

**PATIENT**

Gretta Ankeny

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

SF

**AGE**

12 years

**WEIGHT**

23 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Rigg

**INVOICE**

12877

**DATE**

12/21/21

**PRESENTING CLINICAL SIGNS**

Enlarged abdomen, feels soft to the touch, O able to feel spine and ribs  
Abnormal PE/Chem/CBC/UA Results: Free fluid in abdomen on radiograph

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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

The area of the aortic trifurcation was free of pathology.

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 5.2 cm in length. The right kidney measured 5.5 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 0.44 cm width at the caudal pole and 0.98 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 0.53 cm width at the caudal pole and 1.7 cm width at the cranial pole.

**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. No evidence of overt splenic masses or splenic neoplastic criteria was noted.

**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 congestion. The cranial abdominal caudal vena cava at the level of the liver and diaphragm was normal without evidence of dilation. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. No evidence of gallbladder wall edema was noted. The cystic and common bile ducts were normal.

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***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 gastric body wall width measured 0.35 cm.

The small intestine presented intact wall layering with subjective propensity for mildly prominent generalized mucosa and Intermittent mucosal speckling noted. No evidence of gastrointestinal masses was noted. The duodenum wall width measured 0.44 cm. The jejunum wall width measured 0.38 cm.

Normal visible colon wall layers were present containing semi-formed to non-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 were evident.

***Free Abdomen***

Moderate to marked, primarily acellular peritoneal free fluid was present. Generalized primarily uniform reactive mesentery was noted. No overt lymphadenopathy was present.

**ULTRASONOGRAPHIC FINDINGS*****Primary Findings***

- Moderate to marked primarily acellular peritoneal free fluid, mild generalized reactive mesentery
- Intermittent small intestinal mucosal speckling
- Sonographically unremarkable colon containing segmental to generalized semi-formed to non-formed feces
- Sonographically unremarkable liver / gallbladder - no evidence of hepatic congestion or gallbladder wall edema

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The free fluid may indicate suspected non-septic (increased vascular permeability, decreased hydrostatic pressure) or septic effusion, while the possibility of neoplastic effusion i.e., carcinomatosis cannot be definitively excluded. Further assessment would include correlation with full lab work, as well as effusion analysis, cytology +/- C/S if evidence of inflammatory cells is recommended. If evidence of hypoalbuminemia or panhyperproteinemia, Intestinal or renal protein loss would be a primarily differential diagnosis. Three view chest radiographs are recommended to assess cardiopulmonary status, as well as rule out occult thoracic pathology.

IMAGING PERFORMED BY

www.mobilityimaging.com 309-337-3070



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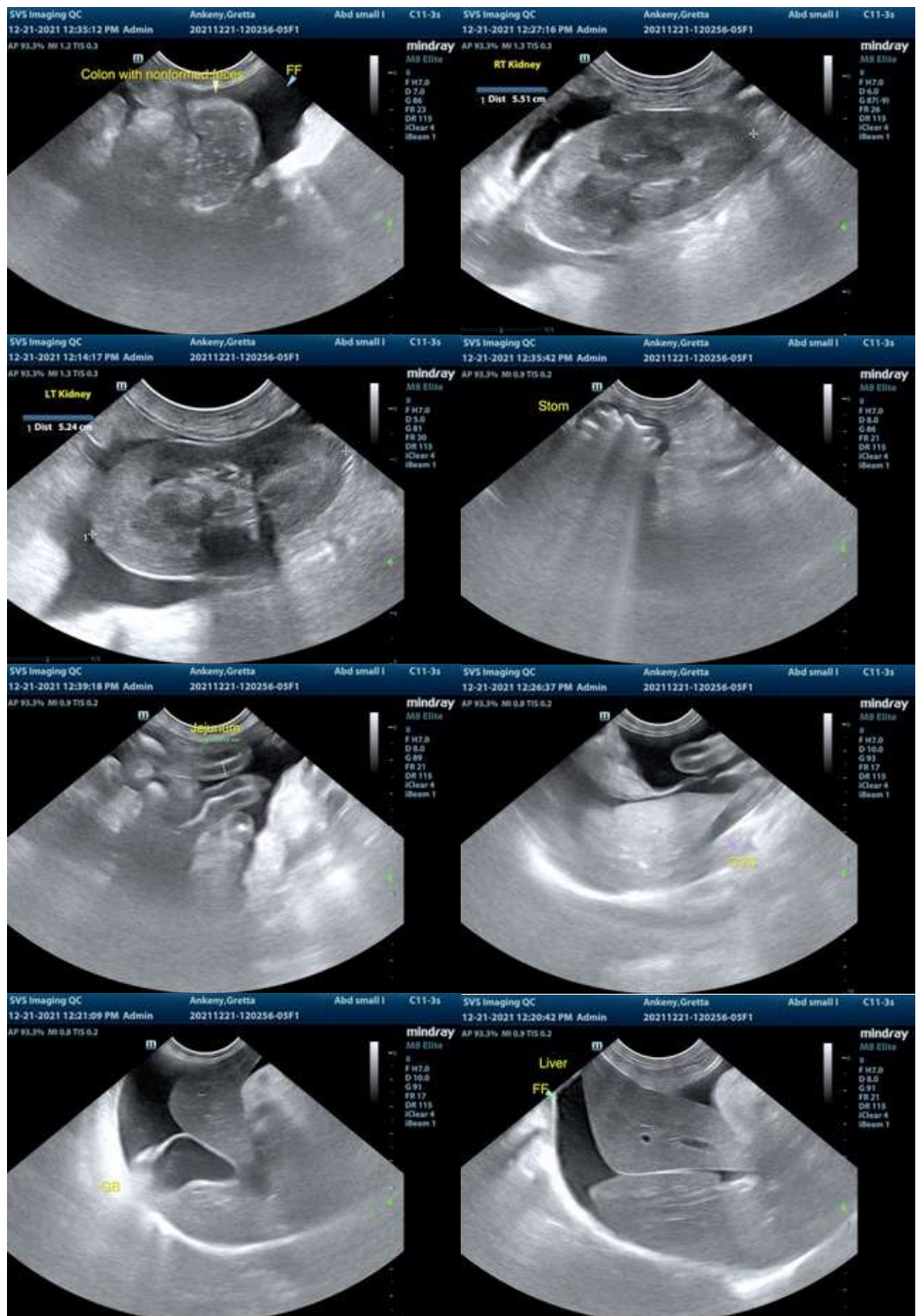
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**