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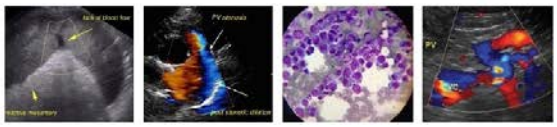

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Jax Pfeifer

SPECIES

Canine

BREED

Rottweiler

SEX

Neutered Male

AGE

6 Years

WEIGHT

101.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

St. Catharine's AH

REFERRING VET

Dr. Boctor

INVOICE

38895

DATE

6/20/22

PRESENTING CLINICAL SIGNS

Peritoneal effusion. Hepatomegaly as shown on xrays. Has been on Baytril.
Abnormal PE/Chem/CBC/UA Results: ALP 618(0-140) GGT 26(0-14) TP 50(55-76) Globulins 18g/L, WBC 20.1(6-17). Rare cocci on Urinalysis and Sp. Grav 1.006

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

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 7.1 cm. The right kidney measured 7.0 cm.

Adrenal Glands

The adrenal glands were not definitively visualized owing to increased periadrenal omental artifact and patient size.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. No splenic masses or nodules noted. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

Generalized hepatomegaly noted with heterogeneous to irregular, diffusely nodular parenchyma. Example of hepatic parenchymal nodule measured 2.5 cm in diameter. Some of the nodules appeared to distort the associated to regional hepatic capsule. The liver appeared to extend caudally passed the level of the gastric axis. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. Minimal mildly hyperechoic luminal debris present. No overt evidence of peripheral gallbladder inflammation. 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.

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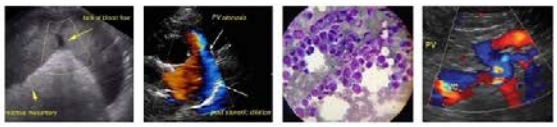

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Pancreas

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 was evident.

Free Abdomen

Mild to moderate volume peritoneal to mild perihepatic free fluid noted, primarily in the right abdomen, exhibiting mild echogenic changes. Non-uniform, hyperechoic, primarily perihepatic to cranial abdominal mesentery noted. No obvious evidence of significant lymphadenopathy, although potential for cranial mesenteric lymphadenopathy cannot be definitively excluded.

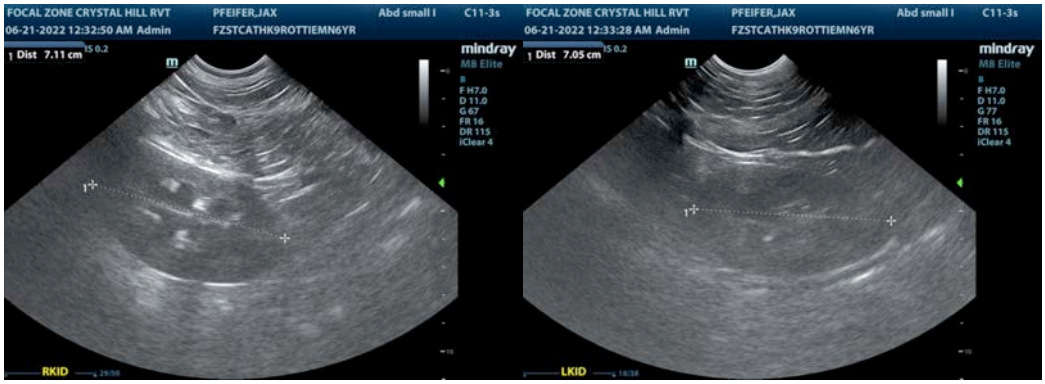
ULTRASONOGRAPHIC FINDINGS

- Asymmetrical hepatomegaly exhibiting severely heterogeneous, irregular to nodular parenchyma.
- Minor gallbladder debris – not clinically significant.
- Overtly normal spleen.
- Mild to moderate volume perihepatic to peritoneal free fluid.
- Regional perihepatic, non-uniformly hyperechoic mesentery.
- Sonographically unremarkable bilateral kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the liver was non-specific with potential considerations including severe vacuolar hepatopathy, chronic inflammatory/immune mediate disease, potentially progressing to cirrhosis, fibrosis, nodular hyperplasia, hematopoiesis, or other hepatopathy. However, although sampling is required for further assessment, primary concern for diffuse hepatic infiltrative neoplasia is warranted.

If intraabdominal hemorrhage or hemoabdomen is confirmed, this is most likely secondary to hepatic pathology, and could indicate hepatic hemangiosarcoma or similar. Assuming normal clotting, ultrasound guided FNA of the liver +/- effusion analysis, cytology and/or culture and sensitivity, if evidence of inflammatory cells, warranted for further assessment. However, the liver appears to be non-surgical. 3-view chest radiographs suggested, if not done. Very guarded to likely unfavorable long-term prognosis indicated.



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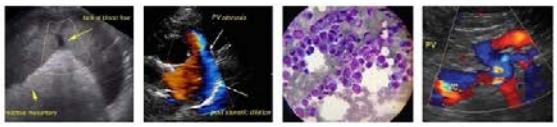

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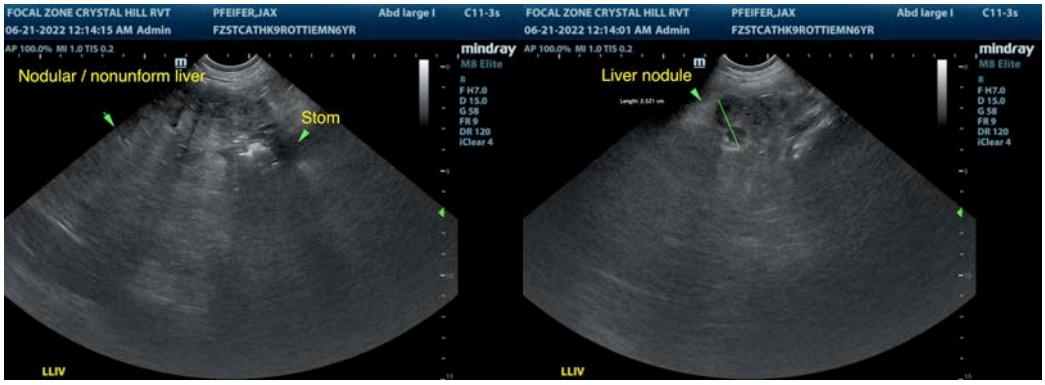

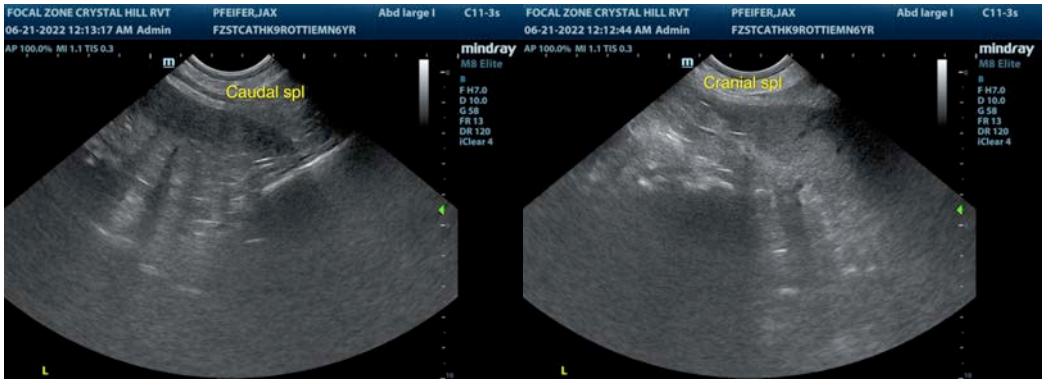

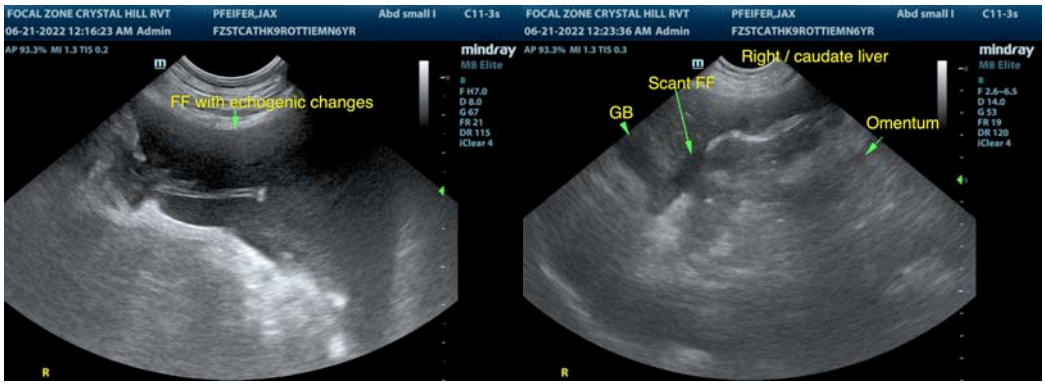

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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