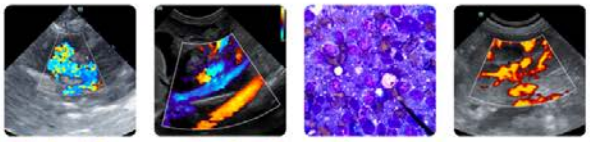


PATIENT

Luna Vazquez

SPECIES

Canine

BREED

Shih Tzu x

SEX

Intact Female

AGE

6 Years

WEIGHT

15 lbs

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Garcia

INVOICE

72224

DATE

1/14/26

PRESENTING CLINICAL SIGNS

Presented as a referral for an abdominal ultrasound to evaluate possible abdominal mass/thoracic mass. Pt presented to rDVM as pt was having respiratory distress and shortness of breath 4 days ago. Radiographs were taken and showed mass effect on VD abdominal view pushing stomach caudally. DDX Liver mass or intrathoracic mass.

Abnormal PE/Chem/CBC/UA Results: Radiographs attached as supporting documents Focal Thorax non cardiac: Pleural effusion present, but no obvious masses noticed. Thoracocentesis: Removed 515 mls of blood tinged fluid (modified transudate) non hemorrhage

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, or masses. In the dependent portion of the urinary bladder, there is some echogenic, likely mineralized sandy debris.

The left kidney has a normal shape and size (5.4 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.8 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.47 cm at the cranial pole and 0.39 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

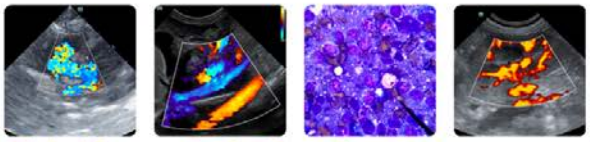
The right adrenal gland is normal in size measuring 0.42 cm at the cranial pole and 0.41 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.2 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is large in size, and hyperechoic with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The biliary tract appears normal. The



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intrahepatic vasculature appears normal, the cava is prominent. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The gall bladder wall appears normal. Luminal contents are consistent with echogenic fluid and non organized, non mineralized suspected mucoid material. There is no evidence of bile duct dilation visualized.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.29 cm 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. Duodenum wall measures 0.43 cm. Jejunum wall measures 0.31 cm. 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. 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. Descending colon measures 0.15 cm.

Pancreas

The pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. No significant lymphadenopathy. A mesenteric lymph node is visualized measuring 0.46 cm. The omentum is generally normal in echogenicity.

Other

The uterine body is visualized, slightly prominent with a small amount of intraluminal fluid.

Thorax

There is a large volume of mildly echogenic fluid visualized in the thorax with some evidence of atelectatic lung. No focal mass lesion is visualized.

Brief subjective cardiac assessment reveals no overt evidence of left or right heart chamber enlargement. Correlation with a full echocardiogram should be considered.

ULTRASONOGRAPHIC FINDINGS

- Dependent mineralized/sandy debris visualized in the urinary bladder – Recommend urinalysis and culture.
- Pancreatic changes most consistent with chronic pancreatic remodeling.

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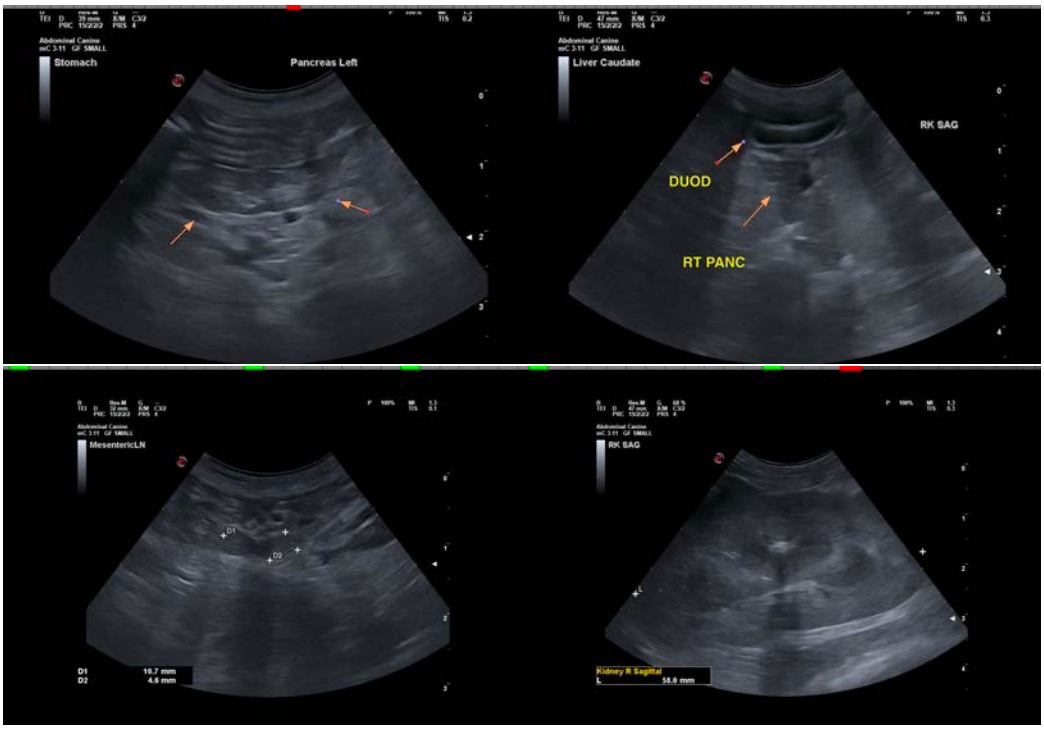
- Large, heterogeneous, hyperechoic liver with prominent vasculature – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, infiltrative neoplasia (less likely) or other hepatopathy. Congestion could be a factor in the size of the liver and prominent vena cava.
- Large, distended gallbladder with hypoechoic intraluminal material-findings could be consistent with a very early emerging mucocele.
- Large volume pleural effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver appears subjectively large and heterogeneous. Correlate with current liver values. If a primary hepatopathy is suspected, a fine needle aspirate could be considered (provided coagulation parameters are normal). It is possible that congestion secondary to intrathoracic pathology is playing a role as well.

The gallbladder is large with echogenic debris and some focal hypoechoic structures possibly consistent with non-organized mucoid debris. Consider conservative therapy for an early mucocele with Ursodiol and continued monitoring of the gallbladder.

A definitive cause of the pleural effusion is not visualized. Differentials could include an unseen pulmonary mass, lung lobe torsion, or other inflammatory, infectious or neoplastic causes. Correlate these findings with fluid analysis and cytology from the pleural effusion collected. If possible, consider a contrast CT scan of the thorax for further evaluation pending evaluation of the pleural effusion.



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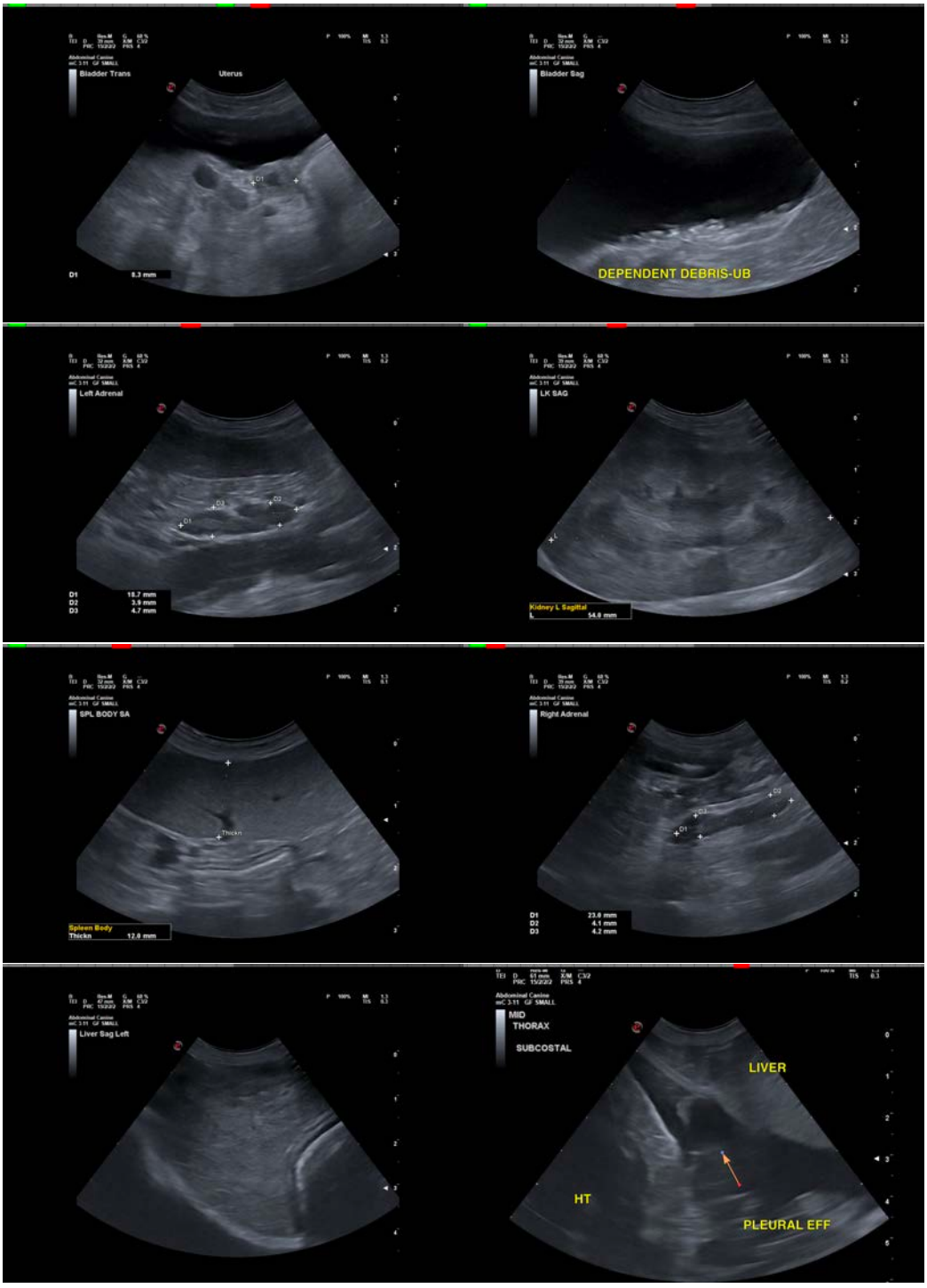

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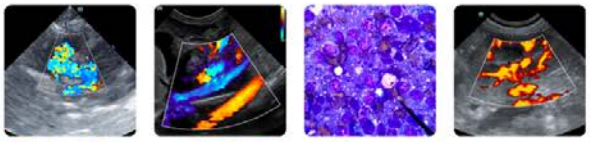

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com