



PATIENT

Bosch Agosto

SPECIES

Canine

BREED

Boxer

SEX

Male

AGE

10 Years

WEIGHT

57 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ferrer

HOSPITAL NAME

Paseos Vet Center

REFERRING VET

Dr. Diamaris Trinidad

INVOICE

33154

DATE

12/1/21

PRESENTING CLINICAL SIGNS

The patient was referred for an abdominal ultrasound to rule out neoplasia. History of possible respiratory infection by Owner. Decrease appetite.
Abnormal PE/Chem/CBC/UA Results: PE; Abdominal distension. Increased respiratory rate.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 3.8 cm x 3.0 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 6.9 cm. The right kidney measured 7.1 cm.

Adrenal Glands

The adrenal glands were not definitively visualized.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver presented enlarged in size with symmetrical yet swollen contour. The parenchyma exhibited subjective uniform, mild echogenic parenchyma. The hepatic vasculature was dilated in appearance, most notable at the level of the hepatic vein / caudal vena cava junction, without evidence of thrombosis. The gallbladder was non-distended in size. The gallbladder was non-distended in size with mildly echogenic walls exhibiting mild wall edema. Possible causes may include acute inflammation, hypoalbuminemia, right sided heart failure and anaphylaxis. The common bile duct was normal. The caudal vena cava at the level of the liver and diaphragm exhibited mild dilation without overt evidence of thrombosis.

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.

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. Jejunum wall measured 0.30 cm.



PATIENT

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

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Pancreas

SPECIES

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic inflammation. No overt evidence of neoplasia.

Canine

Other

BREED

Moderate ascites noted. Generalized reactive mesentery noted.

Boxer

The left and right testicles were sonographically unremarkable.

SEX

Several mildly prominent to enlarged medial iliac lymph nodes were present. These lymph nodes were not overtly consistent with inflammatory or neoplastic criteria and likely incidental. Example of lymph node measured 0.82 cm in width. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

Male

AGE

Heart

10 Years

Brief sonographic assessment of the heart revealed enlarged right atrium and right ventricle compared to the left atrium and left ventricle. Significant conglomeration of heartworms was present in the right ventricle and area of the tricuspid valve with movement across the tricuspid valve into the right atrium.

WEIGHT

ULTRASONOGRAPHIC FINDINGS

57 Pounds

- Benign prostatic hyperplasia, minor potential for prostatitis although thought less likely
- Congestive hepatomegaly with concurrent gallbladder wall edema
- Edematous pancreas, less likely potential for mild pancreatitis
- Moderate ascites
- Caval syndrome exhibited by conglomeration of heartworms crossing the tricuspid valve into the right atrium, secondary right atrial and right ventricular enlargement

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The study is consistent with heartworm infestation and caval syndrome with secondary congestive hepatopathy and ascites. The presence of ascites is secondary to elevated right heart pressure owing to the presence of heartworms. Given these findings, generally the prognosis is considered to be unfavorable. Adulticide therapy at this stage would be considered extremely dangerous, while manual removal of the heartworms from the right heart (although could be considered) carries a high risk of complication.

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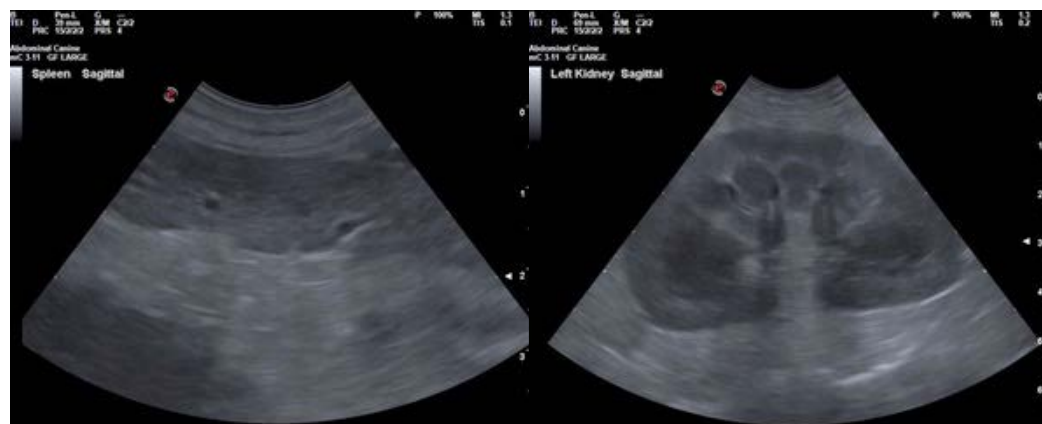
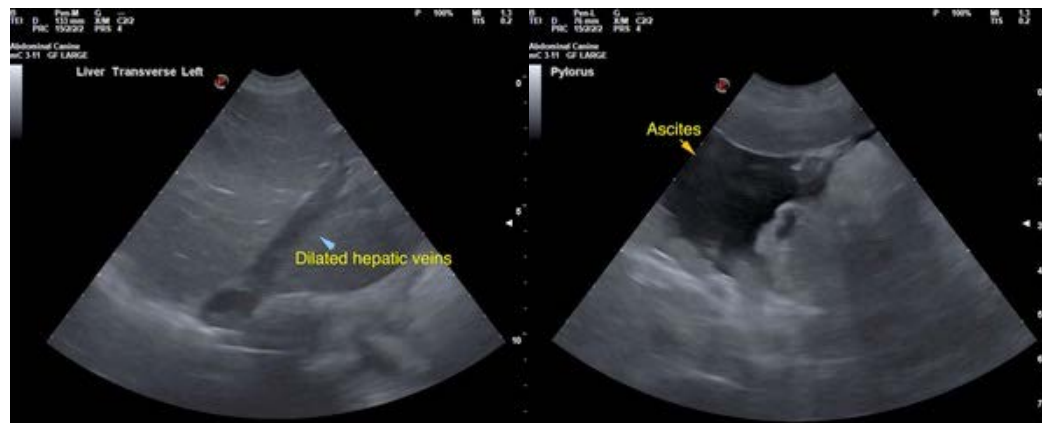
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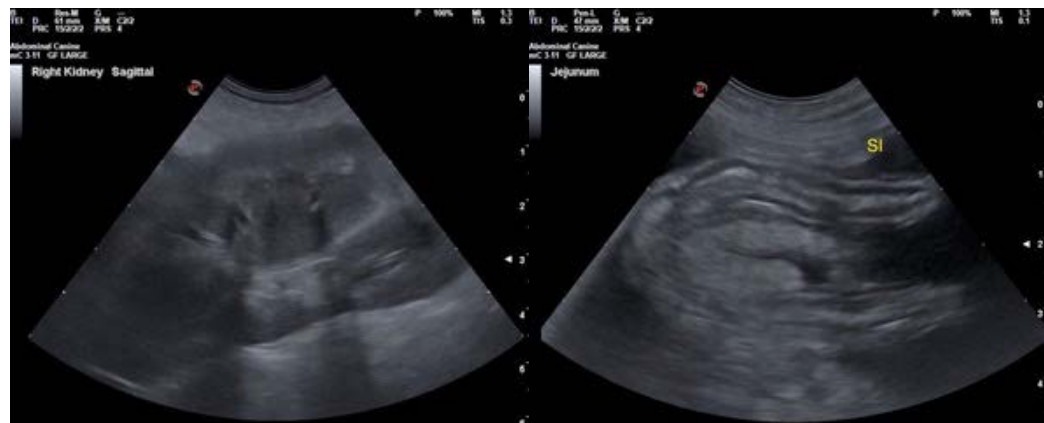
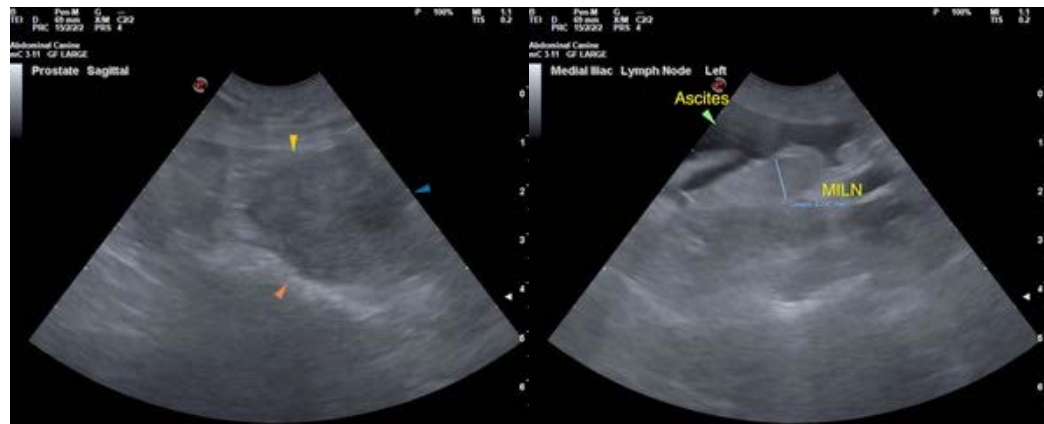
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com