

**DATE**

11/30/21

PRESENTING CLINICAL SIGNS

History: Presenting Complaint: Not Defecating; Not Eating; Drinking More. Date: 11-29-2021 Notes: Owner was out of town approx. 1.5 weeks ago Wednesday to Sunday, was being watched by friends. When owner got home noted her coughing. Seen rDVM Monday - Chest X-rays performed - concern for COPD (later called owner to say unlikely) was started on Zeniquin but has not improved. Has stopped eating and drinking, owner has not seen defecate in several days. Coughing seems to be getting worse and now very bloated and abdomen uncomfortable. Has history of cough when drinks water but is much different. Non-productive. Current Medications: Lasix, Cerenia.

PATIENT

Crosby Echelle

SPECIES

Canine

BREED

Golden Retriever Mix

Lab Results: Attached separately.

Radiographs: FAST scan - large amount free abdominal fluid evident. Pleural effusion noted. Xray Thorax 2 view Lateral and VD thorax - Cardiac silhouette appears enlarged, pleural effusion evident. Pleural fissure lines noted. Xray Abdomen 2 View Lateral and VD abdomen - loss of abdominal detail. Spleen appears enlarged and irregular. Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SEX

Neutered male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****AGE**

11/29/11

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.

WEIGHT

78.9 lbs

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (6.6 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney has a normal shape and size (6.02 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brillhart RDMS

Adrenal Glands

The left adrenal gland is normal in size measuring 0.8 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.

HOSPITAL NAME

Animal Emergency
Hospital

The right adrenal gland is normal in size measuring 0.86 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.

REFERRING VET

Dr. Saubier

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.

INVOICE

94224

Liver

The liver is subjectively large in size, yet normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The vasculature is prominent. No focal nodules or cystic lesions are observed. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. 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 region of 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

A moderate volume of anechoic free abdominal fluid was noted. There is no lymphadenomegaly and the omentum is of normal echogenicity.

Heart

There is a large volume of pericardial effusion present with no discrete mass effect visualized. There was evidence of some tamponade.

There is bilateral mild to moderate pleural effusion visualized.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

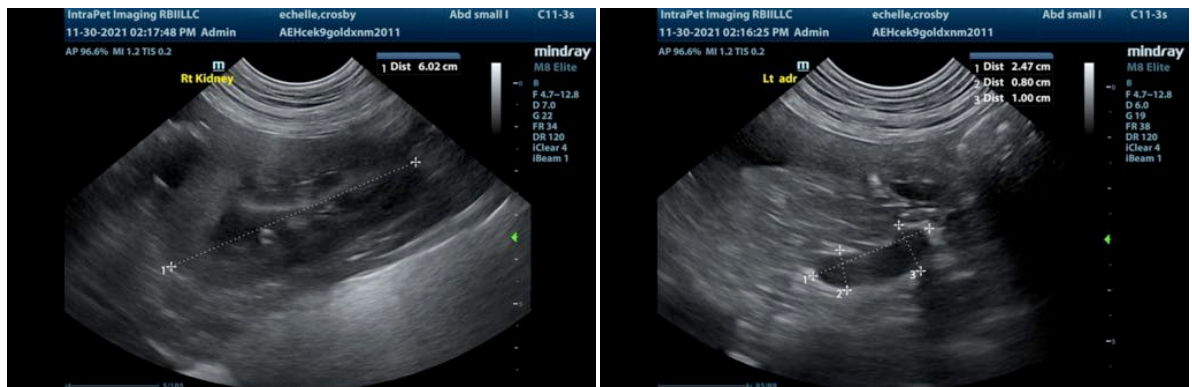
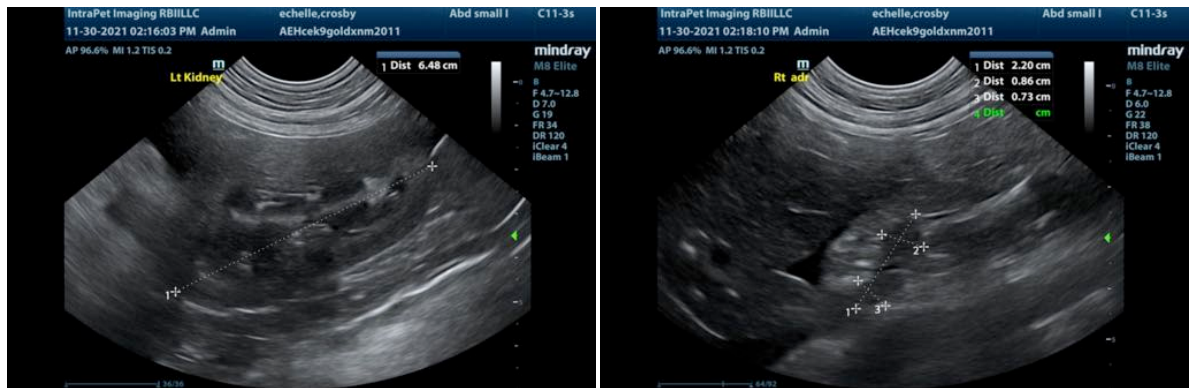
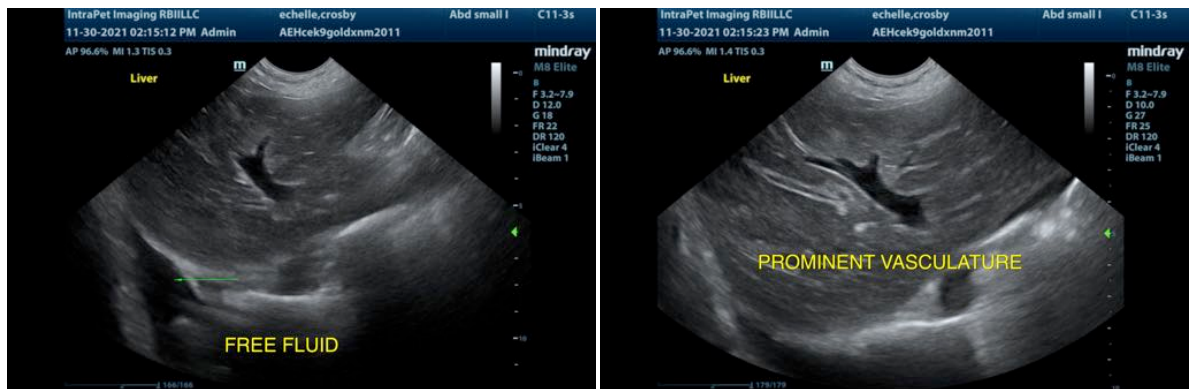
- Tri-cavitary effusion. Fluid visualized in pericardium, pleural space and abdominal cavity. There is no obvious source of effusion is visualized.
- Large, heterogenous liver. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The liver appears somewhat congested likely secondary to the pericardial effusion.

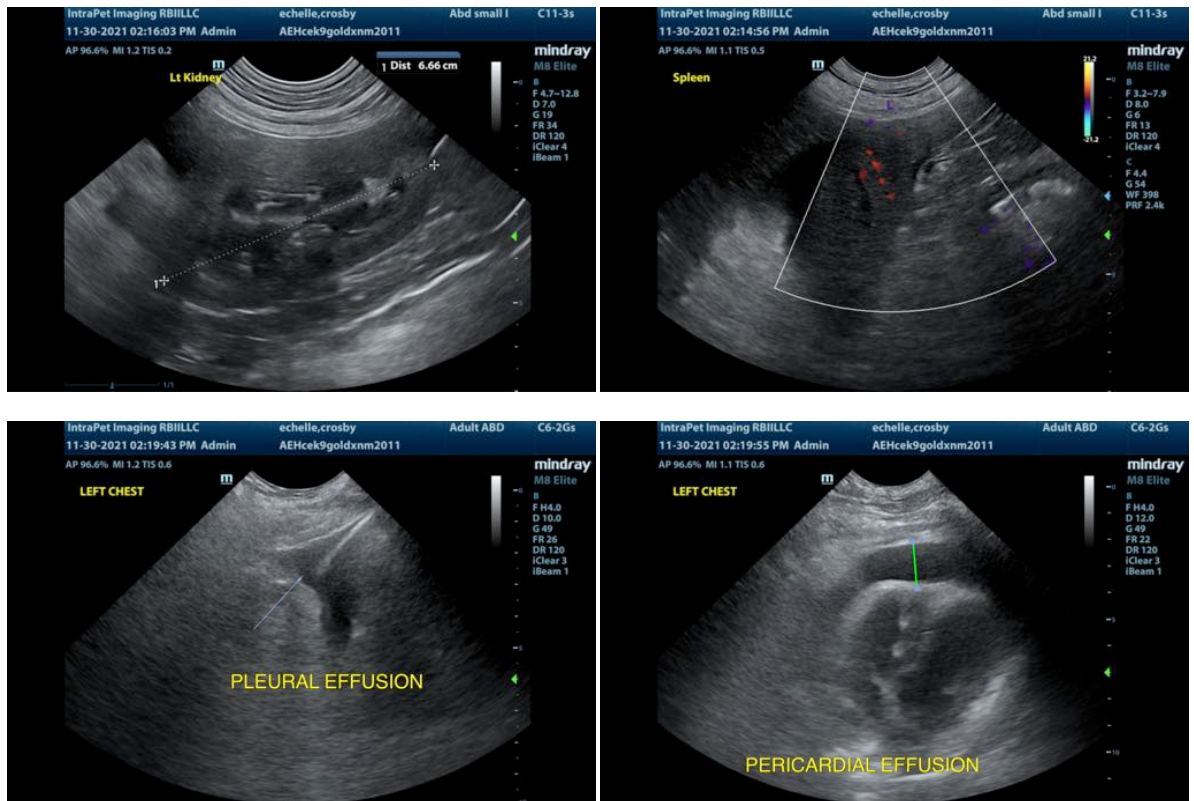
SECONDARY FINDINGS:

- Mild gallbladder sludge. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is large volume of pericardial effusion visualized. No discrete mass effect is seen, but these can sometimes be very small. Additionally this may be idiopathic pericardial effusion. I recommend cardiac ultrasound. Additionally there is pleural effusion present. No clear mass effect is visualized, but consider three view thoracic radiographs and a thoracic CT scan along with fluid analysis and cytology of pleural effusion. The abdominal effusion is likely secondary to the pericardial effusion.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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