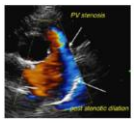
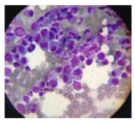
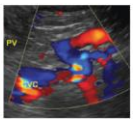




PATIENT

Bailey Matthys

SPECIES

Canine

BREED

Rat Terrier

SEX

SF

AGE

9 years

WEIGHT

37.1 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. Narske

INVOICE

13770

DATE

4/28/22

PRESENTING CLINICAL SIGNS

Abdominal distention, abdomen filled with fluid
Abnormal PE/Chem/CBC/UA Results: abdomen filled with fluid

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 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.6 cm in length. The right kidney measured 5.6 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 0.68 cm width at the caudal pole and 0.58 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 0.65 cm width at the caudal pole and 0.55 cm width at the cranial pole.

Spleen

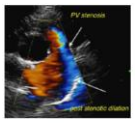
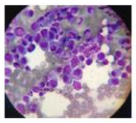
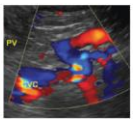
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. No evidence of splenic neoplastic criteria was noted.

Liver/ Gallbladder

The liver exhibited generalized enlargement with diffuse, mildly nonuniform to echogenic hepatic parenchyma. Swollen hepatic contour was noted with areas of capsule asymmetry primarily secondary to multifocal, variably sized to expansive, nonhomogeneous to mixed echogenic hepatic Intraparenchymal nodules to macronodules. An example measured 2.0-3.0 cm in diameter. The gallbladder was non-distended in size containing primarily anechoic content and mild sludge. No evidence of gallbladder overdistention. The common bile duct was 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.

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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. No evidence of small Intestinal mucosal speckling, striations, or lesions.

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

No overt lymphadenopathy was present. Generalized mild nonuniform reactive mesentery was noted. Moderate to significant volume peritoneal free fluid exhibiting mild echogenic changes was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly exhibiting nonuniform to multifocally nodular parenchyma
- Moderate to significant volume peritoneal free fluid exhibiting mild echogenic changes
- Generalized nonuniform hyperechoic mesentery

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominocentesis for fluid analysis, cytospin cytology, +/- culture and sensitivity, if evidence of inflammatory cells, is recommended.

Assuming normal albumin levels and without overt evidence of splenic, gastrointestinal, or lymphatic pathology, the abdominal effusion In this case is suspected to be secondary to primary hepatic pathology and potential portal hypertension.

Overall, the liver was nonspecific with considerations Including primary concern for primary hepatic neoplastic disease, chronic hepatitis / cholangiohepatitis with areas of hyperplasia, hematopoiesis, granulomas, or similar possible. Assuming normal clotting status and pending abdominal fluid analysis, hepatic FNA is warranted for screening cytology. No overt evidence of hepatic congestion that would suggest cardiac disease was noted. Three view chest radiographs to assess for or rule out concurrent thoracic pathology, as well as cardiopulmonary status assessment are suggested.

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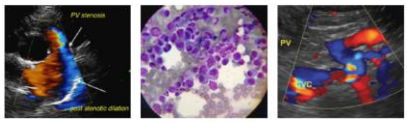

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EDUCATIONAL TELECONSULTATION SERVICES™

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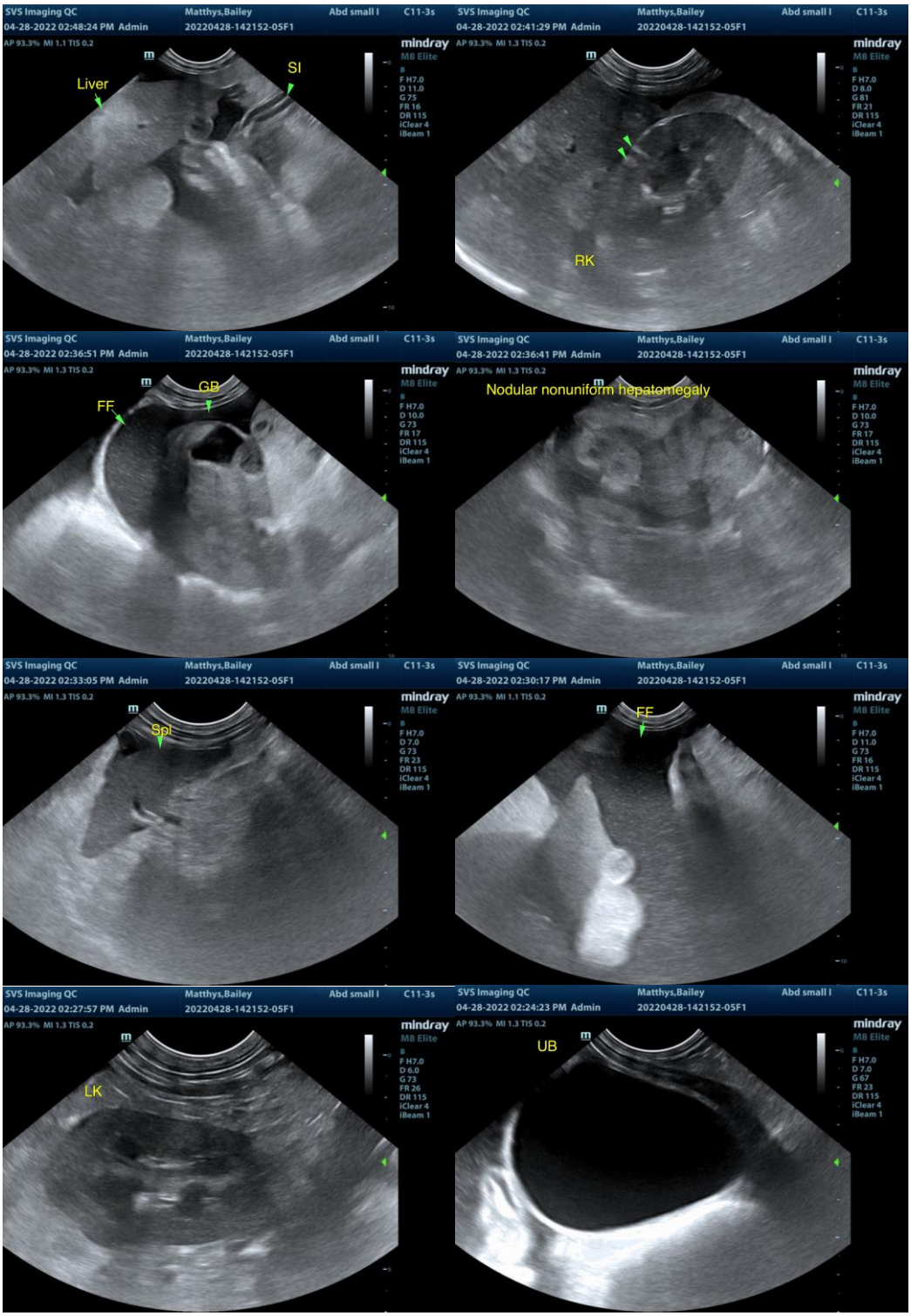

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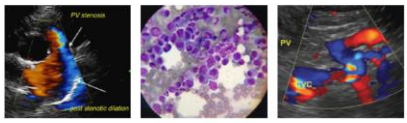

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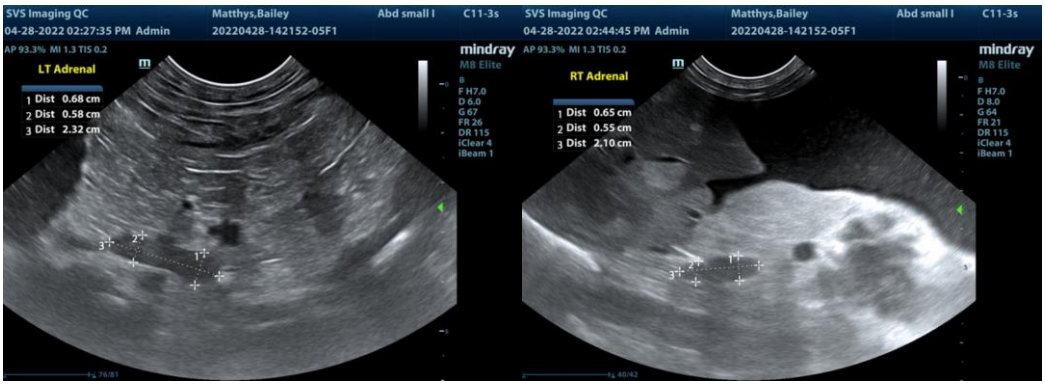

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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