IMAGING PERFORMED BY

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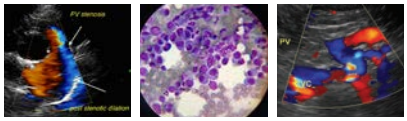

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DATE

9/21/21

PATIENT

Lacie Greene

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

7/1/09

WEIGHT

72.3 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Haskin

INVOICE

25701

PRESENTING CLINICAL SIGNS

History: Longstanding History of chronic otitis, chronically takes Apoquel and topical ear medications. Presented 9/18 for not eating, bloated belly, dry heaving, and drinking a lot of water. Fluid waves present on abdominal palpation, but belly soft and non-painful. chronic otitis, but no other significant findings. Abdominocentesis yielded clear, colorless fluid.

Current Medications: Patient treated with Cerenia and Entyce over weekend. No change in status per owner as of 9/20 AM.
Lab Results: BW shows ALB 2.4, chol 97 remainder of values WNL.
Radiographs: Rads: decreased serosal detail, stomach axis displaced caudally, mass effect ventral to stomach (liver vs spleen vs other).
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Sedation not required for scan.
Stat Report: STAT report not requested by the veterinarian.

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 left kidney has a normal shape and size (6.8 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 hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.24 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.63 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 with rounded margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the biliary tract appear normal. The vasculature is subjectively prominent. No focal nodules or cystic lesions are observed. Findings are suggestive of hepatic congestion.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are 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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Jejunum wall measured 0.44 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.

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

Evaluation of the peritoneal cavity revealed large volume anechoic free fluid. No lymphadenomegaly. The omentum is generally of normal echogenicity.

Other

A brief view of the heart was submitted. No pericardial effusion was seen. There is a subjective reduction in contractility noted. Recommend full cardiac evaluation (performed and pending).

ULTRASONOGRAPHIC FINDINGS

- Large, heterogeneous, rounded liver with prominent vasculature – 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 swollen appearance of the liver and the dilated vessels are concerning for possible congestion/right-sided heart disease.

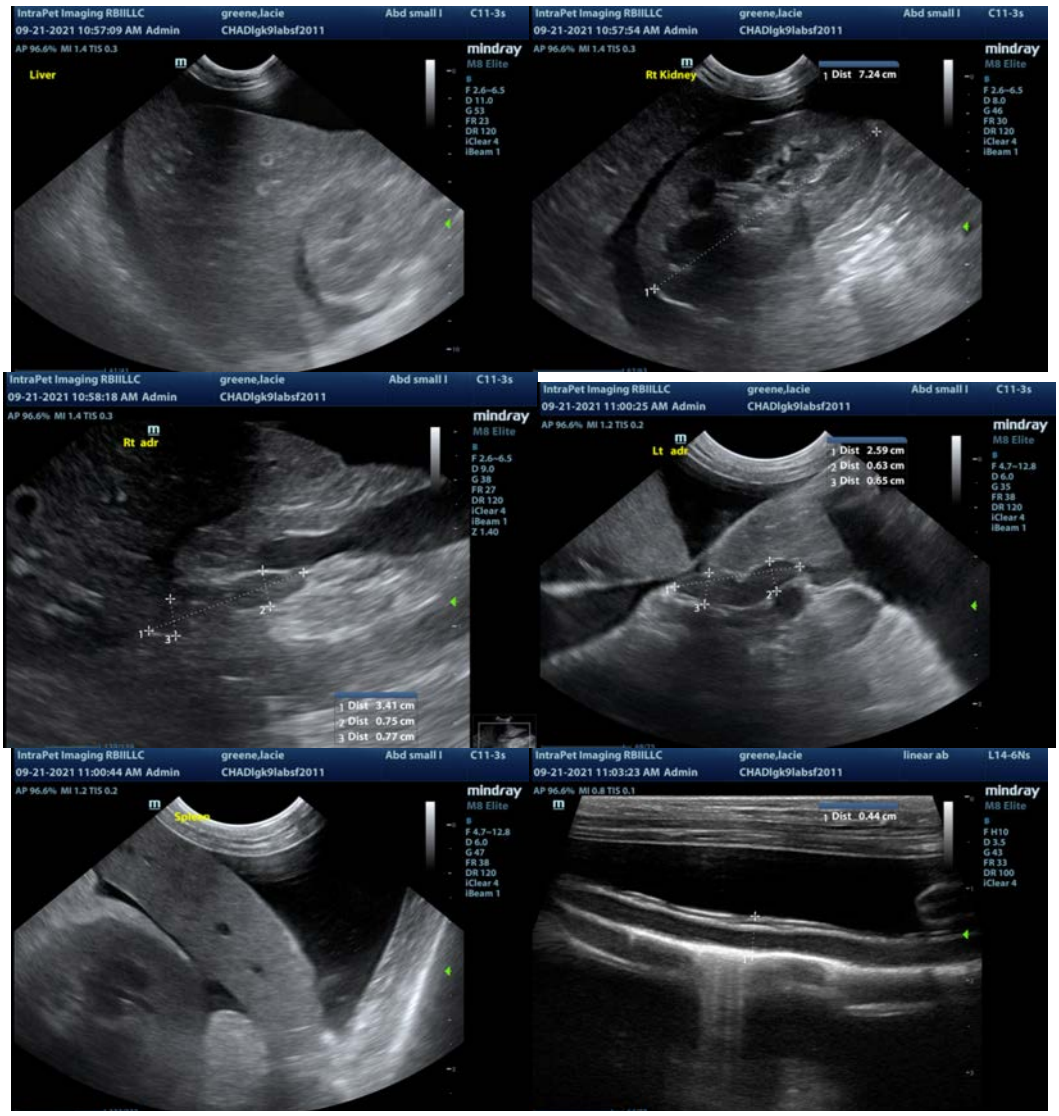
- Large volume ascites - While this patient is hypoalbuminemic, the free fluid is likely due to congestion, as the hypoalbuminema is only moderate.

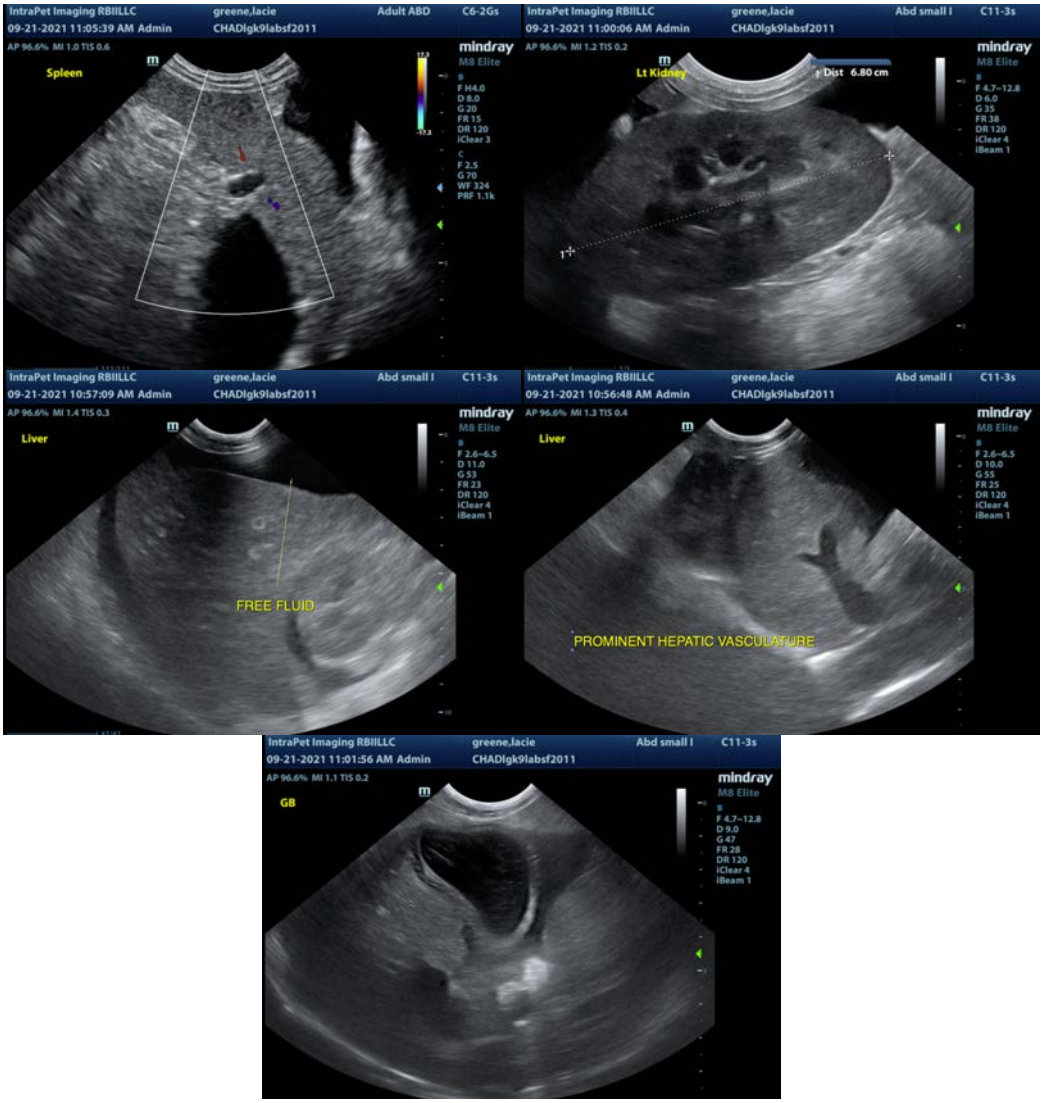
- Subjectively thickened small intestine – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large volume of abdominal fluid present. While there is a mild to moderate hypoalbuminemia noted, this is unlikely severe enough to cause the ascites observed. Of primary concern would be congestion or right-sided heart disease. Cardiac ultrasound is pending.

If the hypoalbuminemia persists, recommend a urine protein/creatinine ratio and blood pressure evaluation to look for evidence of significant proteinuria. Recommend a liver function test to look for any evidence of liver dysfunction, and a GI panel to look for low B12 levels or evidence of small intestinal disease. Colitis is reported in the history. No ultrasonographic lesions were observed, and colitis is less likely to cause hypoalbuminemia than small bowel disease. Nevertheless, this could be a concurrent issue. If workup for colitis is not diagnostic, then consider colonoscopy for further evaluation.





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