



PATIENT

Lowey Dorshimer

SPECIES

Canine

BREED

Old English Sheepdog

SEX

F

AGE

2014

WEIGHT

100

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Lehigh Valley AH
 (Allen)

REFERRING VET

Dr. Hersh

INVOICE

15773

DATE

1/3/23

PRESENTING CLINICAL SIGNS

Anorexia, diarrhea, sensitive cranial abdomen.

Medication: Cerenia, Metronidazole, Gabapentin

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & 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 was noted.

The uterus was non-distended with mildly heterogeneous uterine mural echogenicity. No evidence of uterine neoplasia or pyometra criteria.

Both ovaries were mildly irregular to nodular in appearance without overt evidence of ovarian masses. The right ovary measured 2.1 cm. The left ovary measured 1.7 cm.

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 7.4 cm in length. The right kidney measured 7.6 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 0.9 cm width at the caudal pole and 0.81 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 0.84 cm width at the caudal pole and 1.0 cm width at the cranial pole. No adrenal tumors were noted.

Spleen

The spleen was normal in size with subtle medial capsule asymmetry. The spleen exhibited mild splenic parenchyma heterogeneity exhibiting subjective mild reduced splenic parenchyma echogenicity. No masses or nodules were noted. Normal splenic vascularity was present.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of hepatic congestive criteria. The cranial abdominal caudal vena cava was overtly normal. The gallbladder was non-distended in size containing primarily anechoic content with mild, hyperechoic nonorganized luminal gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.



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Gastrointestinal

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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.

SPECIES

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.

Canine

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

BREED

Pancreas

Old English Sheepdog

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age-related pancreatic changes and incidental. No signs of active inflammation or neoplasia.

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Free Abdomen

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Generalized mild nonuniform to nodular omentum was noted. No overt omental masses or evidence of significant intraabdominal lymphadenopathy was noted. Moderate volume peritoneal effusion was present.

Cardiac Presentation

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Brief subjective echocardiogram revealed an overly normal cardiac structure and function with subjective adequate LV contractility. No evidence of left or right heart chamber enlargement was noted. Suspect intermittent nonspecific arrhythmia was noted. No evidence of cardiac tumors. Concurrent mild to moderate volume pleural effusion was present with suspect atypical nonhomogeneous pericardial lung tissue.

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ULTRASONOGRAPHIC FINDINGS

IMAGING

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Rebekah Jakum, CVT
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- Overtly normal cardiac structure and function, possible intermittent nonspecific arrhythmia
- Bicavitary effusion - subjectively noncardiogenic
- Nonuniform / nodular omentum
- Subjective atypical pericardial lung - atelectasis, consolidation, neoplasia, other
- Non-congested liver
- Mildly heterogeneous to hypoechoic spleen - nonspecific, hyperplasia, hematopoiesis, incidental splenitis, potential for early infiltrative splenic neoplasia cannot be excluded

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given no subnormal albumin that would diminish oncotic pressure to the point of causing free fluid, no evidence of significant hepatic disease or hepatic congestive criteria, no overt evidence of intestinal perforation or pathology, as well as no evidence of overt cardiomyopathy that would be responsible for a bicavitary effusion of this nature, lymphatic obstruction owing to carcinomatosis, lymphomatosis, or similar diffuse neoplastic disease is of primary concern.

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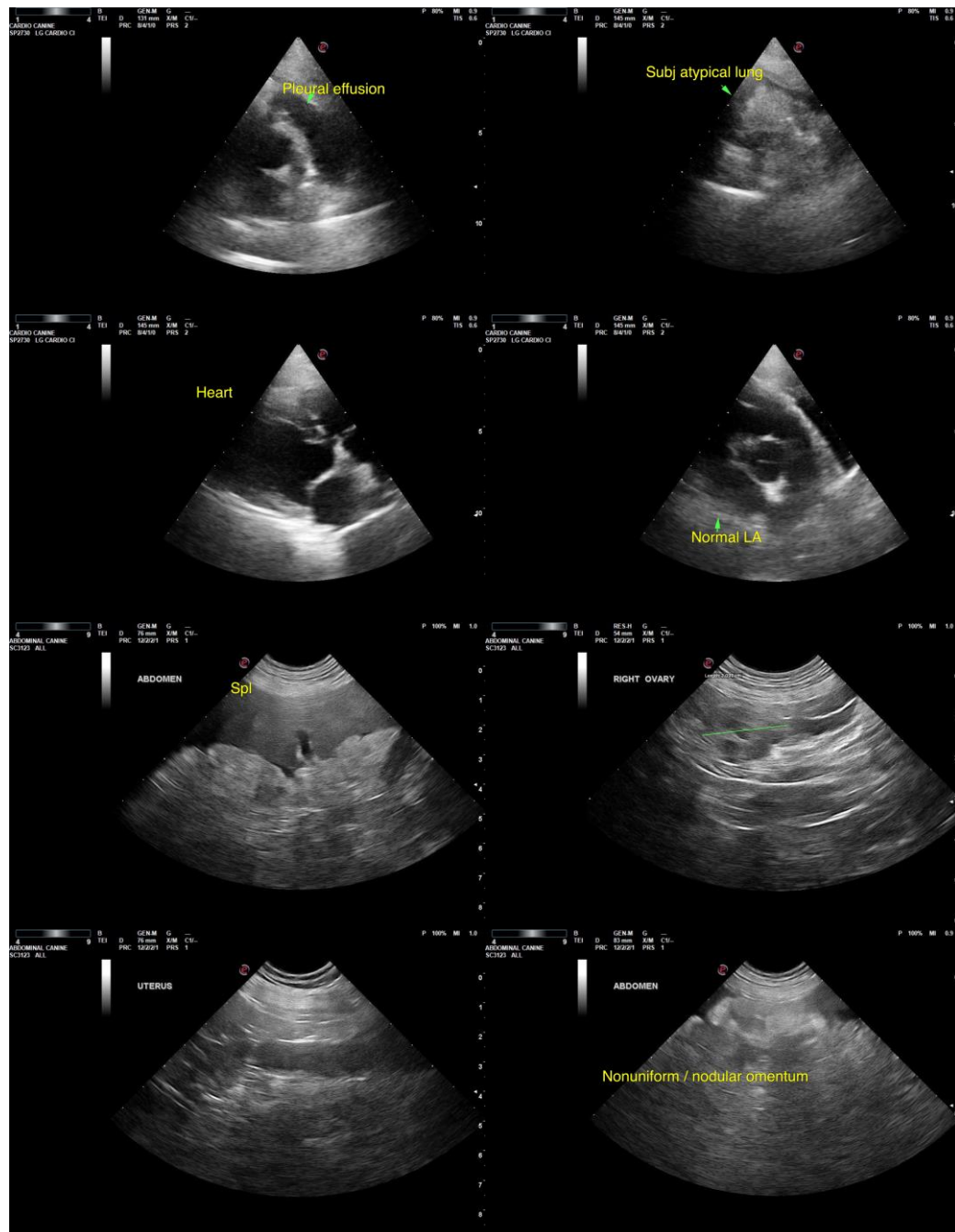
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Recommend thoracic abdominocentesis, cytospin cytology of the fluid to conserve the cellular integrity +/- C/S if evidence of inflammatory cells. Thoracoabdominal CT may be required for further clarification yet high suspicion for bicavitary neoplastic process i.e., carcinomatosis, lymphomatosis or similar.





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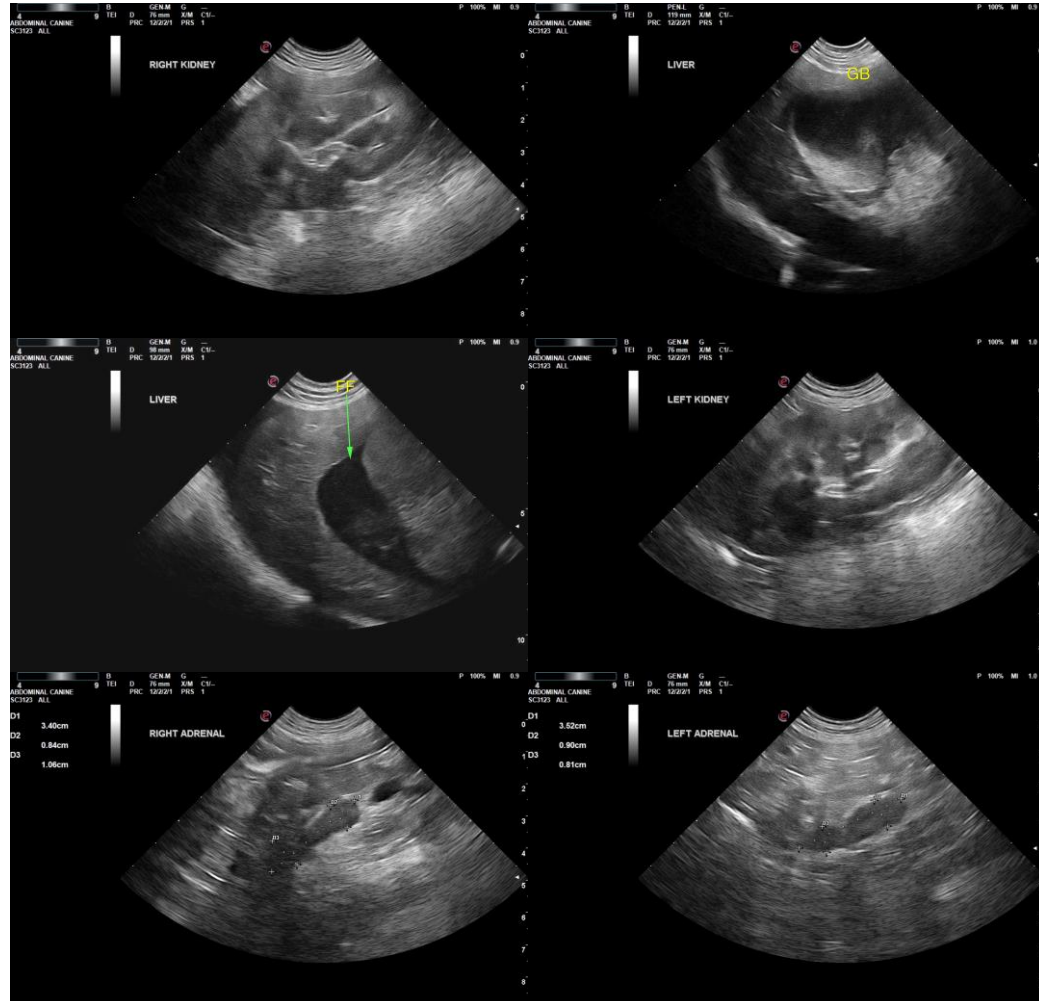
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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