



PATIENT

Harlow Terranova

SPECIES

Canine

BREED

Bengal Mix

SEX

Intact Female

AGE

14 Years

WEIGHT

34.6 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Hesham Elakbawy

HOSPITAL NAME

Lincoln Avenue Cat
and Dog Hospital

REFERRING VET

Dr. Hesham Elakbawy

INVOICE

12193

DATE

11/10/25

PRESENTING CLINICAL SIGNS

Presented for collapsing and possible seizures. No neurological deficit. Never lost consciousness or salivating. Was put on gabapentin, no murmur heard, elevated proBNP (2,577), Normal T4, normal renal function, minimal elevation of ALT & AST. ALP is 1,200. Low dose dexamethasone test is pending.

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 change were noted.

No obvious pathology in the area of the uterus. The left and right ovaries were not definitively visualized.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 5.5 cm in length. The right kidney measured 5.6 cm in length.

Adrenal Glands

Bilateral symmetrical adrenal gland mild enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.87 cm width at the caudal pole. The right adrenal gland measured 0.82 cm width 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 presented enlarged in size with symmetrical yet swollen contour. The parenchyma exhibited conserved uniform parenchyma with normal echogenicity isoechoic to the spleen and falciform fat. Congested to dilated cranial abdomen caudal vena cava at the level of the liver and diaphragm measuring 1.4 cm in diameter. No obvious visualized thrombus.

Mildly prominent homogenous gallbladder wall edema, suggestive of minor gallbladder edema. Anechoic bile was present. The common bile duct was not visualized.

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.

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 area of the pancreas was sonographically normal.

Free Abdomen

No visualized significant omental lymphadenopathy was present. Mild to moderate volume of anechoic ascites was present. Generalized mild uniform increased omental echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Congested hepatomegaly.
- Minor gallbladder wall edema.
- Sonographically normal spleen.
- Age-related renal changes.
- Bilateral mild adrenomegaly- nonspecific.
- Mild to moderate volume ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pending echocardiogram, the congested liver and ascites are most consistent with intrathoracic or right heart disease or pathology. Correlation with echocardiogram as well as effusion analysis cytology +/- culture and sensitivity if evidence of effusion and inflammatory component is recommended. Overall, the liver is most consistent with benign criteria. In addition to hepatic congestion, low-grade inflammation is possible with occult hepatic neoplasia thought less likely. Correlation with pending adrenal testing is recommended.





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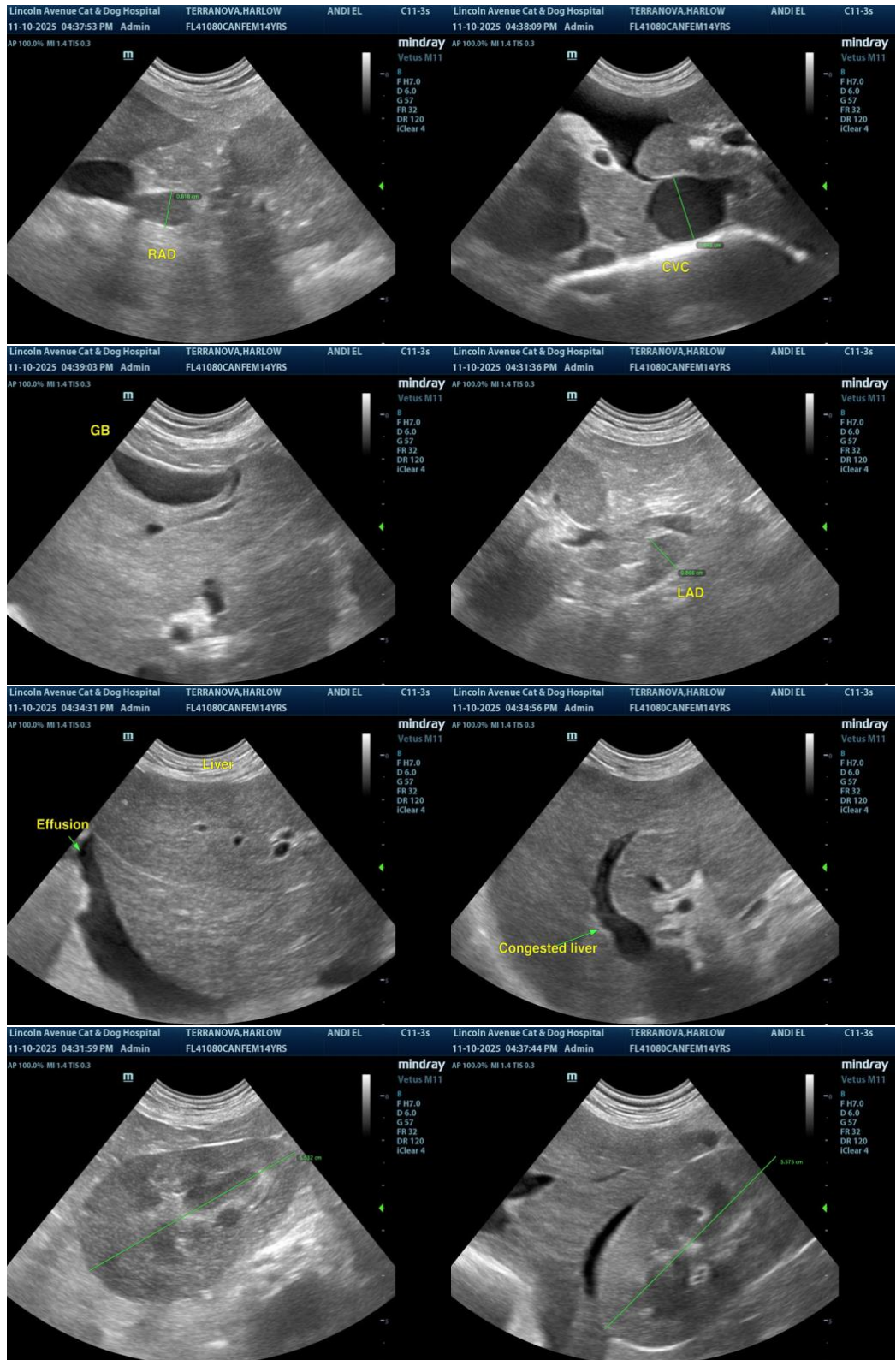
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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