



**PATIENT**

Tank Colacios

**PRESENTING CLINICAL SIGNS**

Free abd fluid on NFAST (light straw colored) R/O neoplasia vs ascites (cardiogenic) vs infectious vs other Current meds: Unasyn 30mg/kg IV TID

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Mild anemia, ALT + ALP elevated Free fluid analysis pending

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND CURSORY HEART**

**BREED**

Pitbull

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

**SEX**

MN

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 6.7 cm in length. The right kidney measured 7.2 cm in length.

**AGE**

14yr

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

71.5lb

The area of the residual prostate appeared normal and free of pathology.

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Val Shumskaya

**Liver/Gallbladder**

The liver was subjectively enlarged in size with rounded contour and mild non-homogenous parenchyma exhibiting moderate coarse echotexture. Subtle evidence of increased prominence of hepatic veins at the level of the hepatic vein/caudal vena cava junction. Subjective mild dilated cranial abdominal caudal vena cava was present measuring 1.6 cm in diameter. No overt evidence of caudal vena cava thrombus.

**HOSPITAL NAME**

Westwood Regional  
Veterinary Hospital

**REFERRING VET**

Dr. Giammanco

The gallbladder was non-distended in size with minor dorsal wall edema. Primarily anechoic luminal content with mild incidental non-organized echogenic debris was present. The cystic and common bile ducts were normal.

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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.

**DATE**

04/05/2023



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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.

Normal visible colon wall layers were present with apparent semi formed feces in lumen.

**SPECIES**

**Pancreas**

Canine

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.

**BREED**

**Free Abdomen/Other**

Pitbull

Significant volume peritoneal effusion exhibiting mild effusion echogenic changes which may suggest mild effusion cellularity.

**SEX**

MN

Brief sonographic assessment of the heart revealed mild volume pericardial effusion and evidence of diastolic collapse of the right atrial free wall consistent with cardiac tamponade. Subjective normal LV function with normal LA size was present. A definitive mass associated with the right atrium and auricle was not obvious. Possible not definitive mild thickened right auricle wall.

**AGE**

14yr

**ULTRASONOGRAPHIC FINDINGS**

- Enlarged non-homogenous liver with evidence of congestion.
- Mild gallbladder wall edema.
- Pericardial effusion with evidence of cardiac tamponade.

**WEIGHT**

71.5lb

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

The cause of the hepatomegaly and the peritoneal effusion is most consistent with cardiac tamponade secondary to pericardial effusion. The cause of the pericardial effusion was unclear. The possibility of cardiac neoplasia cannot be definitively excluded as cardiac neoplasia may at times be difficult to visualize sonographically. Given subjective mild pericardial effusion the possibility of multifactorial cause of pericardial/peritoneal effusion such as non-obvious neoplasia, hepatic disease etc. cannot be definitively excluded. Correlation with effusion analysis is suggested.

**IMAGING PERFORMED BY**

Val Shumskaya

Assuming normal clotting status a hepatic FNA for screening cytology could be considered for further assessment. Referral for pericardiocentesis with cytology of pericardial effusion is recommended. If evidence of hemorrhagic pericardial effusion, OTC herbal supplement Yunnan baiao could be considered. Advanced imaging may be required for a definitive diagnosis. An extremely guarded prognosis is indicated.

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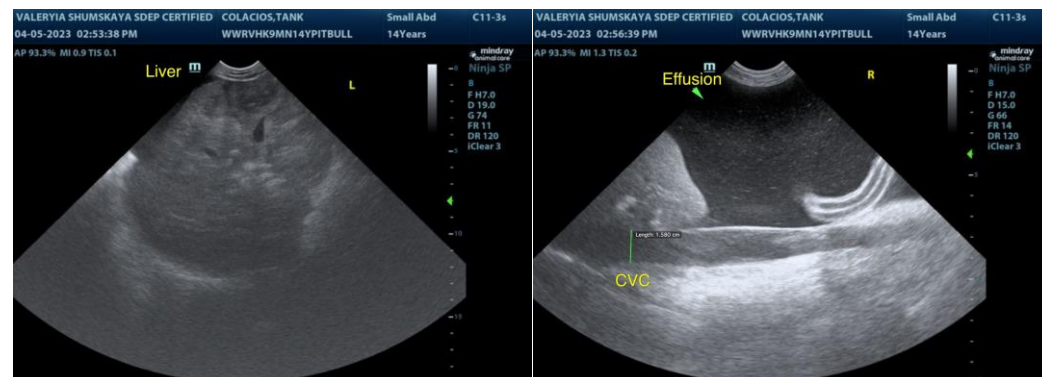
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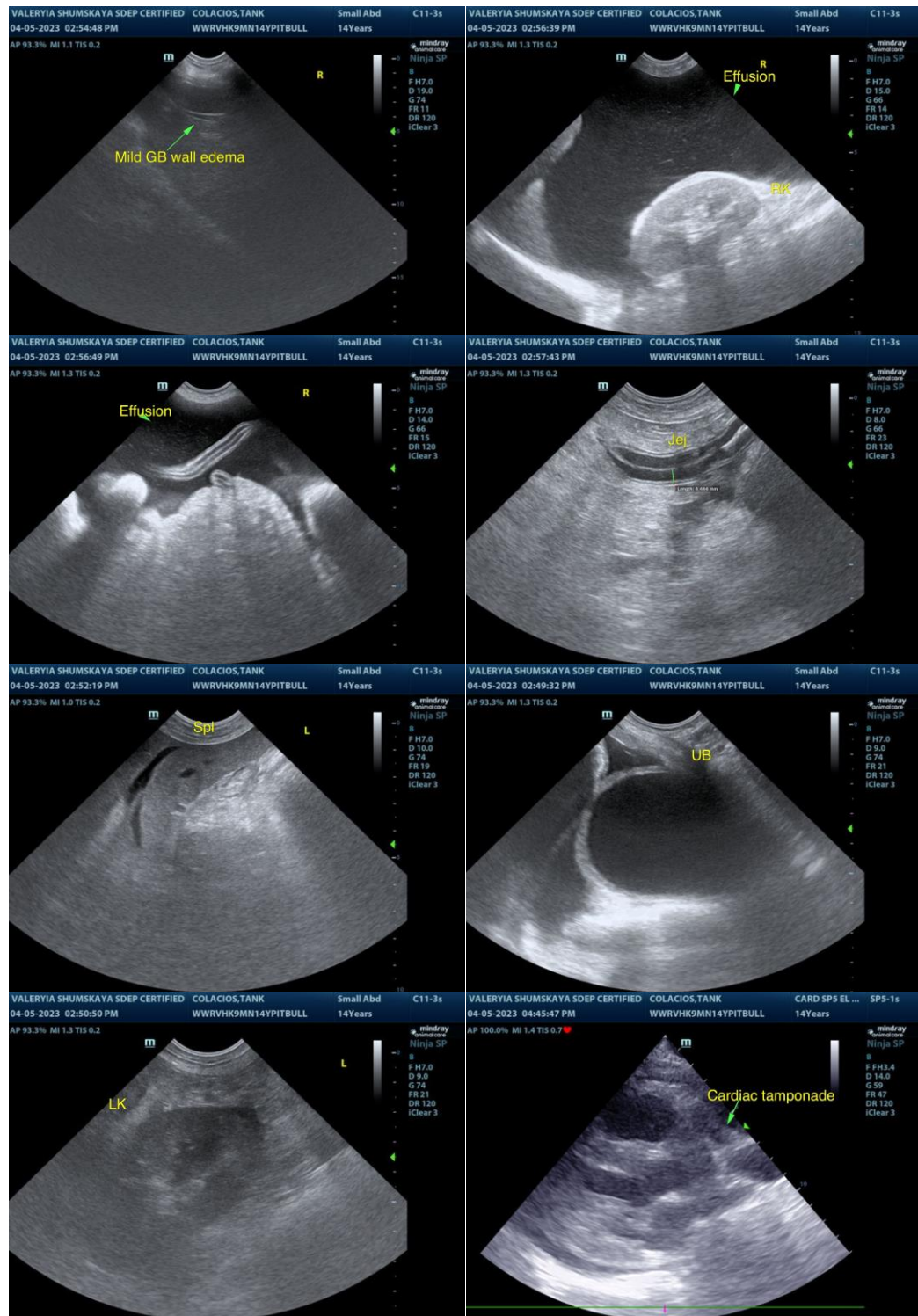
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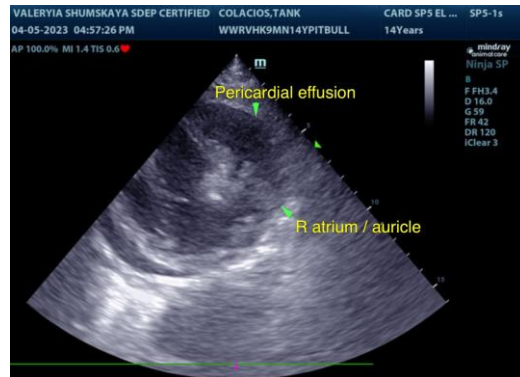
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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