

**PATIENT**

Rocky Graves

**SPECIES**

Canine

**BREED**

Mix

**SEX**

MN

**AGE**

14 years

**WEIGHT**

72.4 lbs.

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP (Canine  
and Feline)**IMAGING  
PERFORMED BY**

Rachel Runnells, RVT

**HOSPITAL NAME**

SVS Imaging KC

**REFERRING VET**

Dr. Johathon Renfro

**INVOICE**

15922

**DATE**

1/24/23

**PRESENTING CLINICAL SIGNS**

Lethargic, unable to stand. Starting yesterday, edema in front limbs and possibly neck.  
Abnormal PE/Chem/CBC/UA Results: HCT 24%, TP 5.2 g/dL.

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

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was noted.

The residual prostate was free of pathology.

No evidence of medial Iliac or sublumbar lymphadenopathy.

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 7.3 cm in length. The right kidney measured 6.8 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 0.67 cm width at the caudal pole and 0.72 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.76 cm width at the caudal pole and 0.78 cm width at the cranial pole.

**Spleen**

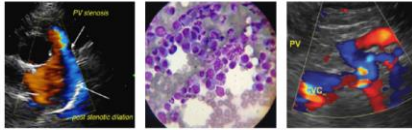
The spleen was normal in size with minor capsule asymmetry and generalized mild parenchyma heterogeneity. No splenic masses or nodules were noted. Normal splenic vascularity was noted.

**Liver/ Gallbladder**

The liver presented moderately enlarged in size with symmetrical to swollen contour. The parenchyma exhibited conserved uniform parenchyma with normal echogenicity isoechoic to the spleen and falciform fat. Subjective mildly prominent hepatic vasculature was noted, most notable at the level of the hepatic vein / caudal vena cava junction, without evidence of thrombosis. Concurrent mildly prominent to dilated cranial abdominal caudal vena cava at the level of the liver and diaphragm. The cranial abdominal caudal vena cava measured 1.8 cm in diameter. No overt evidence of vena cava thrombus. No hepatic masses or nodules were noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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.

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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.

**SPECIES**

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***Pancreas***

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 were evident.

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Mix

***Free Abdomen***

Moderate to significant volume peritoneal effusion was present exhibiting mild echogenic changes. Generalized normal omental echogenicity was noted. No omental masses or overt lymphadenopathy were noted.

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Transdiaphragmatic view of the caudal thorax and apical view of the heart revealed discrete to indistinctly visualized suspected nonhomogeneous mass in the area of the heart base and potentially in the area of the right atrium / auricle or immediate pericardial regions, potentially measuring approximately 7.0 cm in diameter. No obvious evidence of pericardial or pleural effusion.

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**ULTRASONOGRAPHIC FINDINGS**

- Congestive hepatopathy pattern
- Moderate to significant volume peritoneal effusion exhibiting mild echogenic changes
- Sonographically unremarkable spleen - no evidence of splenic neoplastic criteria / masses
- High concern for indistinctly visualized mass lesion in area of heart base

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given sonographic evidence of hepatic congestion without significant subnormal albumin levels (which may result in an effusion of this type) or evidence of intraabdominal neoplastic criteria, a primary concern for extra-abdominal pathology, specifically cardiac or pericardial pathology, as a cause of the peritoneal effusion potentially secondary to obstruction to return venous flow to the heart, is warranted.

If not done, three view chest radiographs and ideally full echocardiogram for further clarification is suggested. An extremely guarded to unfavorable prognosis is indicated.

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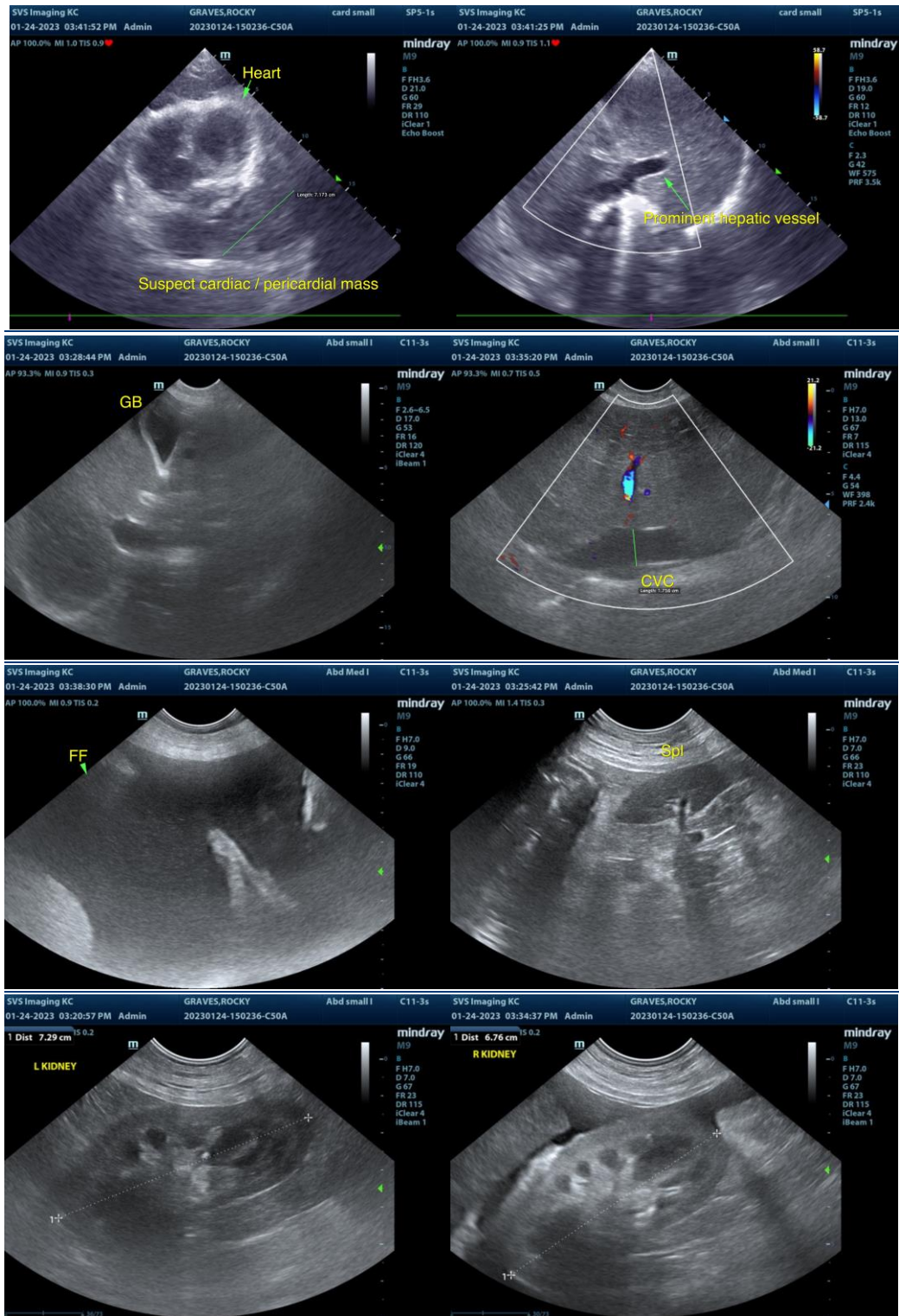
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**Clinical Sonography & Telectyology**

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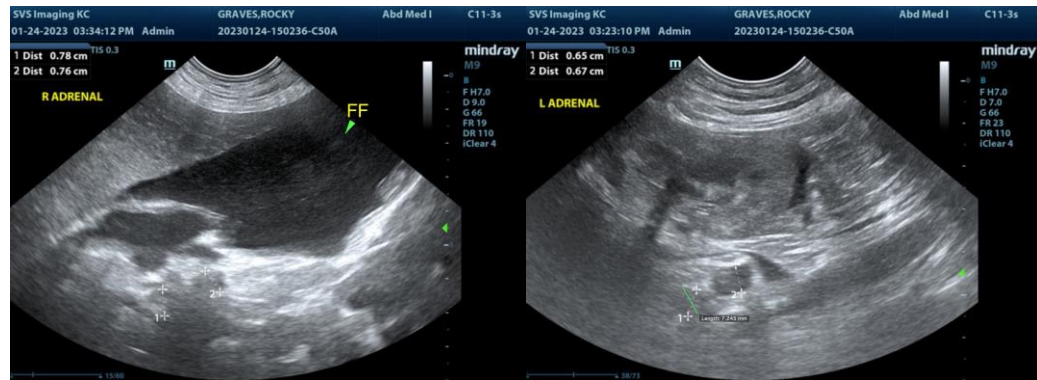
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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