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Clinical Sonography & Telecytology
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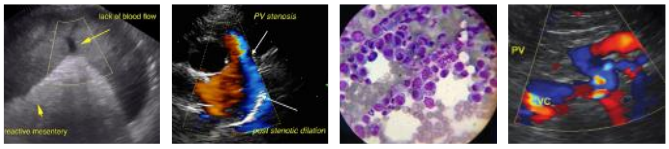

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Tobias Orosz

SPECIES

Canine

BREED

Hound Mix

SEX

MN

AGE

10 years 5 months

WEIGHT

51.1 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Legacy AH

REFERRING VET

Dr. Potenzone

INVOICE

13488

DATE

3/15/22

PRESENTING CLINICAL SIGNS

Pleural effusion thorax, ascites likely due to deceased serosal detail on RADS - mass? Known Addison's Dx Current meds: Percortin, 2 doeses Lasix 25mg, 5mg Pred, Doxy 200mg BID
Abnormal PE/Chem/CBC/UA Results: Alb 1.6, (Kidneys/liver WNL) Hematocrit 35, MCH 20, mono 1.2

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 was noted.

No overt pathology was noted in the area of the residual prostate

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 6.6 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

The left and right adrenal glands were not overtly visualized owing to regional periadrenal Increased omental artifact, ascites, and potential subnormal size given the patient's history of Addison's Disease.

Spleen

The spleen was overall normal in size and contour with generalized mild splenic parenchyma heterogeneity. A solitary, mildly expansive, hypoechoic nodule was noted in the craniomedial spleen measuring 1.1 cm in diameter. Normal splenic vascularity was present.

Liver/ Gallbladder

The liver exhibited mild to moderate generalized enlarged in size with symmetrical yet swollen contour. The parenchyma exhibited generalized parenchymal remodeling and mild nonuniform echotexture. Subjective mild dilation of the cranial abdominal caudal vena cava at the level of the liver and diaphragm measuring 1.3 cm in diameter was present. No evidence of caudal vena cava thrombosis was noted. No distinct hepatic masses or nodules were noted. The gallbladder was non-distended in size with mildly echogenic to prominent gallbladder walls containing anechoic content. The cystic and common bile ducts were normal.

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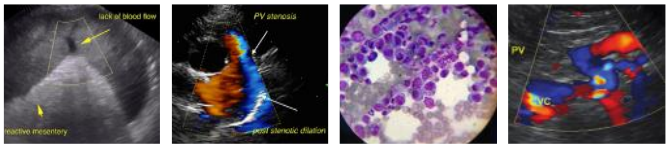

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Gastrointestinal

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

Free Abdomen

Moderate volume subjective acellular peritoneal free fluid was present. Generalized mild reactive mesentery was present. No overt lymphadenopathy was noted.

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly exhibiting generalized parenchymal remodeling and subjective vasculature congestion
- Mild chronic renal changes
- Nonspecific solitary mildly expansive splenic nodule
- Moderate volume anechoic subjectively acellular ascites

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pending echocardiographic assessment, the presentation of the liver is suggestive of congestive hepatopathy potentially owing to right-sided cardiomyopathy. However, some contribution to the ascites may be owing to hypoalbuminemia of an unspecified etiology. Further assessment may include effusion analysis, cytology, +/- culture and sensitivity if evidence of inflammatory cells.

No overt evidence of hepatic neoplastic criteria, which is thought unlikely.

The solitary splenic nodule was nonspecific with considerations Including focal area of lymphoid hyperplasia, hematopoiesis, splenitis, infarction, small hematoma, while the possibility of emerging neoplastic nodule cannot be excluded. Pending additional diagnostics, sonographic monitoring of the splenic nodule for evidence of progression +/- ultrasound-guided FNA using a 25-gauge needle and assuming normal clotting status, could be considered.

Potential further assessment of the hypoalbuminemia may include urinalysis to assess for evidence of proteinuria and / or a GI panel to include PLI/TLI/Cobalamin/Folate to rule out occult gastrointestinal or pancreatic disease.

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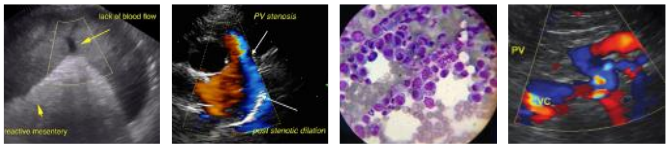

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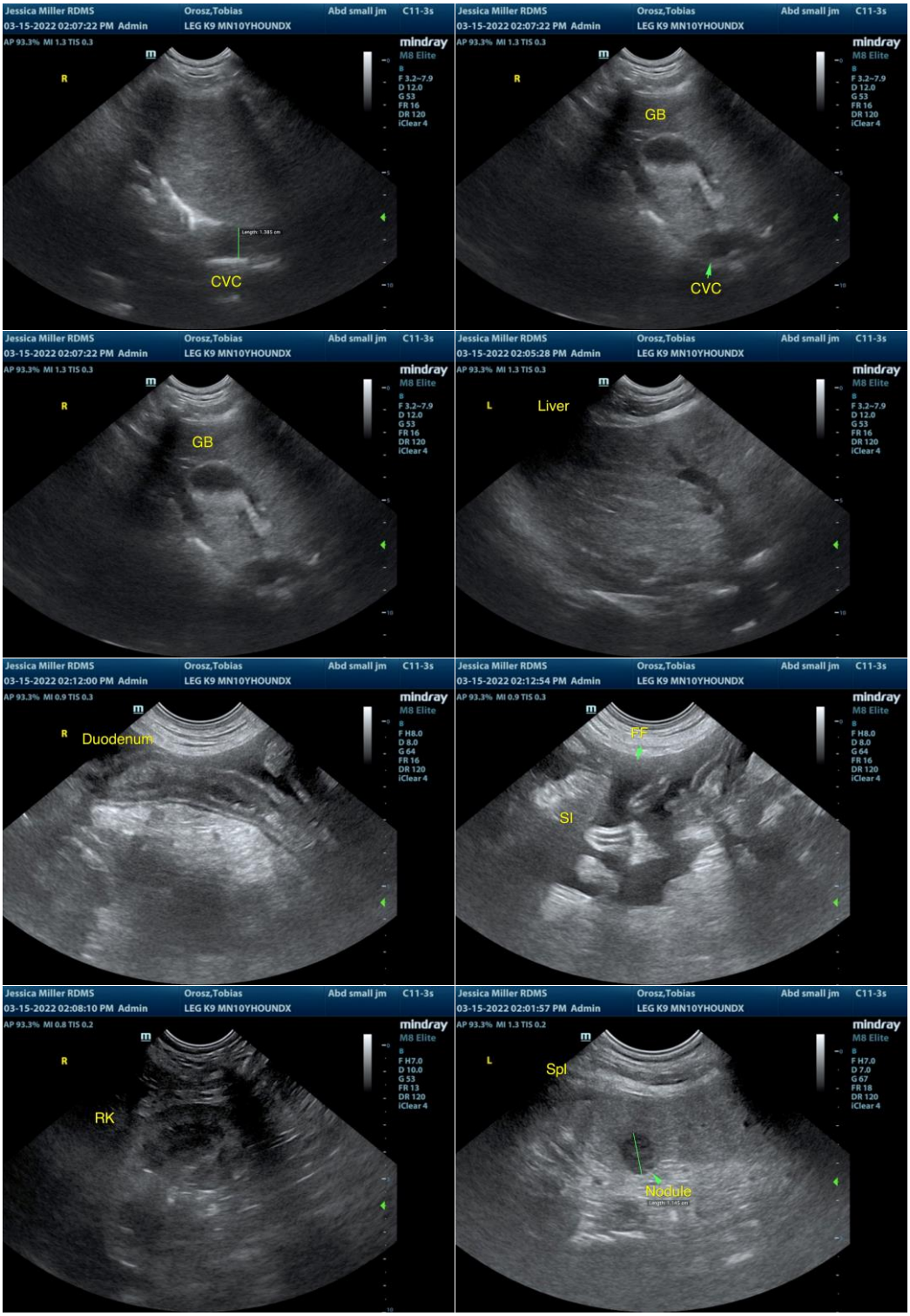

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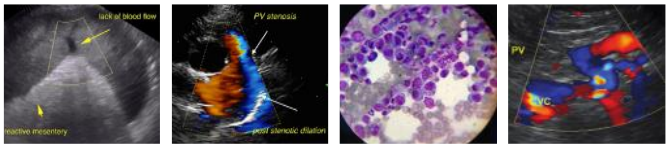

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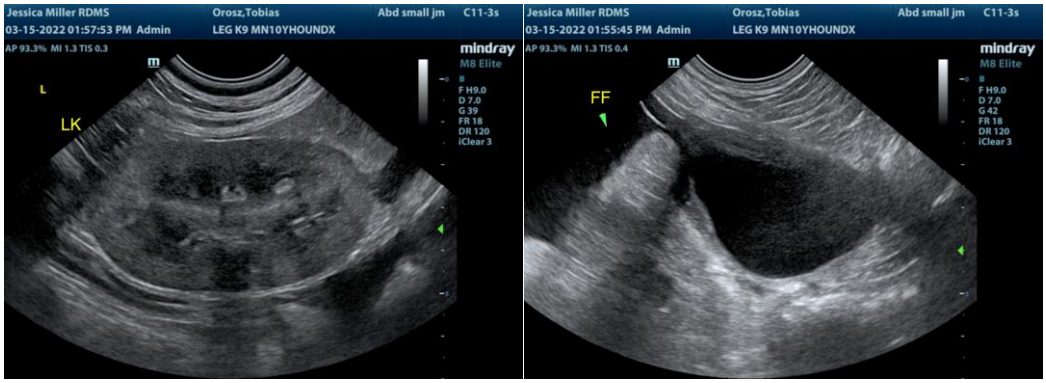

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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