING VET

Dr. Cox

INVOICE

71821

DATE

11/14/25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Decreased appetite Labored breathing R/O Abdominal mass? Pulmonary dz? ABNORMAL Labwork Values Fluid Analysis-Body Cavity Effusions: Modified Transudate with iatrogenic blood contamination. For ECHO Only: Blood Pressure None available HR/RR/BP: HR: 130, RR: OMB 60 Is there a Heart Murmur? If so, please grade. No Current Medications None Radiographic Findings Abd Rad--> visible free abdominal fluid, mass effect cranial abdomen. Can see caudal aspect of lungs...appears to have mets... Chest Rads--> Significant pleural effusion noteD

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was normal in size and shape. The bladder wall was normal in thickness for the volume of urine present. The trigone and visible urethra were normal in appearance. The urine was anechoic with no visible sediment or uroliths. The pelvic urethra was visualized to a depth of X cm past the cystourethral junction.

The iliac trifurcation was normal in structure and volume. Focally enlarged iliac lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic with a smooth capsule contour. Evidence of perilymphatic inflammation was evident.

The left kidney was mildly subnormal in size. The right kidney was normal in size. There was a mild to moderate increase in cortical echogenicity. The corticomedullary junction was mildly indistinct. There was no pelvic dilation. There is an old infarct in the cranial pole of the left kidney. The left kidney measured 5.1 cm in length. The right kidney measured 6.3 cm in length.

Adrenal Glands

Both adrenal glands were normal in size and shape, with a smooth capsule contour. The parenchyma displayed normal echogenicity. There was no evidence of capsular expansion or pericapsular inflammation. There were no nodules or masses visible. Left measures 0.61 cm at the caudal pole and 0.57 cm at the cranial pole. Right measures 0.83 cm at the caudal pole and 1.5 cm at the cranial pole.

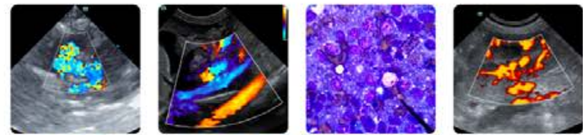
Spleen

The spleen was subnormal in size, likely due to volume contraction. The splenic parenchyma was mildly heterogeneous with no distinct nodules or masses visible. There was good vascularity at the splenic hilus on power doppler.

Liver

The liver was increased in size with a diffusely swollen capsule contour. The parenchyma was normal in echogenicity with a mildly coarse echotexture. The hepatic vasculature was diffusely dilated, including the caudal vena cava at the level of the hepatic veins. There was no visible thrombus in the vasculature. The gall bladder was normal in size and contents. The cystic and common bile ducts were normal with no evidence of obstruction or inflammation.

The gallbladder was normal in size with anechoic contents. There was a thickened gallbladder wall that was striated and edematous, with an echogenic “double rim effect”. This represents gallbladder wall edema, which can be seen with hepatic congestion, right heart failure, free peritoneal fluid, anaphylaxis and acute inflammation.



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Gastrointestinal

The stomach was normal in size and shape, with a smooth serosal contour. The stomach wall was normal in thickness and layering. The small intestine displayed normal curvilinear patterns throughout. Subjectively normal wall thickness and layering was maintained. The visible colon wall was normal in thickness and layering.

Pancreas

The pancreas was increased in size with a smooth capsular contour. The parenchyma was hypoechoic to mildly heterogeneous, likely consistent with pancreatic edema. There were no visible overt nodules within the pancreas.

Free Abdomen

A moderate volume, cellular peritoneal effusion was present. The mesentery was hyperechoic and irregular with a diffuse nodular pattern.

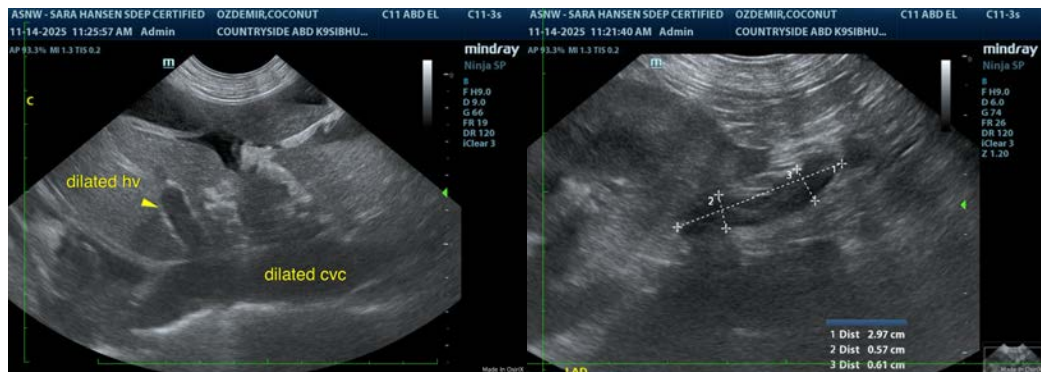
On transdiaphragmatic views there was a moderate to large volume of peritoneal effusion present.

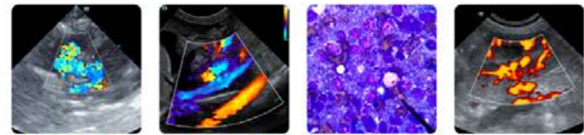
ULTRASONOGRAPHIC FINDINGS

- Congestive hepatopathy.
- Moderate volume peritoneal effusion.
- Pancreatic edema.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the abdominal effusion is most likely secondary to thoracic pathology. A cytospin of a freshly collected sample of pleural effusion and peritoneal effusion could be done for cytology for further assessment. Correlation with the pending echocardiogram is recommended.





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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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
info@SonoPath.com