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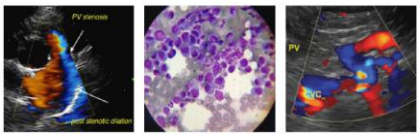

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Oakley Hollis

SPECIES

Canine

BREED

Dachshund

SEX

MN

AGE

8 years

WEIGHT

17 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Meineka

INVOICE

13928

DATE

5/24/22

PRESENTING CLINICAL SIGNS

Owner noticed pale gums and abdominal distension approximately 2 weeks ago. Presented to emergency clinic 5-20-22 where radiographs revealed severe ascites, thorax unremarkable, CBC all within normal limits, Hct 43%, ALT 182, ALP 274, otherwise normal. Stable during his stay so emergent ultrasound and internal medicine work up was not offered. Started on denamarin and 12.5 mg furosemide BID. Presented to our clinic 5-23-22 uncomfortable but still eating and drinking well, wagging tail and acting normal but abdomen severely distended. Abdominocentesis removed 1 L red/yellow clear fluid. Rads revealed loss of detail in cranial abdomen. Abdomen has seemed to fill back up with fluid after draining 1 L yesterday.
Abnormal PE/Chem/CBC/UA Results: Rads revealed loss of detail in cranial abdomen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1.0 cm exhibited normal thickness and tone. Mild, nondependent, particulate sediment, likely consistent with mild cellular debris / protein or crystalline debris, was present. 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 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 4.9 cm in length. The right kidney measured 5.1 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 0.43 cm width at the caudal pole and 0.36 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 0.37 cm width at the caudal 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. Normal splenic vascularity was present. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. No overt evidence of splenic neoplastic criteria was noted.

Liver/ Gallbladder

The liver was mildly enlarged with mild generalized echogenic to nonuniform hepatic parenchyma. Areas of mild asymmetrical hepatic contour were present. No distinct masses or nodules were noted.

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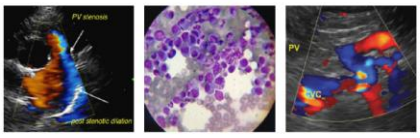

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No overt evidence of significant hepatic congestion was noted. The gallbladder was mildly subnormal in size, likely owing to the presence of gastric ingesta. The gallbladder contained primarily anechoic content with very minor particulate sludge. The gallbladder walls were mildly prominent to echogenic, measuring 0.16 cm width. 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 contained mild to moderate ingesta exhibiting subtle progressive distal acoustic shadowing. The ventral gastric body wall width measured 0.42 cm.

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. The duodenum wall width measured 0.36 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen, without evidence of nonformed feces or diarrhea.

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 volume primarily anechoic peritoneal effusion exhibiting subjective mild cellular component was present. Generalized reactive mesentery was present. No overt lymphadenopathy or omental masses were noted.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting mild nonuniform parenchyma and areas of asymmetrical contour
- Possible mild cholecystitis
- Moderate volume peritoneal free fluid exhibiting subjective mild cellular component, generalized reactive mesentery
- Overtly normal gastrointestinal tract with gastric ingesta - probable recent meal ingestion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the liver was nonspecific. Potential considerations may include vacuolar hepatopathy, nonobstructive cholestasis, inflammatory / immune mediated disease, early fibrosis, neoplasia, or other hepatopathy. Subjectively, the liver did not appear to be end-stage and without overt evidence of congestive criteria. Correlation with pending hepatic cytology is suggested.

Submission of abdominal free fluid for analysis, cytospin cytology +/- culture and sensitivity is suggested if not done. Fasting and post prandial bile acids could be considered for assessment of hepatic functionality, yet hepatic function would be suspected to be adequate if normal albumin, glucose, cholesterol, and BUN levels. Although thoracic radiographs were unremarkable, brief or full

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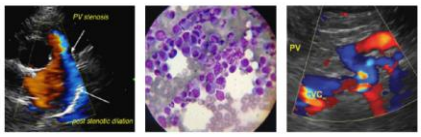

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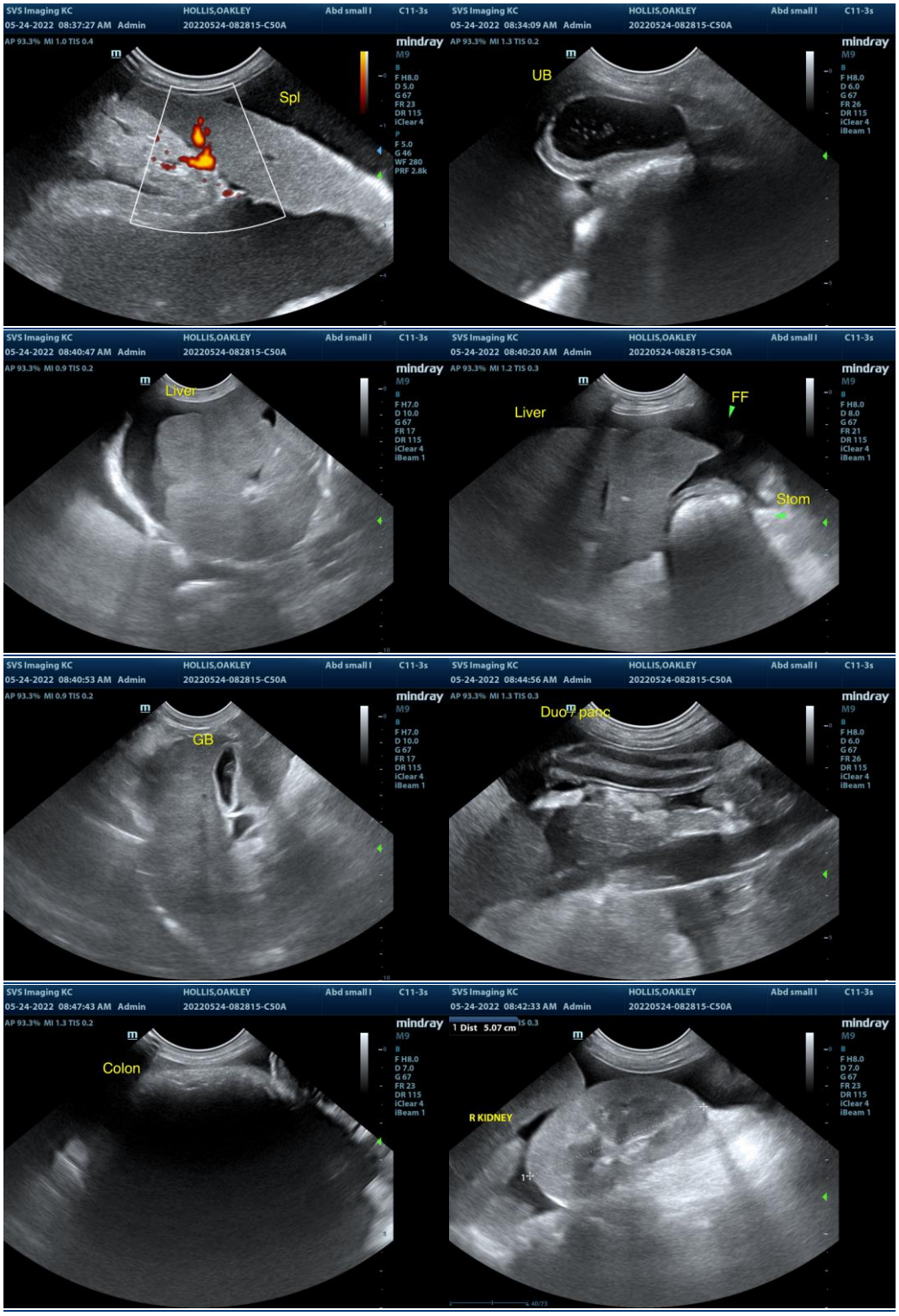
echocardiogram to rule out potential non-obvious cardiogenic component to the peritoneal free fluid could be considered if clinically indicated.



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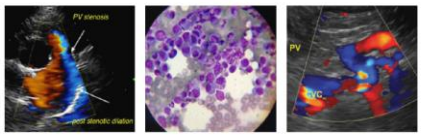

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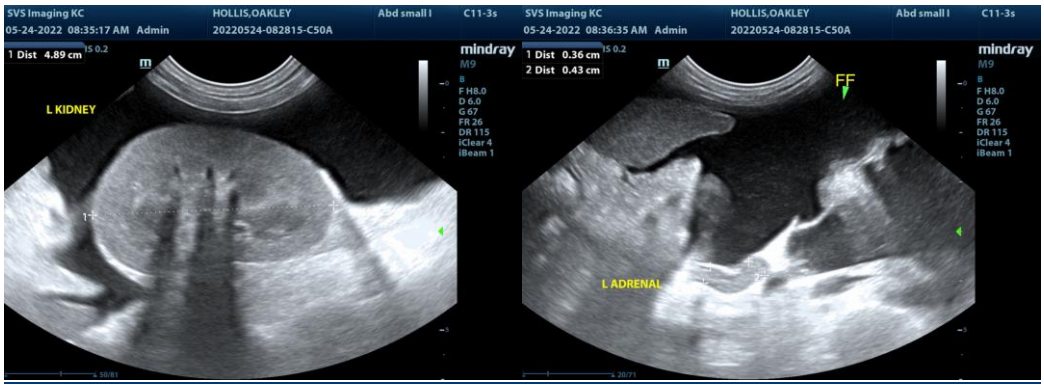

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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