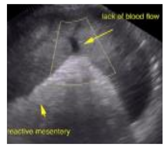
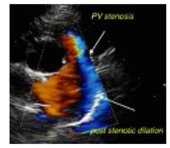
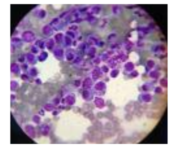
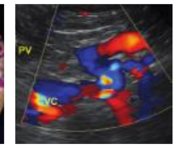
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Eunbi Hong

SPECIES
Canine

BREED
Maltese

SEX
FS

AGE
10yr

WEIGHT
9.6

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

IMAGING PERFORMED BY
Dr. Cathy Chun

HOSPITAL NAME
Ridgefield Park Animal Hospital

REFERRING VET
Dr. Cathy Chun

INVOICE
14644ag

DATE
08/18/2023

PRESENTING CLINICAL SIGNS

The patient presented to the hospital after acutely collapsing at home, difficulty breathing, lethargy, pale gums, and has not been eating or drinking for 2 days. The patient has liver neoplasia, and upon ultrasound, there is suspected abdominocentesis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.4 cm in length.

The area of the aortic trifurcation was 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.

Spleen

The spleen was indistinctly visualized with normal to possibly subnormal size suggestive of volume contraction.

Liver/Gallbladder

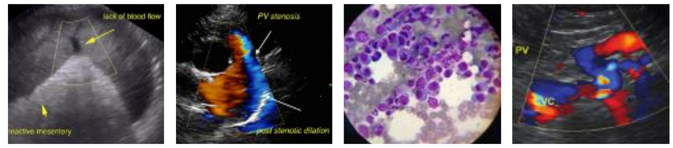
The liver was subjectively enlarged in size with rounded symmetrical contour and generalized non-homogenous parenchyma. Prominent hepatic vasculature within the mid liver was present. The gallbladder was non-distended in size. The gallbladder wall was thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis. 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 minor retained anechoic fluid with no signs of ileus, obstruction or foreign material.

The visualized small intestine presented generalized intact wall layering with possible prominent intestinal mucosal layer with non-specific segmental hyperechoic mucosal speckling.

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



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

PATIENT

Eunbi Hong

SPECIES

Canine

BREED

Maltese

SEX

FS

AGE

10yr

WEIGHT

9.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Cathy Chun

HOSPITAL NAME

Ridgefield Park Animal Hospital

REFERRING VET

Dr. Cathy Chun

INVOICE

14644ag

DATE

08/18/2023

Pancreas

The pancreas exhibited mild prominent size with mild capsule asymmetry and non-homogenous parenchyma.

Free Abdomen

No omental masses or overt lymphadenopathy was present.

Mild to moderate volume anechoic ascites was present with increased omental echogenicity.

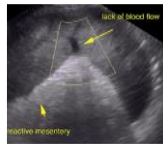
ULTRASONOGRAPHIC FINDINGS

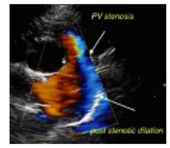
- Enlarged non-homogenous liver-subjective mild hepatic vasculature congestion.
- Mild gallbladder wall edema.
- Mild to moderate ascites.
- Prominent heterogenous pancreas- patient/ age related variant, pancreatic edema or mild to chronic pancreatitis possible.
- Non-specific small intestinal mucosal speckling.
- Bilateral chronic renal changes.

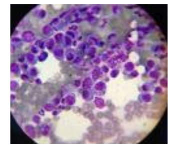
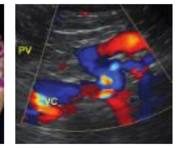
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic presentation including evidence of hepatic congestion in conjunction with ascites and reported collapse may suggest intrathoracic or cardiac pathology i.e., pericardial effusion, cardiomegaly or similar. Three view chest radiographs and echocardiogram if evidence of cardiomegaly are recommended if not done to assess for occult thoracic pathology.

Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation which may allude to potential pancreatitis is recommended. Assuming normal clotting status, a hepatic FNA for screening cytology as well as abdominocentesis for effusion analysis cytology is warranted for further assessment if clinically indicated.





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

PATIENT

Eunbi Hong

SPECIES

Canine

BREED

Maltese

SEX

FS

AGE

10yr

WEIGHT

9.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Cathy Chun

HOSPITAL NAME

Ridgefield Park Animal Hospital

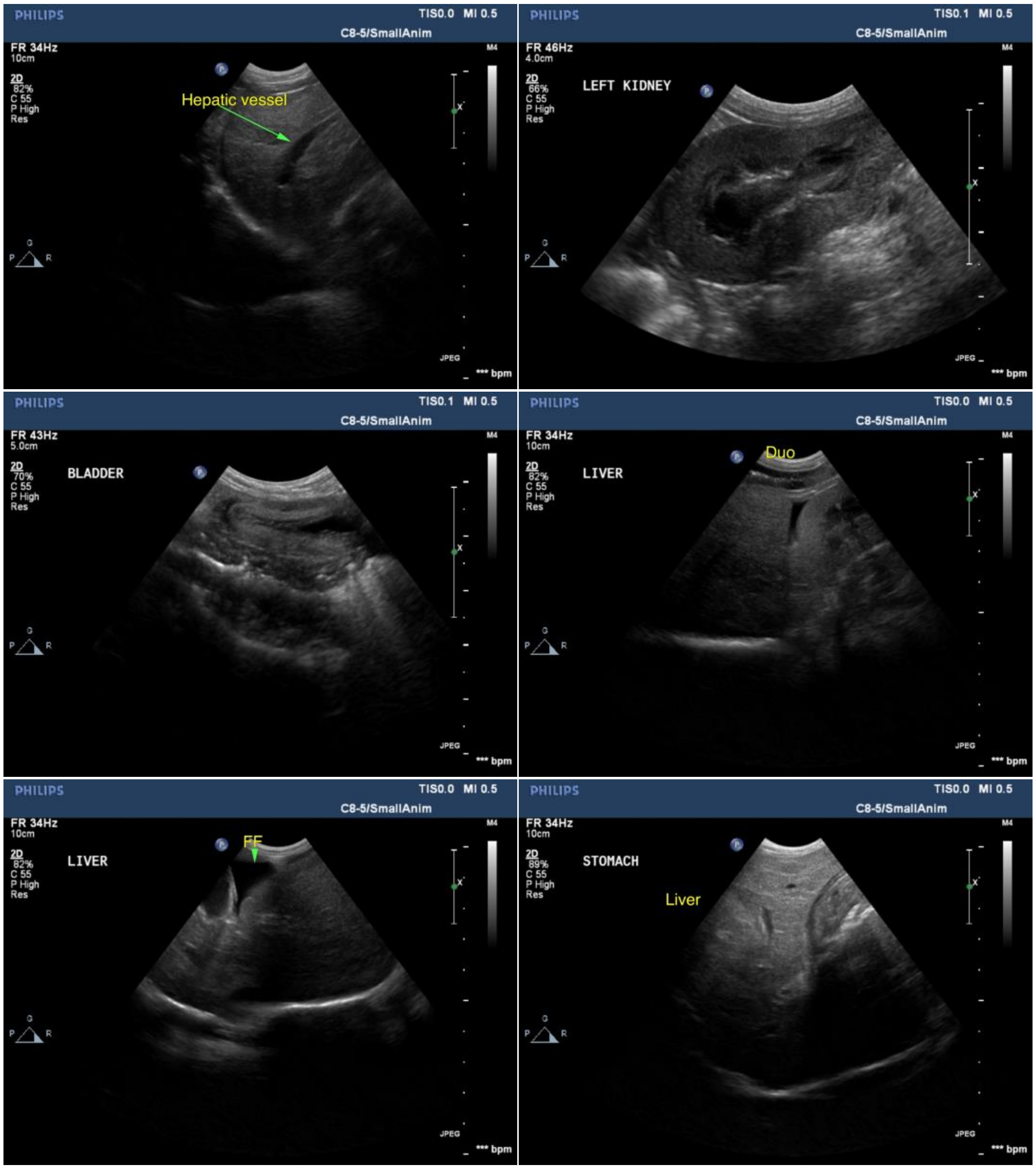
REFERRING VET

Dr. Cathy Chun

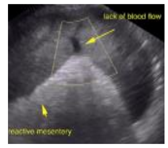
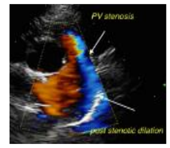
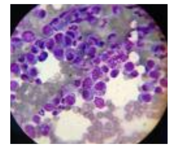
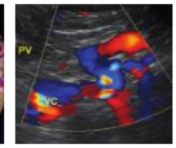
INVOICE

14644ag

DATE
08/18/2023



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Eunbi Hong

SPECIES

Canine

BREED

Maltese

SEX

FS

AGE

10yr

WEIGHT

9.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Cathy Chun

HOSPITAL NAME

Ridgefield Park Animal Hospital

REFERRING VET

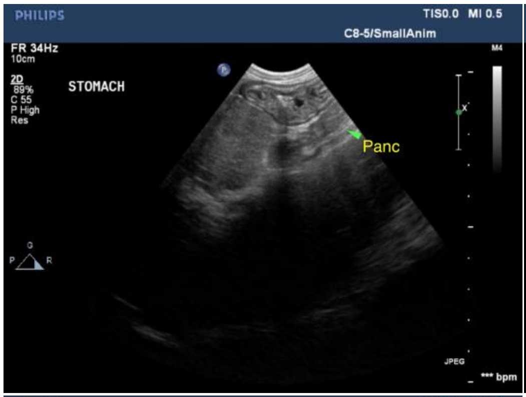
Dr. Cathy Chun

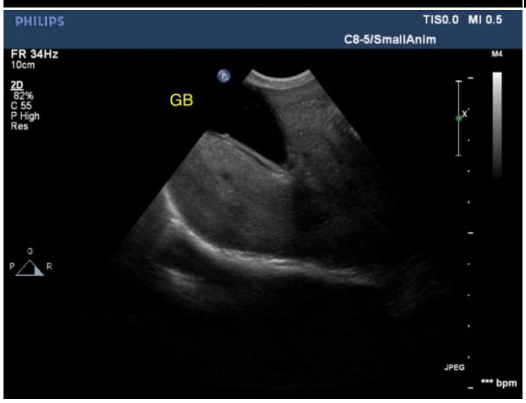
INVOICE

14644ag

DATE

08/18/2023





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