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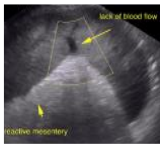
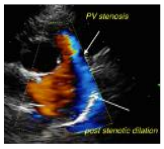
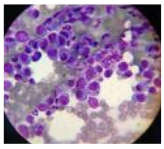
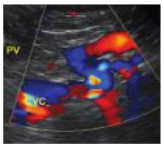

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1-800-838-4268 info@sonopath.com

PATIENT

Deacon Holland

SPECIES

Canine

BREED

Cane Corso

SEX

Intact Male

AGE

5 Months

WEIGHT

82 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Bednar

INVOICE

16260

DATE

6/24/22

PRESENTING CLINICAL SIGNS

History: pulmonary edema and ascites due to heart failure
Abnormal PE/Chem/CBC/UA Results: anemia, ALT 114, GGT 3

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 were noted. Aortic trifurcation was normal.

The prostate exhibited normal presentation for an intact male puppy.

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. Minor nonspecific pyelectasia was present in the left kidney. The left kidney measured 8.0 cm in length. The right kidney measured 8.6 cm in length.

Adrenal Glands

Both adrenal glands exhibited mild subjective subnormal size given the patient size and body weight, which is a nonspecific finding, potential patient variant. The left adrenal gland measured 2.9 cm x 0.52 cm width at the caudal pole. The right adrenal gland measured 2.6 cm x 0.29 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

Transdiaphragmatic view revealed moderate comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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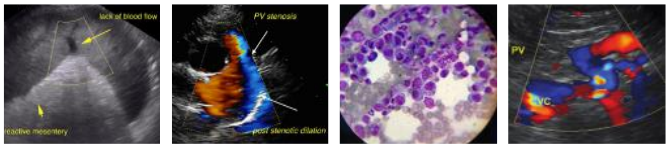

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained subtle to variably progressive echogenic distal acoustic shadowing ingesta, likely consistent with recent meal ingestion. No overt evidence of gastric 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.

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

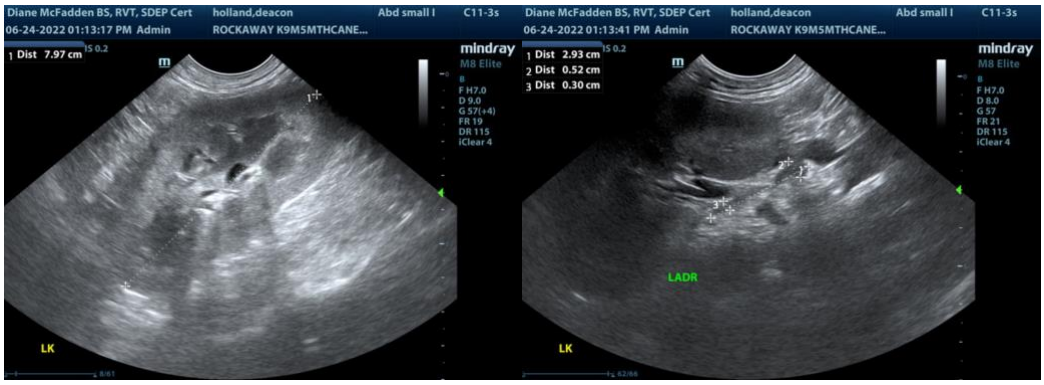
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal abdomen
- Transdiaphragmatic comet tail artifact
- Subjective subnormal bilateral adrenal glands- nonspecific

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pending echocardiographic assessment or if not done, three-view chest radiographs recommended to assess for thoracic pathology, i.e., pulmonary edema, primary pulmonary disease or other. Resting cortisol level could be considered given the subjective subnormal bilateral adrenal size, if clinically indicated.



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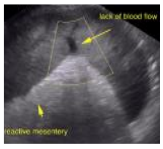
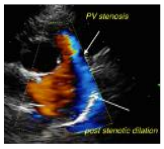
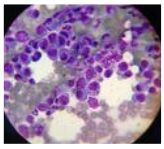
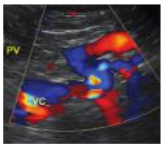

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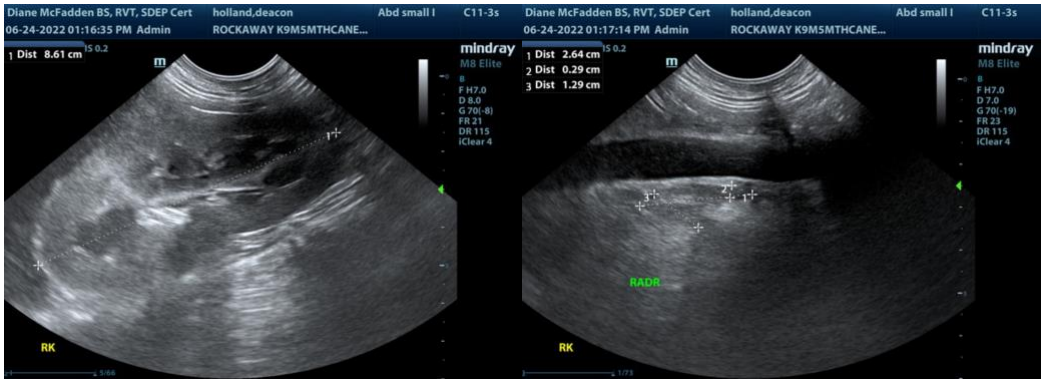

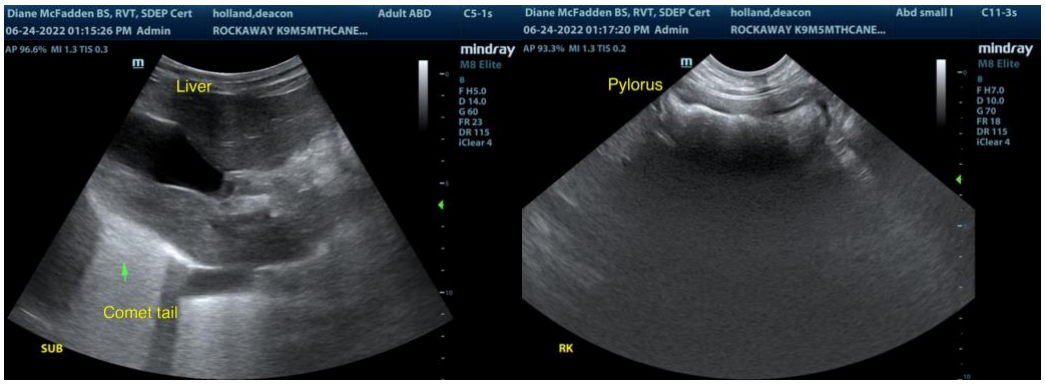

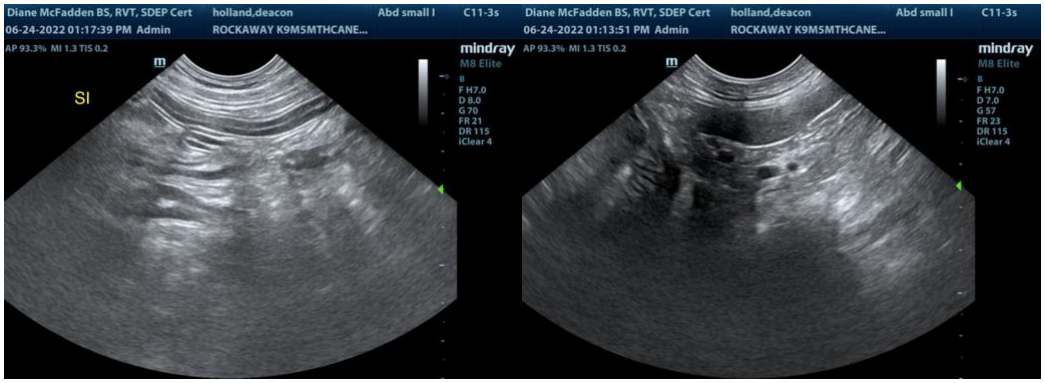

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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