



**PATIENT**

Bella Simon

**PRESENTING CLINICAL SIGNS**

2 day duration of anorexia; PU/PD; Normal activity; last heat cycle in June (lighter and abnormal compared to previous)

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Abdominal rads - ascites ALT - 622 EOS - 1.72 High protein straw colored transudate characterized by on-degenerate neutrophils

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

PitBull

**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.

**SEX**

FI

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 6.4 cm in length. The right kidney measured 7.4 cm in length.

**AGE**

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The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy or masses.

**WEIGHT**

74

The visualized probable uterus cranial to the urinary bladder exhibited overtly normal uterine wall layering. Mild anechoic lumen fluid was noted in the visualized caudal uterine segment without evidence of significant uterine distention.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Adrienne Waffle

**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.

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**Liver/Gallbladder**

**REFERRING VET**

Jeff Powers

The liver was mildly enlarged in size with significant asymmetrical capsule contour. Generalized severe non-homogenous/nodular parenchyma was present. No definitive hepatic mass. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and minor echogenic lumen sediment. Minor gallbladder wall edema was present. The cystic and common bile ducts were normal.

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**Gastrointestinal**

**DATE**

08/14/2023



**PATIENT**

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained anechoic fluid with no signs of ileus, obstruction or foreign material.

**SPECIES**

Canine

The visualized 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**

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The pancreas was not definitively visualized owing to displacement secondary to peritoneal effusion or increased peripancreatic omental artefact.

**Free Abdomen**

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No omental masses or overt lymphadenopathy was present.

Moderate to severe peritoneal effusion exhibiting mild echogenic changes suggestive of cellularity.

Generalized uniform hyperechoic omentum was present.

**AGE**

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**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

74

- Severely irregular/nodular liver-consistent with advanced chronic hepatopathy, considerations include chronic to chronic active hepatitis, vacuolar hepatopathy, hematopoiesis, hyperplasia, fibrosis/cirrhosis or other hepatopathy possible. Neoplastic criteria considered less likely.
- Non-distended gallbladder with mild wall edema-potential secondary to portal hypertension assuming normal ALB level.
- Sonographically unremarkable visualized GI tract.
- Mild fluid dilated visible caudal uterus.
- Moderate to severe volume mildly echogenic peritoneal effusion.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The primary finding in this study is significant possible emerging end stage hepatopathy given the sonographic appearance and clinical signs. Abdominocentesis for cytology of the peritoneal effusion and culture of the fluid can be considered if inflammatory elements are noted. Hepatic sampling would be required for further clarification.

**IMAGING PERFORMED BY**

Adrienne Waffle

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Potential for emerging pyometra cannot be definitively excluded although the mild uterine fluid distention did not overtly meet classic pyometra criteria. As needed GI support and bile acid testing to assess hepatic function is recommended.

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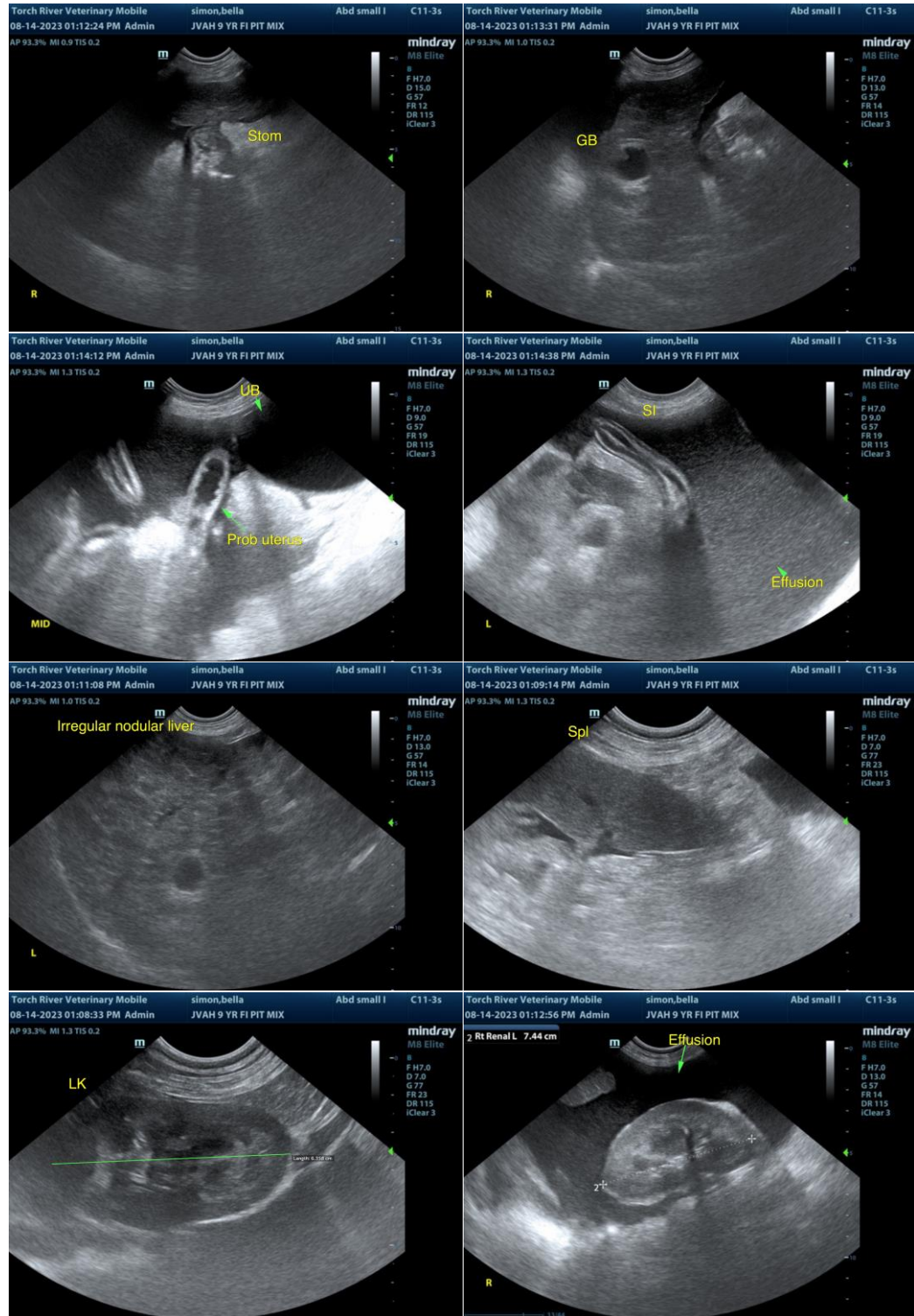
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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.

**BREED**

PitBull

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