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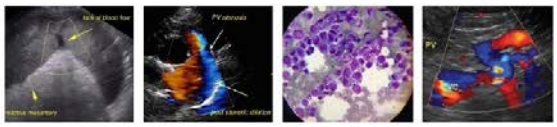

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Lucy Winks

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

7 Years

WEIGHT

37 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Headon Forest AH

REFERRING VET

Dr. Van Monsjou

INVOICE

26736

DATE

10/29/21

PRESENTING CLINICAL SIGNS

palpable lymph nodes, increased resp effort, episode of possible ataxia as per Os, muscle loss
Abnormal PE/Chem/CBC/UA Results: mild inc in ALT, low FT4, normal TSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size, yet subjective normal tone and anechoic urine. The urethra was normal in structure and tone to a depth of 4.0 cm.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.6 cm. The right kidney measured 6.8 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.9 cm length x 0.56 cm at the caudal pole. The right adrenal gland measured 2.5 cm length x 0.42 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 subjective mild enlargement. 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 congestion. The gallbladder was non-distended in size. The gallbladder wall was thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, hypoalbuminemia, right sided heart failure and anaphylaxis. Gallbladder wall measured 0.48 cm in width. Anechoic content was noted within the gallbladder.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained echogenic non-shadowing ingesta was present.

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

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.

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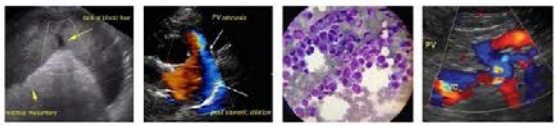

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Free Abdomen

Mild cranial and caudal peritoneal free fluid.

Transdiaphragmatic view of the caudal thorax revealed suspected pleural or possible pericardial free fluid.

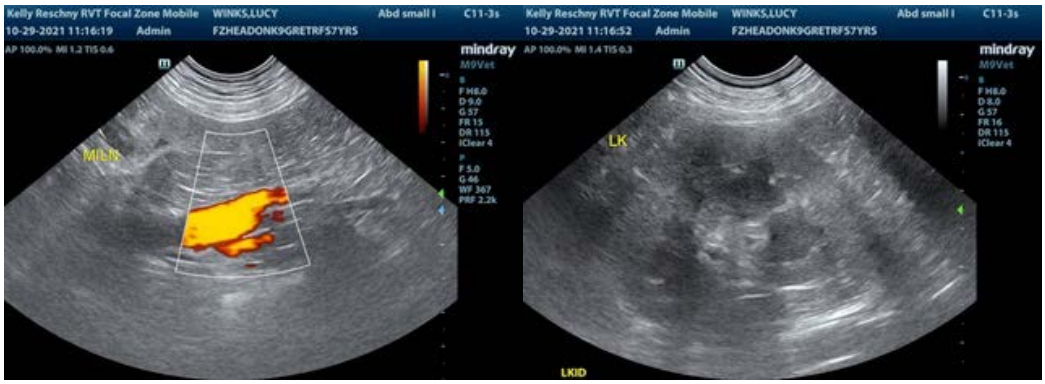
No evidence of intraabdominal lymphadenopathy. The omentum exhibited generalized uniform, normal echogenicity.

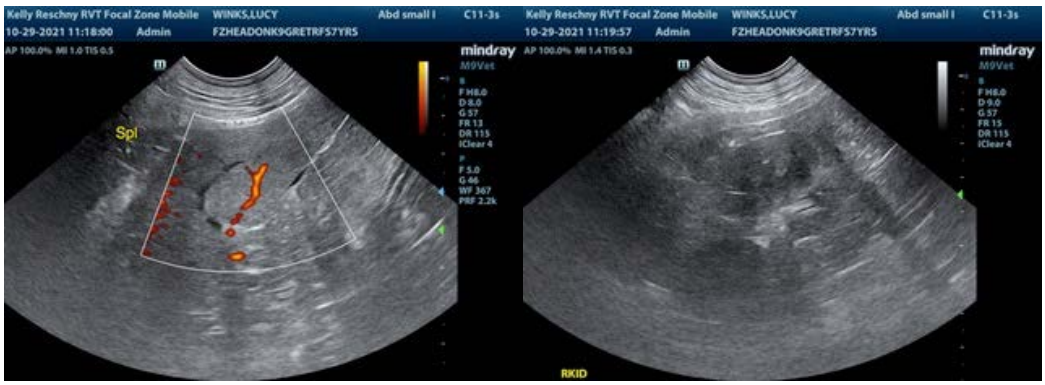
ULTRASONOGRAPHIC FINDINGS

- Subjective mild hepatomegaly – non-specific hepatitis, congestion, reactive hepatopathy, or other.
- Gallbladder wall edema – inflammation, edema owing to potential portal hypertension or increased right heart pressure, less likely anaphylaxis possible.
- Mild peritoneal free fluid with concern for suspected pleural or potential pericardial free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The free fluid may indicate non-septic (increased vascular permeability, decreased hydrostatic pressure) or septic effusion. Potential for neoplastic effusion, as with non-obvious lymphatic obstruction, cannot be definitively excluded. Further assessment including effusion analysis, cytology +/- C/S if evidence of inflammatory cells is recommended. 3-view chest radiographs recommended given the strong concern for pleural and/or pericardial free fluid. If no evidence of thoracic pathology, and assuming normal clotting status, hepatic sampling via ultrasound guided FNA for screening cytology may be indicated.





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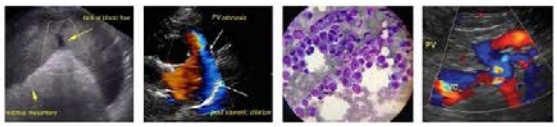

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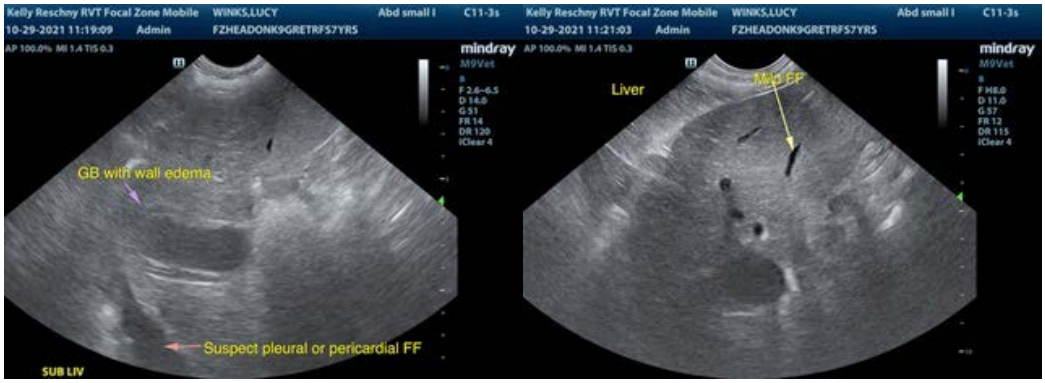

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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