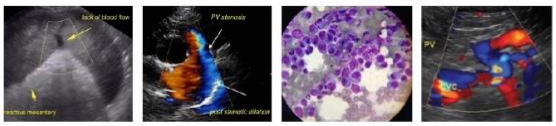


PATIENT

Wallis Hubbard

SPECIES

Canine

BREED

Schnoodle

SEX

Spayed Female

AGE

15 Years

WEIGHT

22 Lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

The Maples AH

REFERRING VET

Dr. Kazienko

INVOICE

13486

DATE

1/18/22

PRESENTING CLINICAL SIGNS

History: full feeling abd, possible enlarged liver, gr 6/6 murmur currently on vetmedin, furosemide, benazapril

Abnormal PE/Chem/CBC/UA Results: 3/3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. Aortic trifurcation was normal.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.1 cm in length. The right kidney measured 5.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm width at the caudal pole and 0.42 cm width at the cranial pole.

The right adrenal gland was indistinctly visualized without overt pathology, subjectively measuring 0.60 cm at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver exhibited moderate generalized enlargement with symmetrical yet rounded to swollen hepatic contour. Generalized increased hepatic parenchyma echogenicity, exhibiting moderate coarse echotexture. Subtle evidence of hepatic vasculature and cranial abdominal caudal vena cava dilation were present. The caudal vena cava measured 0.92 cm in diameter. No overt evidence of thrombosis.

The gallbladder was non-distended in size with thin walls and anechoic content. No evidence of gallbladder wall edema. The cystic and common bile ducts were normal.

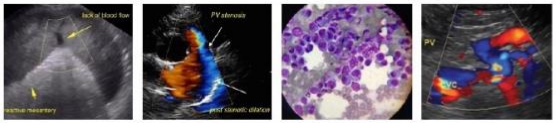
Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas



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The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

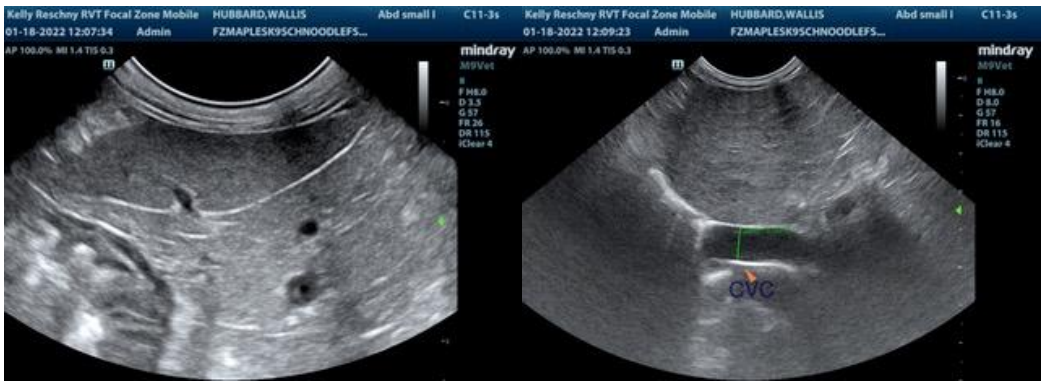
Small pocket of very scant peritoneal free fluid was noted in the left lateral abdomen, adjacent to the caudolateral spleen. No overt lymphadenopathy was present. The omentum exhibited uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly, exhibiting mild increased parenchyma echogenicity and subjective evidence of mild hepatic vasculature and cranial abdominal caudal vena cava dilation.
- Focal, scant pocket of peritoneal free fluid
- Bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the liver, which was overall nonspecific, may include vacuolar hepatopathy, nonspecific inflammatory parenchymal disease with primary concern for emerging congestive hepatopathy given the subjective evidence of hepatic vasculature and cranial abdominal caudal vena cava dilation as well as focal scant peritoneal free fluid. This may correlate with reported heart murmur and potential cardiogenic cause of hepatic congestion. Correlation with full echocardiographic work up is recommended. Assuming normal clotting status, ultrasound guided FNA of the liver, using a 25-gauge needle, could also be considered for screening cytology. Continued monitoring for possible increasing congestive hepatopathy and ascites recommended.



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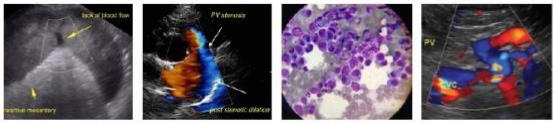

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

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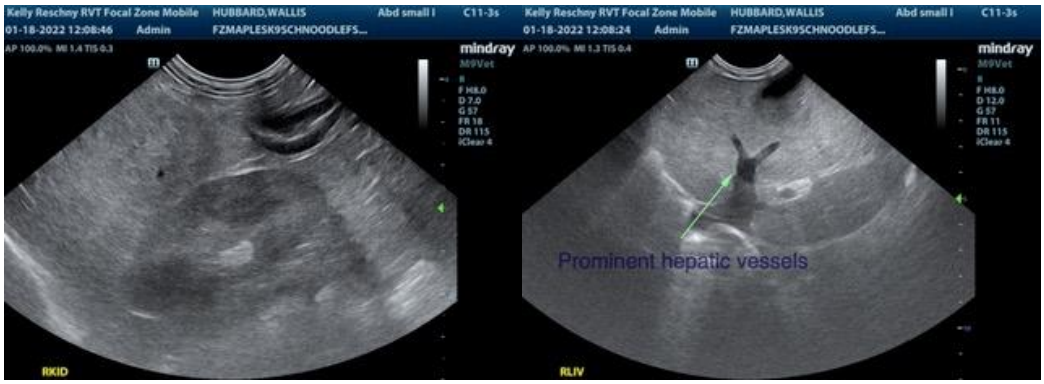

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com