

**DATE PRESENTING CLINICAL SIGNS**

4/25/23

P presented with distended abdomen - was at mother in law's house the past weekend of 4/15. MIL has hx of overfeeding P, so O thought distended abdomen was from too much food. Abdomen decreased in size after a day, but P has not been eating well and has decreased activity. Abdomen became increasingly distended on Friday (4/21) and was at its largest at time of appointment.

PATIENT

Cooper Philips

SPECIES

Canine

BREED

Labrador X

SEX

Neutered Male

AGE

3/23/15

WEIGHT

88 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Festival Vet Clinic

REFERRING VET

Dr. Greenfield

INVOICE

46897

Current Medications: Furosemide 50mg 1.5 BID (just started at appt).

Lab Results: NSF.

Radiographs: Large amount of fluid in the abdomen and an enlarged heart with potential effusion in the lungs as well.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Declined at this time.

Imaging Performed By: Stephanie Warga RDCS, RVT.

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, masses or cystic calculi.

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 (6.51 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 (6.75 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 0.73 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.

The right adrenal gland is normal in size measuring 0.75 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, 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 normal in echogenicity with rounded margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The vasculature appears somewhat

distended/congested. There is a hypoechoic nodule visualized within the parenchyma measuring 1.29 cm x 1.12 cm.

The gallbladder lumen is moderately distended. The wall of the gall bladder is smooth, but is mildly thickened at 0.43 cm (likely due to edema). 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 area 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

There is a large volume of anechoic free fluid. No lymphadenopathy. The omentum is slightly hyperechoic.

Other

Pericardial effusion is visualized. See cardiac ultrasound.

ULTRASONOGRAPHIC FINDINGS

- Heterogeneous liver with rounded margins and prominent vasculature – The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time. The prominent vasculature is likely due to congestion secondary to the pericardial effusion.
- Thickened/prominent gallbladder wall – This is likely secondary to edema, and incidental.
- Large volume ascites – This is likely secondary to the pericardial effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal mass lesions are observed on today's scan. There is a small hypoechoic nodule visualized in the liver. This has minimal criteria for malignancy at this time, but continued monitoring is warranted.



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