

PATIENT PRESENTING CLINICAL SIGNS

Bongo Indell

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

FS

AGE

14 Years

WEIGHT

22.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

West Eugene Animal
Hospital

REFERRING VET

Dr Sundholm

INVOICE

47060

DATE

8-20-21

Bongo presented for a 1 week history of distended abdomen. She has been BAR, good appetite, no cough. She has a history of a grade 6/6 heart murmur and possible syncope episodes, which improved since starting Pimobendan in June 2021. On exam Bongo had a moderately distended abdomen with a palpable fluid wave. Organomegaly was difficult to discern. Crackles were auscultated in the R lung field. She was slightly tachypneic and slightly tachycardic. Normal temp. MM pk/moist. Current Medications Pimobendan 2.5 mg BID Radiographic Findings attached Primary Question/Differential to Be Answered in This Exam r/o causes of ascites, primary dfdx are R sided CHF vs neoplasia Abnormal PE/Chem/CBC/UA Results: CBC/CHEM 8/19/21 - WNL except mild increase in ALP (203)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination was 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 4.6 cm in length. The right kidney measured 4.75 cm in length.

Adrenal Glands

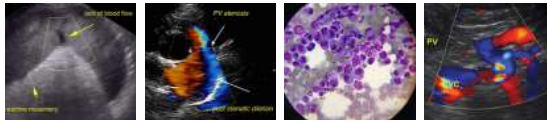
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma.

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. 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. No splenic masses or nodules were noted.

Liver

The liver presented enlarged in size with symmetrical yet swollen contour. The parenchyma exhibited conserved uniform parenchyma with normal echogenicity isoechoic to the spleen and falciform fat. The hepatic vasculature was dilated in appearance, most notable at the level of the hepatic vein / caudal vena cava junction, without evidence of thrombosis. Dilation of the cranial abdominal caudal vena cava at the level of the liver and diaphragm was present without evidence of thrombosis. The cranial abdominal caudal vena cava measured 1.1 cm diameter.



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The gallbladder was non distended in size with mild echogenic, mildly congealed gallbladder debris primarily in the cranial lumen. The cystic duct and common bile ducts were normal without evidence of dilation.

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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 gastric body wall width measured 0.33 cm.

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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 jejunum wall width measured 0.37 cm.

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

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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.

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Free Abdomen

No evidence of lymphadenopathy was present.

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Moderate to significant mildly cellular free fluid was present as well as generalized mild uniform reactive mesentery.

ULTRASONOGRAPHIC FINDINGS

- Congestive hepatopathy.
- Cranial abdominal caudal vena cava dilation.
- Moderate to significant ascites.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The congestive hepatopathy pattern in combination with cranial abdominal caudal vena cava dilation, in light of the patient's history of heart disease, is consistent with cardiogenic ascites. Correlation with fluid analysis and recheck complete echocardiogram may be considered. Periodic to as needed prophylactic abdominocentesis may be required subjectively in addition to current Pimobendan, Lasix/spironolactone combination may be beneficial pending additional echocardiographic assessment. No evidence of intraabdominal neoplasia.

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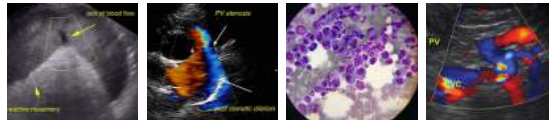
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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