



PATIENT

Laci Sullivan

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

FS

AGE

13 Years

WEIGHT

21.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Norfolk County
 Veterinary Service

REFERRING VET

Christina Poor,
 BVetMed

INVOICE

50058

DATE

2-4-22

PRESENTING CLINICAL SIGNS

Presented for abdominal distension and collapse episodes with excitement. On exam, MM muddy, tachycardia, abdominal effort with breathing. Radiographs: pleural effusion; ascites. ALT 216; ALP 605; AST 53; Glob 2.0; TCO2 28 (H). Having bi-cavity ultrasound exams.

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 were noted.

No evidence of pathology in the area of the aortic trifurcation.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Variably sized cortical cysts present in both kidney. An example of a cortical cyst in the left kidney measured 0.87 cm diameter. The left kidney measured 5.4 cm in length. The right kidney measured 5.7 cm in length.

Adrenal Glands

The left adrenal gland was normal in size. The right adrenal gland exhibited mild prominent size; suspect adenomatous change without evidence of adrenal neoplastic criteria. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.53 cm width in the cranial pole and 0.65 cm width in the caudal pole. The right adrenal gland measured 0.87 cm width in the caudal pole.

Spleen

The spleen exhibited normal size and contour with mild splenic parenchymal heterogeneity with a solitary nonspecific nonhomogeneous to mildly cystic mid parenchymal nodule measuring 0.81 cm diameter. 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.

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. The hepatic vasculature was dilated in appearance, most notable at the level of the hepatic vein / caudal vena cava junction, without evidence of thrombosis. Concurrent prominent cranial abdomen caudal vena cava at the level of the liver and diaphragm was present.

The gallbladder was non distended in size with moderate nondependent yet nonorganized subjectively mobile gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact yet subjective mild prominent wall layering likely secondary to edematous wall changes. Minor retained anechoic fluid was present in the stomach. No evidence of ileus, obstruction, or foreign material. The gastric body wall measured 0.45 cm width.



PATIENT

Laci Sullivan

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. The duodenum wall measured 0.48 cm width.

SPECIES

Canine

Normal visible colon wall layers were present with subjective semi-formed to soft feces in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

BREED

Jack Russell Terrier

Free Abdomen

Moderate volume peritoneal free fluid exhibiting mild subjective cellular component and generalized reactive mesentery were present.

SEX

FS

No overt lymphadenopathy was present.

Brief transdiaphragmatic assessment of the heart revealed subjective evidence of pericardial effusion.

AGE

13 Years

ULTRASONOGRAPHIC FINDINGS

Primary

- Congestive hepatomegaly.
- Moderate gallbladder debris (nonmucocele).
- Bilateral chronic renal changes with cortical cysts.
- Nonspecific yet likely benign splenic nodule.
- Moderate volume peritoneal free fluid.
- Subjective pericardial effusion.

WEIGHT

21.2 lbs

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings in this case are consistent with congestive hepatopathy and ascites of likely cardiac origin potentially owing to elevated pulmonary pressure, right sided heart disease, or cardiac tamponade secondary to pericardial effusion. Potential for concurrent primary hepatic parenchymal disease possible yet considered less likely.

HOSPITAL NAME

Norfolk County
 Veterinary Service

Assuming normal albumin levels, further assessment and correlation may include peritoneal effusion analysis, cytology, +/- culture and sensitivity if clinically indicated.

REFERRING VET

Christina Poor,
 BVetMed

Pending correlation with echocardiographic assessment, and assuming normal clotting status, ultrasound guided FNA of the liver for screening cytology may be considered.

INVOICE

50058

DATE

2-4-22



PATIENT

Laci Sullivan

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

FS

AGE

13 Years

WEIGHT

21.2 lbs

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Pamela Harrigan, RDCS

HOSPITAL NAME

Norfolk County
 Veterinary Service

REFERRING VET

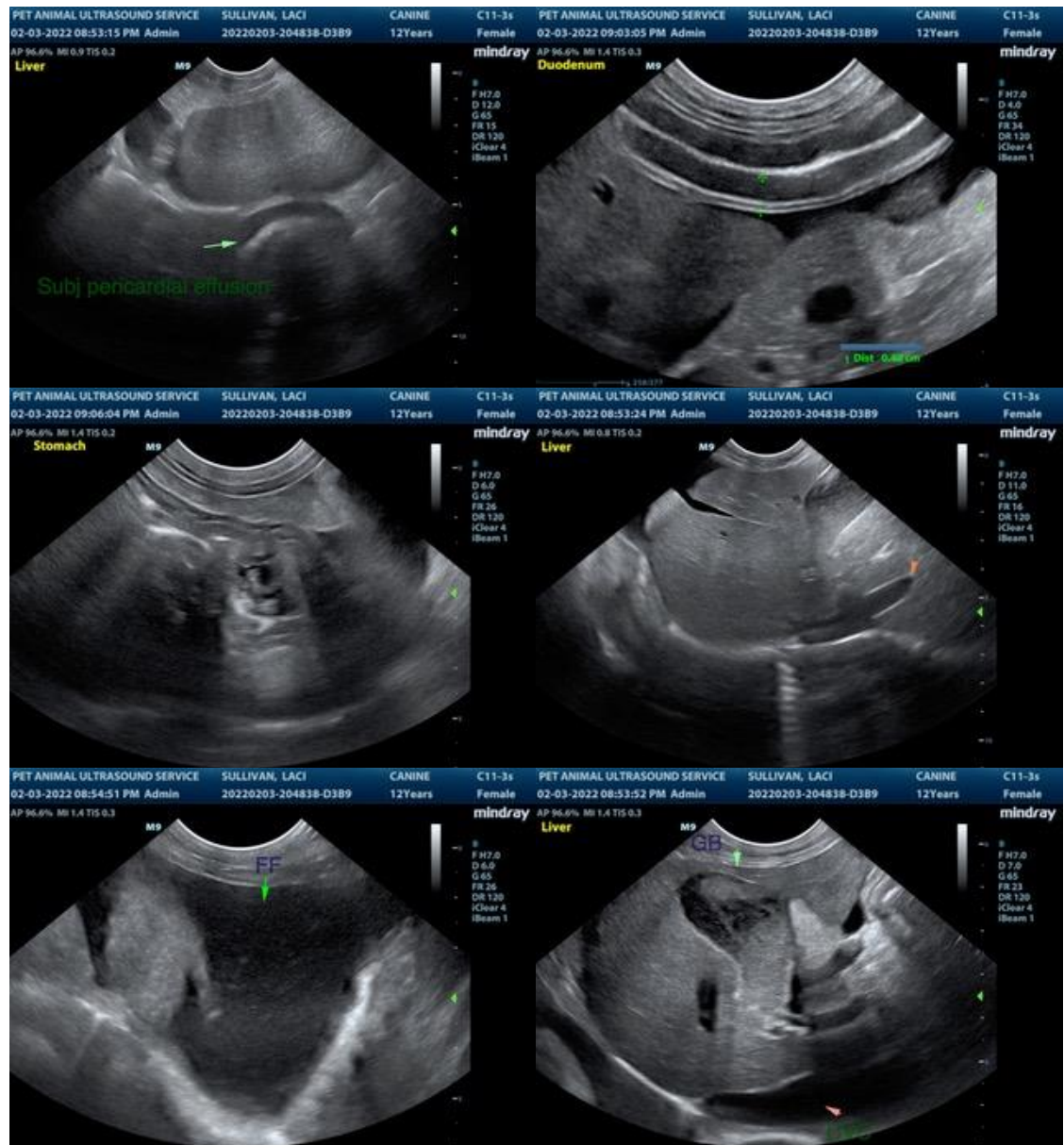
Christina Poor,
 BVetMed

INVOICE

50058

DATE

2-4-22





PATIENT

Laci Sullivan

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

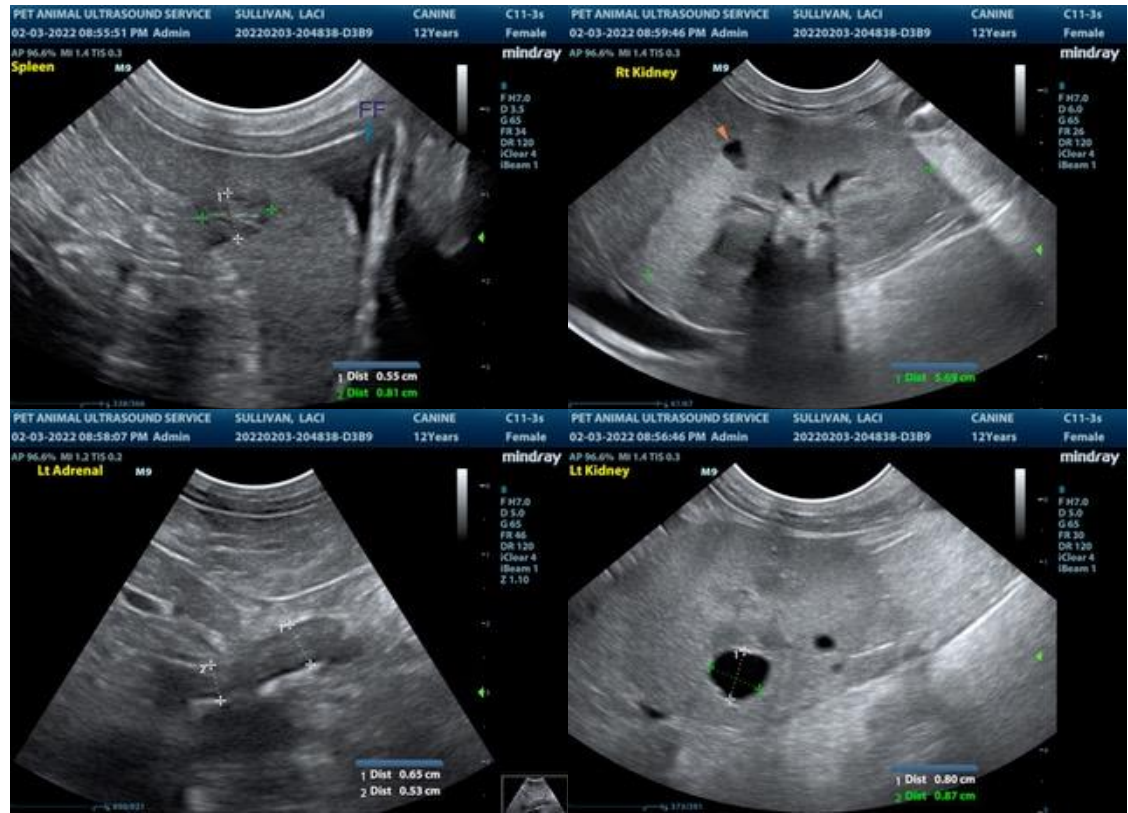
FS

AGE

13 Years

WEIGHT

21.2 lbs



INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Pamela Harrigan, RDCS

HOSPITAL NAME

Norfolk County
 Veterinary Service

REFERRING VET

Christina Poor,
 BVetMed

INVOICE

50058

DATE

2-4-22

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