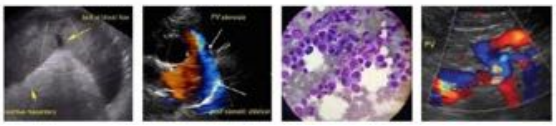


PATIENT

Misha Vukovic

SPECIES

Canine

BREED

Border Collie X

SEX

Female Spayed

AGE

9 years

WEIGHT

20 kg

INTERPRETED BY

Karen Ebersole, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Downtown AH

REFERRING VET

Ahn

INVOICE

13957

DATE

8.4.23

PRESENTING CLINICAL SIGNS

History: Fell while trying to get into the back of the SUV about 2 weeks ago, did a full 180 and landed on her back. Was painful. Admitted to hospital for 5 days strict cage rest and treatment with Dexamethasone for IVDD. Went home for 5 more days of rest and meds at home. Worsening signs despite treatment, were considering referral for back surgery. Return to hospital with distended abdomen and worsening signs. Owner admits that he found her at the bottom of the basement stairs recently (pretty immobile - fall?). Today tapped abdomen and sample was clear fluid.
Abnormal PE/Chem/CBC/UA Results: Please see attached bloodwork.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and shape. The serosal and mucosal surfaces were smooth and curvilinear. The bladder wall was normal in thickness for the volume of urine present. The urine was anechoic with no visible sediment or uroliths. The ureters were not visible, which is normal. The trigone was normal. The pelvic urethra was visualized to a depth of 1.0 cm and was normal in thickness and tone.

Both kidneys were of a normal size and shape. The capsule contour was smooth. Normal corticomedullary distinction was present with a normal 1:3 cortex to medulla ratio. The cortex was normal in echogenicity. There was no pelvic dilation. The left kidney measured 6.00 cm in length. The right kidney measured 5.70 cm in length.

The iliac trifurcation was visualized and evaluated with color doppler. There was normal vascular perfusion with no evidence of thrombus formation. There was no iliac lymphadenopathy.

Adrenal Glands

Adrenals not visualized due to extent of ascites and discomfort with probe pressure.

Spleen

The spleen was normal in size, shape, and position. There was a smooth capsule contour. The parenchyma was finely textured and homogeneous. There were no visible masses, nodules or evidence of infiltrative disease.

Liver/Gallbladder

The liver was subjectively normal in size and shape, with a smooth capsule contour. There was a large volume free peritoneal fluid around the liver lobes and diaphragm. The parenchyma was coarse and homogeneous. The portal vasculature was normal in structure and volume. The hepatic veins were 1:1 ratio with the portal vein. The gallbladder was normal in size and shape, with anechoic contents.

Gastrointestinal

The stomach appeared empty and normal shape, as much as could be visualized. The mesentery in the abdomen was hyperechoic obscured the view of some intestinal detail and mesenteric lymph nodes. The visible small intestine was empty, with normal wall thickness and layering. The visible colon wall was normal in thickness and layering.

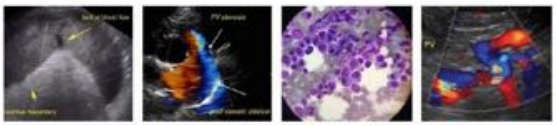
Pancreas

The visible pancreas was mildly heterogeneous and mildly irregular in shape. The parenchyma had subtle hypoechoic nodular changes and an irregular capsule margin.

Free Abdomen

There was large volume free peritoneal fluid. The fluid was anechoic with mild suspended, mobile sediment. This could represent fibrin, inflammatory cells, red blood cells or sloughed mesothelial cells.

Brief transdiaphragmatic view showed a normal right atrium size and no pericardial effusion.



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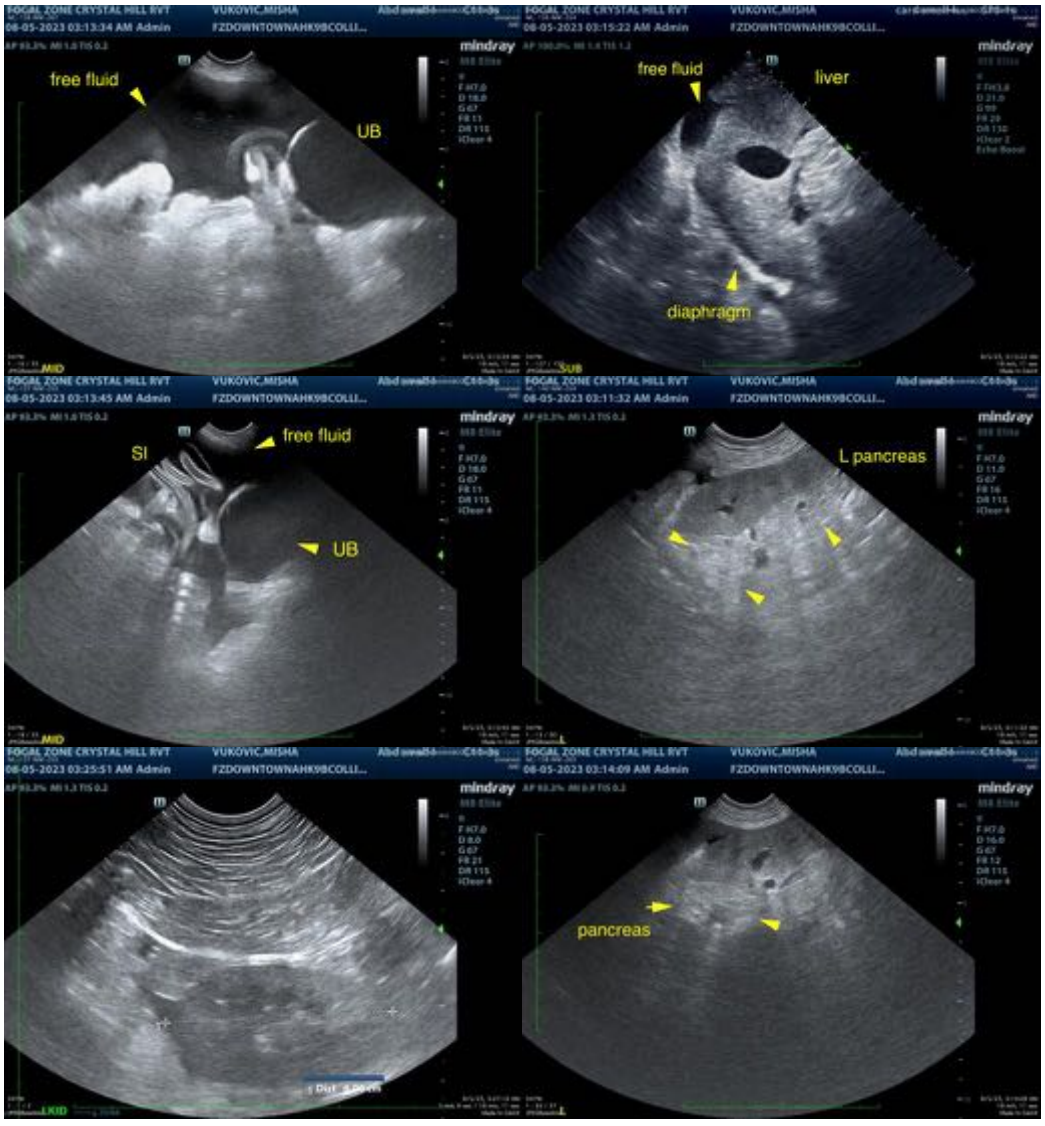
FINDINGS

- Large volume peritoneal effusion
- Heterogeneous pancreas
- Diffuse hyperechoic mesentery

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the lack of passive congestion in the hepatic veins, there's no evidence for the cause of the clear ascites cranial to the diaphragm. The albumin level is over 1.5, so ascites due to decreased oncotic pressure is ruled out. There is no visible liver disease that would cause portal hypertension, ruling that out as a cause. The remaining differential unfortunately is a suspicion of underlying neoplasia, possibly partially suppressed by the Dexamethasone.

Abdominocentesis is recommended, cytospin of the fluid and making a slide of the sediment for cytology. Lymphoma/lymphomatosis, carcinomatosis, or mastocytosis are all possible. Otherwise, exploratory surgery will be necessary.



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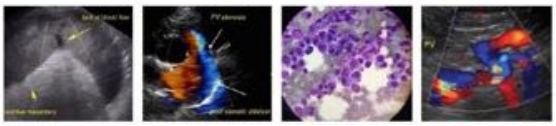

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

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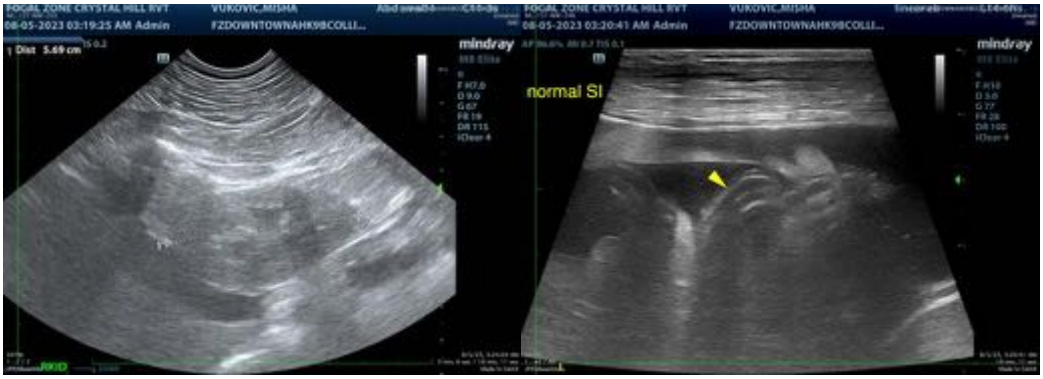

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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