



PATIENT

Jewel Schlect

SPECIES

Canine

BREED

Lab Mix

SEX

FS

AGE

10 years

WEIGHT

77.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Eugene AH

REFERRING VET

Dr. Seyler

INVOICE

13518

DATE

3/18/22

PRESENTING CLINICAL SIGNS

today: heart: relatively slow for patient level of anxiety (90, panting off and on). challenging to assess for murmur but none heard. heart sounds reduced abdomen: distended caudal abdomen, abdominal fluid wave, abdomen hangs low resp: eupneic and intermittently panting oral: grade 2, pink gums, blanch does not have any yellowing I can see poor musculing

Abnormal PE/Chem/CBC/UA Results: will send BW. moderate ALT elevation 147, moderate ALP elevation 689, CRE 1.4, TP 5.3 (low), Glob 1.6 (low) ALB 3.7 (norm). mild hemoconcentration (63% normocytic). Current Medications milk thistle, dose similar to Denamarin

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.

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. Focal areas of mild nonobstructive medullary mineralization were present in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 7.0 cm in length. The right kidney measured 7.3 cm in length.

Adrenal Glands

The left adrenal gland was mildly prominent to irregular and mildly nonhomogeneous measuring 2.8 cm length x 0.98 cm width at the cranial pole and 1.0 cm with at the caudal pole. The right adrenal gland was not definitively visualized owing to patient size, conformation, and peritoneal free fluid.

Spleen

The spleen was normal to potential volume contracted, exhibiting a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. No evidence of splenic neoplastic criteria was noted.

Liver/ Gallbladder

The liver was enlarged in size with symmetrical to mildly swollen hepatic contour. Uniform parenchyma exhibiting normal echogenicity with subjective evidence of hepatic vasculature congestion was present. Likewise, mildly prominent caudal vena cava at the level of the liver and diaphragm without overt evidence of thrombosis was present. No evidence of hepatic masses or



PATIENT

Jewel Schlect

SPECIES

Canine

BREED

Lab Mix

SEX

FS

AGE

10 years

WEIGHT

77.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Eugene AH

REFERRING VET

Dr. Seyler

INVOICE

13518

DATE

3/18/22

nodules was noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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 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 severe volume peritoneal free fluid exhibiting potential for mild cellular component was present. No evidence of lymphadenopathy was present.

Brief sonographic assessment of the heart revealed subjective moderate to significant volume pericardial free fluid of unknown etiology.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatopathy exhibiting subjective mild vasculature congestion
- Moderate to severe volume ascites
- Sonographically unremarkable spleen
- Pericardial effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ascites in this case is suspected to be secondary to the pericardial effusion resulting in cardiac tamponade and resultant hepatic congestion. Correlation with ascites analysis cytology +/- culture and sensitivity to correlate with ascites typically seen with right-sided heart disease or failure is warranted. Likewise, the reported albumin level of 3.7 was not consistent with decreased hydrostatic pressure.

Referral for further assessment of the heart and pericardial space with potential for prophylactic and therapeutic pericardiocentesis is suggested. An obvious source of intra-abdominal neoplasia as a potential cause of cardiac metastasis was not definitively evident.



PATIENT

Jewel Schlect

SPECIES

Canine

BREED

Lab Mix

SEX

FS

AGE

10 years

WEIGHT

77.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Eugene AH

REFERRING VET

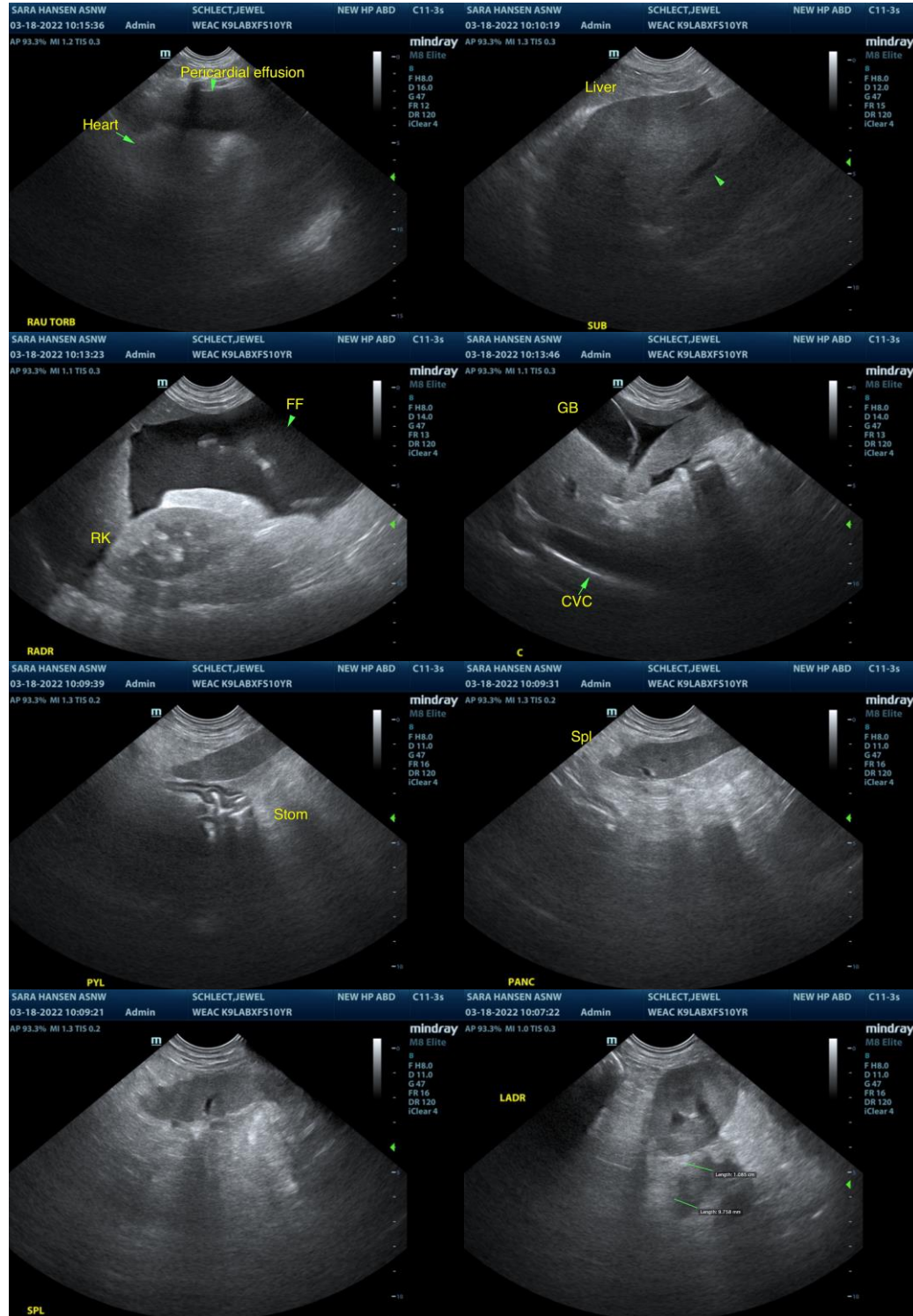
Dr. Seyler

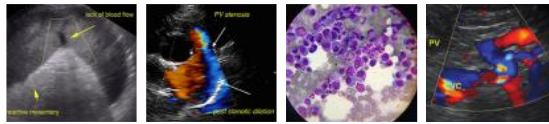
INVOICE

13518

DATE

3/18/22





PATIENT

Jewel Schlect

SPECIES

Canine

BREED

Lab Mix

SEX

FS

AGE

10 years

WEIGHT

77.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Eugene AH

REFERRING VET

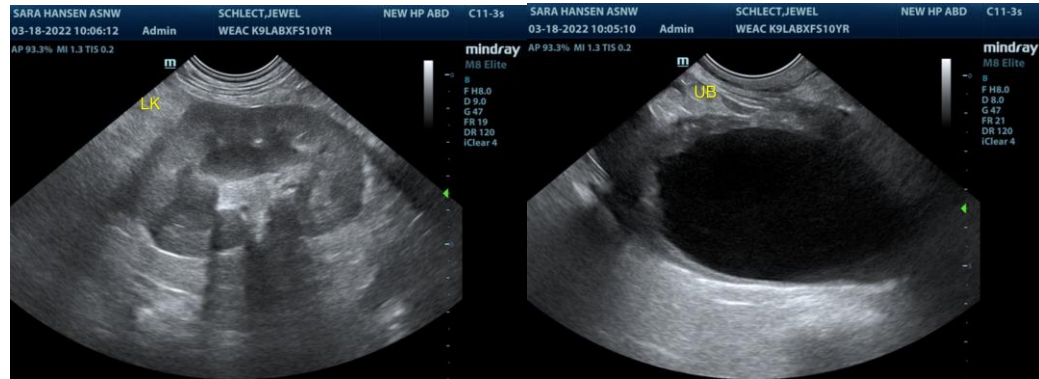
Dr. Seyler

INVOICE

13518

DATE

3/18/22



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