



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Nero Gianunzio	Few day HX Of anorexia Will drink water but vomits after Small stool- O concern of obstruction Last ate Monday well- had been coaxing with liver. SLower decline in appetite. Full abdomen. Low energy. Seems miserable. Not willing to out Some concern of kidney function previously per O. Loves to roll in the snow but not interested. SHivering more. 99.4 temperature
<b>SPECIES</b>	
Canine	Abnormal PE/Chem/CBC/UA Results: General Appearance: QAR, BCS 5/9 CRT/MM: pale pink. CRT <2s. Eyes: Bilateral blepharospasm, severe mucoid discharge with corneal dryness. Thickened and irregular corneas bilaterally. OS eyelid inflammation Ears: Bilateral yellow thickened exudate. Mod stenosis Oral Cavity: Mod tarter, G2 Nasal Cavity: Roughened, irregular nasal planum and hyperkeratosis Cardiovascular: Regular rhythm; no murmur detected Respiratory: Lungs auscultate clear bilaterally; heavy panting, increased RR Abdomen: full, rounded cranial abdominal distension Rectal: 99.1 Musculoskeletal: No reported lameness. Straight stifles/medial buttress Integument: Normal amount of shedding; skin/coat WNL Lymph Nodes: Lymph nodes normal in size Urogenital: External genitalia appears normal Neurologic: No apparent abnormalities noted ALP 381, ALT 176, Glc 130; Neut 14.72, MCH 25
<b>BREED</b>	
Old English Bulldog	
<b>SEX</b>	
MN	
<b>AGE</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
9yr	<b>Urinary System</b>
<b>WEIGHT</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.
108.4lb	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 7.0 cm in length. The right kidney measured 7.2 cm in length.
<b>INTERPRETED BY</b>	The area of the aortic trifurcation was free of pathology.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The area of the iliac trifurcation was free of pathology including no obvious evidence of medial, iliac or sublumbar lymphadenopathy.
<b>IMAGING PERFORMED BY</b>	The area of the residual prostate appeared normal and free of pathology.
Dr. Evoniuk	<b>Adrenal Glands</b>
<b>HOSPITAL NAME</b>	The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.
State Avenue Vet Clinic	<b>Spleen</b>
<b>REFERRING VET</b>	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. No masses or nodules noted. 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.
Dr. Evoniuk	<b>Liver/Gallbladder</b>
<b>INVOICE</b>	
12855ag	
<b>DATE</b>	
02/01/2023	



**PATIENT**

Nero Gianunzio

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. Mild vascular congestion was present, most notable at the level of the hepatic vein / caudal vena cava junction, without evidence of thrombosis. Subjective indistinct yet prominent cranial abdominal caudal vena cava. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**SPECIES**

Canine

**Gastrointestinal**

**BREED**

Old English Bulldog

The visualized stomach and small intestine were sonographically normal.

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

**Pancreas**

**SEX**

MN

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.

**AGE**

9yr

**Free Abdomen**

No omental masses or overt lymphadenopathy was present.

Moderate volume anechoic peritoneal free fluid was present.

**WEIGHT**

108.4lb

Transdiaphragmatic view of the caudal thorax revealed mild to moderate volume pericardial effusion. Potential for concurrent pleural effusion cannot be definitively excluded.

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

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

- Congestive hepatomegaly pattern
- Significant volume anechoic peritoneal free fluid
- Mild to possible moderate volume transdiaphragmatic pericardial effusion
- Mild age related renal changes
- Overtly normal GI tract-no evidence of GI obstructive pattern

**IMAGING PERFORMED BY**

Dr. Evoniuk

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The primary finding is the transdiaphragmatic evidence of pericardial effusion which would coincide with congestive hepatomegaly secondary to cardiac tamponade.

**HOSPITAL NAME**

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A full echocardiographic work up +/- referral for pericardiocentesis is recommended.

No obvious evidence of primary intra-abdominal neoplastic criteria as a potential cause of cardiac metastasis. Correlation with peritoneal effusion analysis cytology +/- C/S is suggested.

**REFERRING VET**

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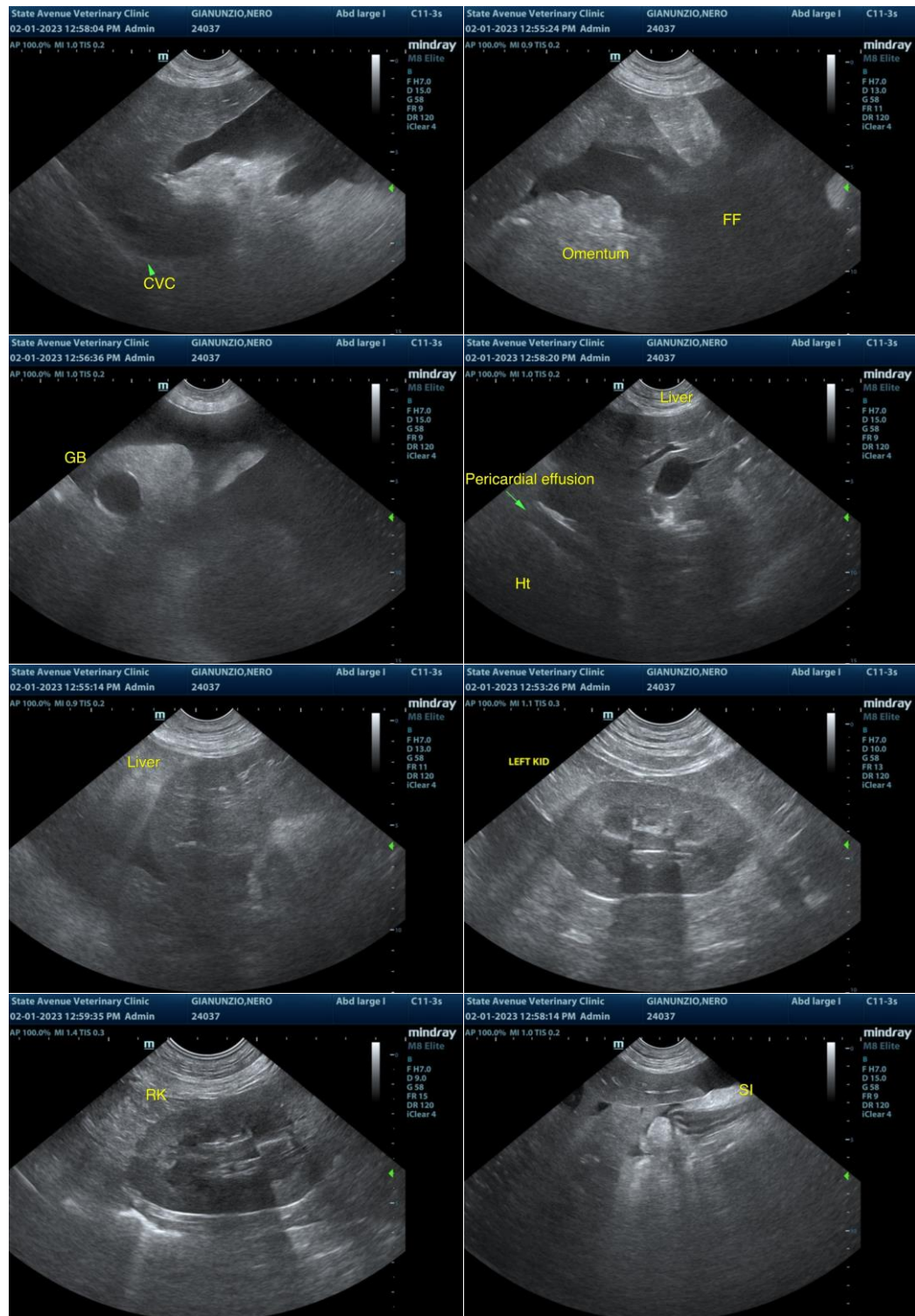
Dr. Evoniuk

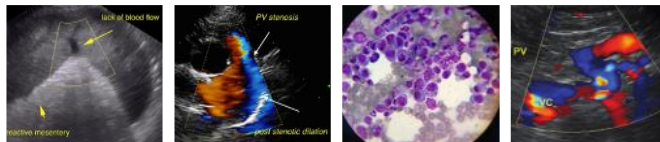
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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