



**PATIENT PRESENTING CLINICAL SIGNS**

Erin O'Brien Inappetant for 2 weeks, weight loss. Marked abdominal distension, suspicion of a cardiac murmur. Currently on Spironolactone.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Low Platelets 109(148-484) Low normal TP, Globulins and Chloride. Normal cardiac silhouette on rads. Abdominocentesis - straw colored, with sp grav of 1.026 and low cellularity, protein 3g/L. Bloodwork also revealed Basophilia and thrombocytopenia.

**BREED**

Dogue de Bordeaux X

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Spayed Female

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.

**AGE**

7 Years

Normal size and margination were present in the left kidney. 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 6.1 cm.

**WEIGHT**

48 kg

Normal size and margination were present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. Mild loss of corticomedullary border demarcation noted with probable thinly walled cyst containing anechoic fluid and mild to moderate pyelectasia. No evidence of pelvic dilation was present. The right kidney measured 8.2 cm.

**Adrenal Glands**

**INTERPRETED BY**

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

The adrenal glands were indistinctly visualized owing to patient conformation and regional omental artifact and presence of peritoneal free fluid. The left adrenal gland measured 2.8 cm length x 0.57 cm at the caudal pole. The right adrenal gland measured 2.6 cm length x 0.87 cm at the caudal pole.

**Spleen**

**IMAGING PERFORMED BY**

Crystal Hill

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.

**HOSPITAL NAME**

Queensway AH

**Liver**

**REFERRING VET**

Dr. Bilinsky

The liver was subjectively normal in size with mild asymmetrical contour. Generalized non-uniform to mildly echogenic hepatic parenchyma noted with multifocal, variably sized, hypoechoic nodules. Example of liver nodule measured 2.7 cm diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**INVOICE**

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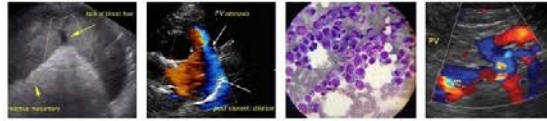
The stomach presented intact wall layering with a normal wall layer ratio. Minor retained echogenic ingesta present. Gastric body wall measured 0.66 cm.

**DATE**

8/30/21

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. Jejunum wall measured 0.44 cm.

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



**PATIENT** *Pancreas*

Erin O'Brien 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.

**SPECIES** *Heart*

Canine Rapid view of the heart revealed no overt evidence of pericardial effusion with subjectively normal right heart.

**BREED** *ULTRASONOGRAPHIC FINDINGS*

Dogue de Bordeaux X

- SEX**
  - Non-uniform to nodular liver
  - Mild to moderate right kidney pyelectasia and probable cyst
  - Moderate peritoneal free fluid and mild generalized reactive mesentery

Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE** 7 Years  
**WEIGHT** 48 kg

Given the low total protein levels (assuming albumin levels >1.7), lack of evidence for right heart failure, and lack of additional abdominal visceral pathology, the effusion in this case is suspected to be owing to hepatic parenchymal disease and potential portal hypertension. The lack of reported hepatic enzyme elevations may indicated advanced to emerging end stage hepatic disease. Considerations may include chronic non-specific hepatitis, cirrhosis/fibrosis, neoplasia, or other. Correlation with fasting and post-prandial bile acids to assess hepatic functionality may be considered. Hepatic biopsies would be required for definitive diagnosis.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Queensway AH

**REFERRING VET**

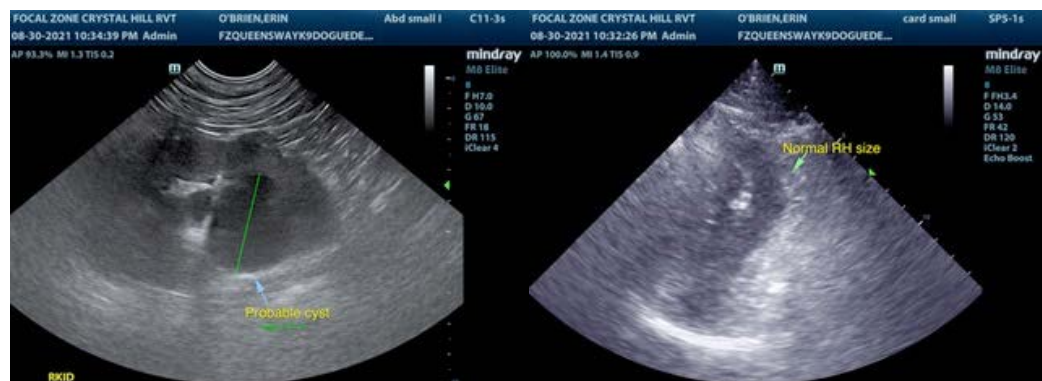
Dr. Bilinsky

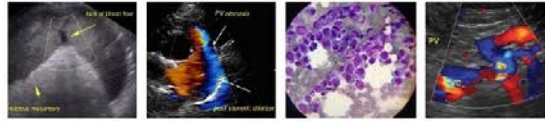
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**DATE**

8/30/21





**PATIENT**

Erin O'Brien

**SPECIES**

Canine

**BREED**

Dogue de Bordeaux X

**SEX**

Spayed Female

**AGE**

7 Years

**WEIGHT**

48 kg

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Feline)

**IMAGING  
PERFORMED BY**

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**HOSPITAL NAME**

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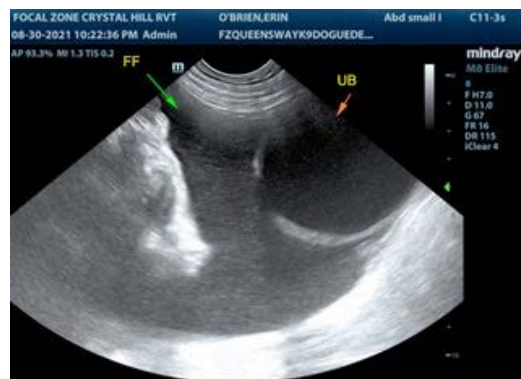
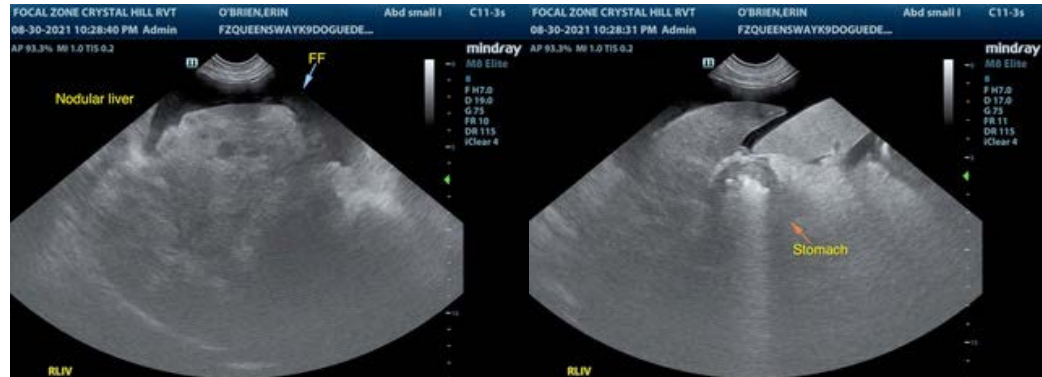
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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