

IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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

DATE PRESENTING CLINICAL SIGNS

10/13/22

Patient presented for bloated abdomen, difficulty defecation, slight increase in resp effort. unable to auscult well, patient dx with large volume bicavitary effusion. 1.5 of transudate (slightly serosanguinous) fluid removed from abdomen. Labs generally NSF (alb 2.5). Trial pimo and lasix has not caused clinical improvement at home. R/o neoplastic vs DCM (owner reports having fed grain free previously).

PATIENT

Khaleesi Taylor

SPECIES

Canine

Current Medications: Pimobendan 5mg BID- Started 10/6, lasix 20mg BID- Started 10/6.

Lab Results: ALB 2.5, neg 4Dx. Antech Canine ProBNP NORMAL

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

American Pit Bull

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

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, masses or cystic calculi.

AGE

12/6/17

The left kidney has a normal shape and size (6.36 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.

WEIGHT

74.8 Pounds

The right kidney has a normal shape and size (5.89 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.73 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.

IMAGING PERFORMED BY

Andi Parkinson RDMS

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

HOSPITAL NAME

Everhart Vet Hospital

Spleen

The spleen is subjectively normal in size, 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.

REFERRING VET

Dr. Hays

Liver

The liver is large with rounded edges and prominent vasculature. The parenchyma is homogenous echotexture. No focal nodules or cystic lesions are observed.

INVOICE

42039

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm 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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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.

Pancreas

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

Free Abdomen

There is a large volume of free abdominal fluid. No lymphadenopathy. The omentum is diffusely hyperechoic.

Other

Brief views of the heart are submitted, and a large volume of pericardial effusion and tamponade is noted. Recommend cardiac ultrasound.

There appears to be some pleural effusion evident in the thorax as well. Recommend 3-view thoracic radiographs.

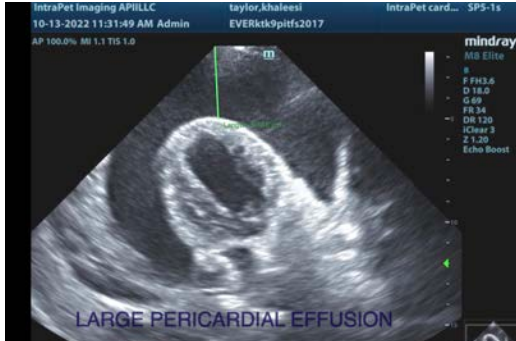
ULTRASONOGRAPHIC FINDINGS

- Suspect tri-cavitary effusion. The patient appears to be in cardiac tamponade. Recommend cardiac ultrasound and pericardiocentesis.
- Swollen, congested liver – Findings are secondary to right-sided heart disease (pericardial effusion).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient has a large volume of pericardial effusion and appears to be in cardiac tamponade. An emergency pericardiocentesis is recommended, and a cardiac ultrasound. No focal lesions are visualized within the abdomen to correlate with the pericardial effusion.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.



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)
kathleen.sennello@sonopath.com