



PATIENT PRESENTING CLINICAL SIGNS

Miko Giri History: declined appetite, soft stool, fluid wave in abd, irregular HR with murmur

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SPECIES

Canine

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

BREED

Shiba X

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 mildly increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.4 cm in length. The right kidney measured 4.4 cm in length.

SEX

Spayed female

The area of the aortic trifurcation was free of pathology.

AGE

11 years

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width at the caudal pole and 1.6 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width at the caudal pole and 2.3 cm length.

WEIGHT

25 pounds

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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content and mild congealed gallbladder debris in the caudal lumen. The cystic and common bile ducts were normal.

HOSPITAL NAME

East Credit VH

REFERRING VET

Dr, Webster

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.

INVOICE

10290ag

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.

DATE

04/04/2022

Pancreas



PATIENT

Miko Giri

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.

SPECIES

Canine

Free Abdomen

Moderate to severe volume anechoic peritoneal free fluid and generalized uniform hyperechoic reactive mesentery was noted. No overt lymphadenopathy was present.

BREED

Shiba X

ULTRASONOGRAPHIC FINDINGS

- Congestive hepatopathy pattern.
- Moderate to severe volume peritoneal free fluid and generalized reactive mesentery.
- Potential mild gastroenteritis.
- Mild chronic renal changes.

SEX

Spayed female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

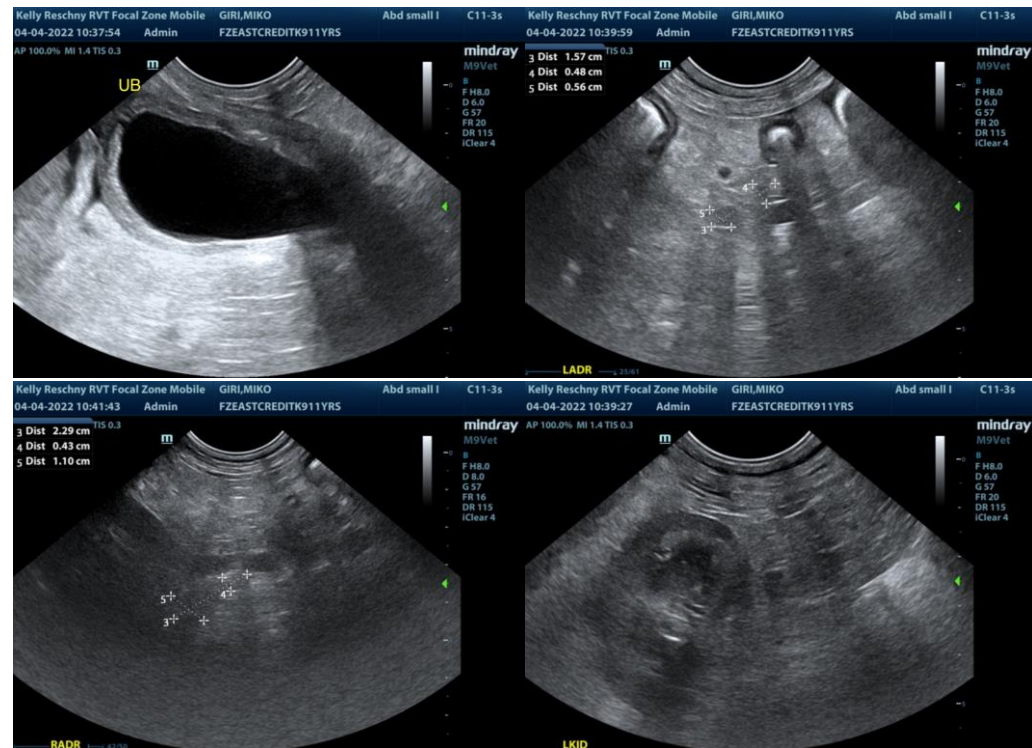
AGE

11 years

The hepatic congestion pattern along with anechoic moderate to severe volume free fluid is consistent with cardiogenic ascites. Correlation with echocardiographic assessment, effusion analysis +/- cytology as well as full lab work and assessment of ALB level is recommended.

WEIGHT

25 pounds



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BREED

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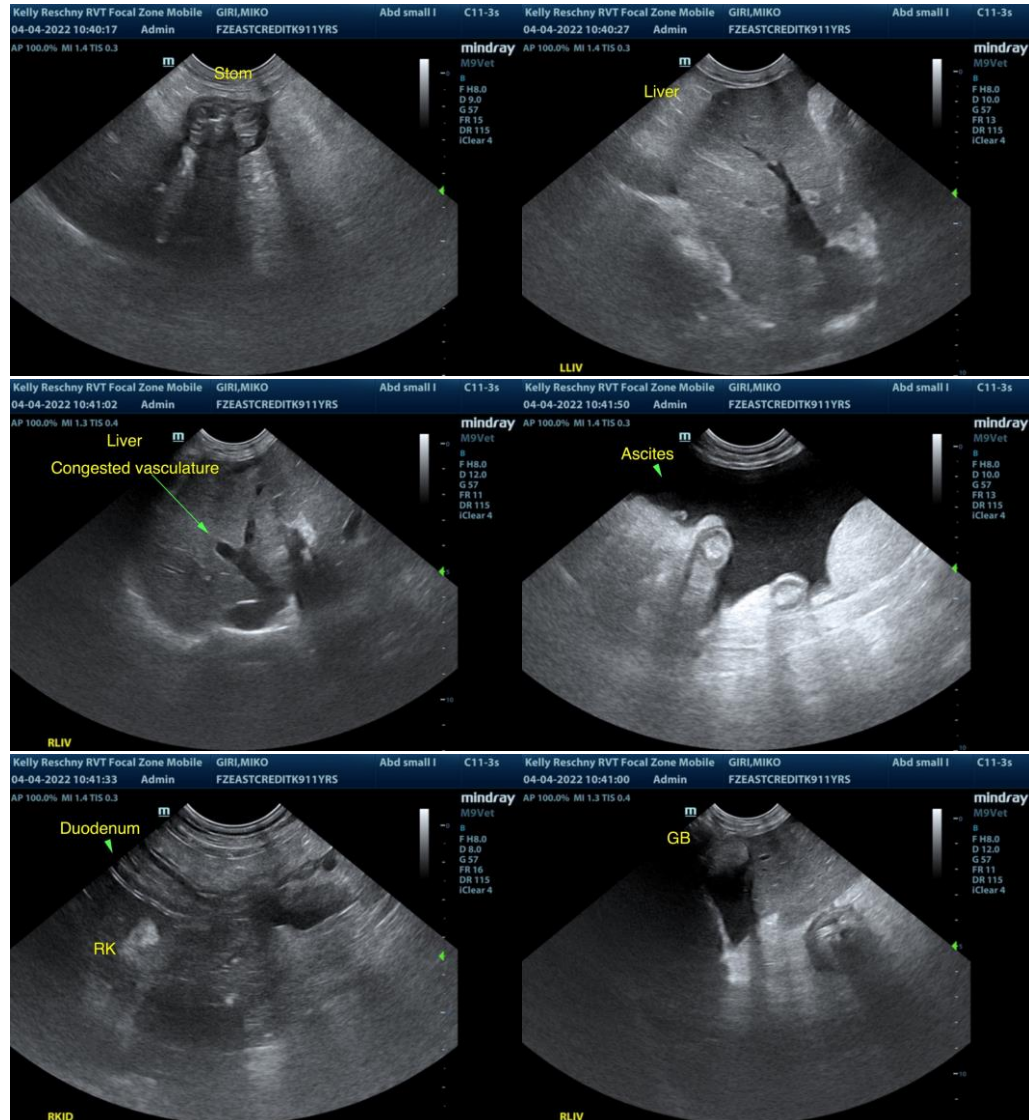
Dr, Webster

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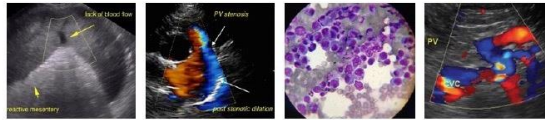


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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