



PATIENT

Simba Garcia

SPECIES

Canine

BREED

Pitbull

SEX

MN

AGE

6 years

WEIGHT

86.4

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Kim

HOSPITAL NAME

Ridgefield Park AH

REFERRING VET

Dr. Kim

INVOICE

15453

DATE

11/10/22

PRESENTING CLINICAL SIGNS

Patient presented for an annual check up and vaccines. The technician noticed the patient had an enlarged abdomen as well as icteric mucous membranes. Doctor suggested an abdominal X-ray which showed fluid in the abdominal cavity. Owner had only noticed that lately, Simbas was refusing to eat his regular diet but was accepting homemade food. No other changes were reported by the owner.

The submitted study contained 34 still images and 9 videos for review.

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 was noted.

The area of the residual prostate was free of pathology.

No overt medial Iliac or sublumbar lymphadenopathy/masses.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.9 cm in length. The right kidney measured 7.4 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size, position, and shape. The left adrenal gland measured 0.65 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited subjective mild subnormal size, suggestive of volume contraction, with 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/ Gallbladder

The liver exhibited mild to possible moderate enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild echogenic nondependent sludge. No overt gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach was indistinctly visualized yet without evidence of gastric distention with retained ingesta, fluid, or foreign material.

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The visualized segments of small intestine were sonographically normal exhibiting intact wall layering and maintained 1:3 muscularis/mucosa ratio with normal mural echogenicity.

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

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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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Free Abdomen

Generalized mild hyperechoic mesentery was noted. No omental masses or lymphadenopathy were noted. Moderate to marked volume primarily anechoic peritoneal free fluid was present.

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ULTRASONOGRAPHIC FINDINGS

- Moderate to marked volume, primarily anechoic free fluid
- Subjective nonspecific hepatomegaly
- Nondistended gallbladder containing mild unorganized luminal debris
- Subjective mild volume contracted spleen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming no evidence of thoracic pathology, normal cardiopulmonary status, and normal albumin levels, a definitive cause of the peritoneal effusion was not obvious.

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Sonographically, the liver did not appear to be end-stage, yet potential for acute hepatopathy is possible.

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Three-view chest radiographs, as well as a full CBC/Chemistry Panel and Urinalysis, are suggested if not done. Peritoneal effusion analysis cytology +/- C/S is warranted. If evidence of hepatic enzyme elevation, further assessment may include screening FNA hepatic cytology, assuming normal clotting status +/- Leptospirosis titers / PCR if clinically indicated. No overt evidence of intraabdominal neoplastic criteria or significant pancreatitis.

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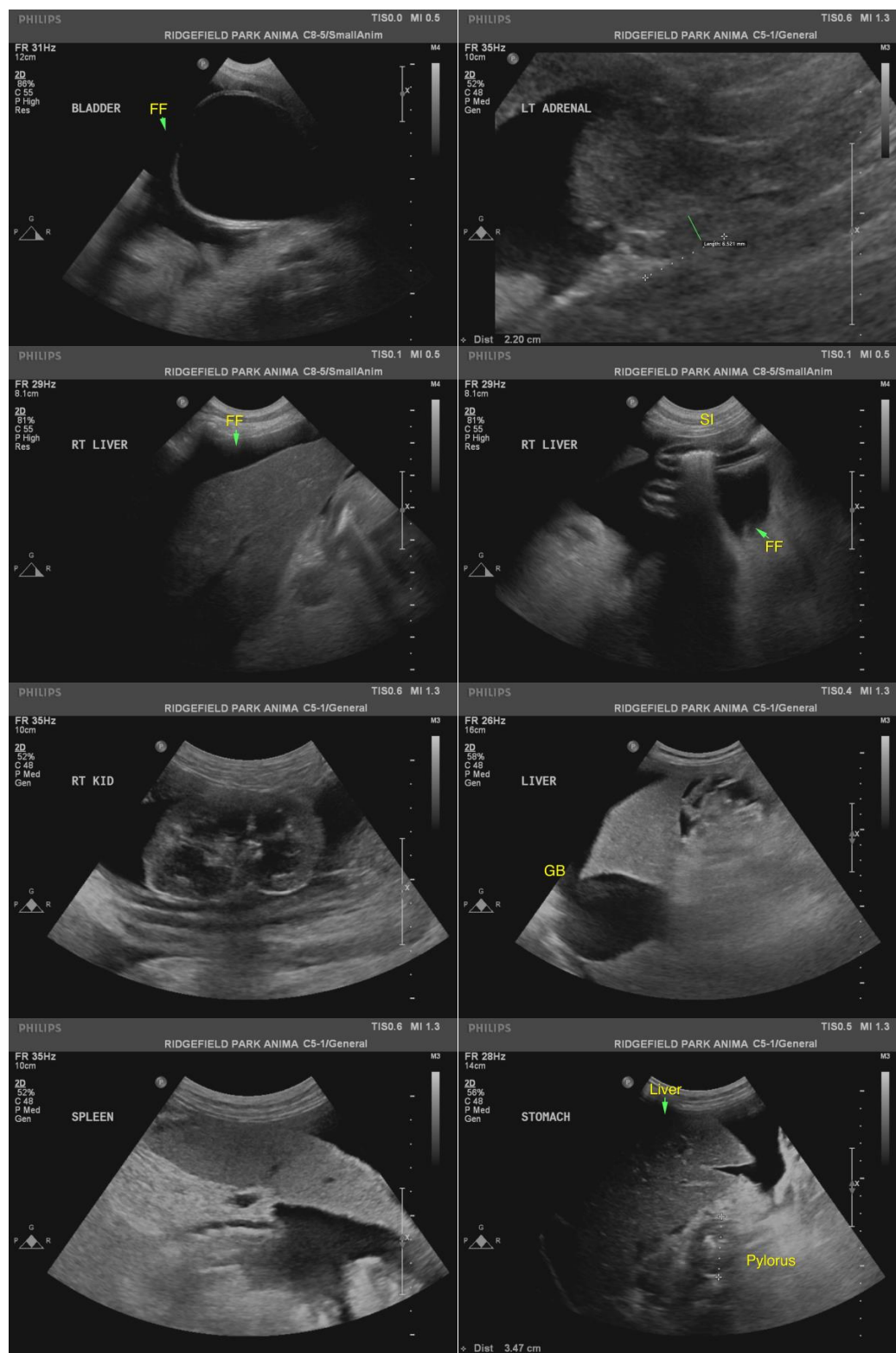
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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