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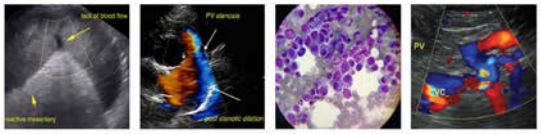

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Hazel Dillinger (Emp pet)

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

6 years

WEIGHT

72 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Littlestown VH

REFERRING VET

Dr. Holland

INVOICE

25064

DATE

8.30.2021

PRESENTING CLINICAL SIGNS

History: Owner noticed full abdomen, otherwise WNL, ~1500ml bloody fluid tapped from abdomen

CBC/Chem/Electrolytes pending.

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.

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 6.2 cm. The right kidney measured 6.6 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 cm at the cranial pole and 0.54 cm at the caudal pole.

No overt pathology in the area of the left adrenal gland, although not definitively visualized owing to regional omental artifact and peritoneal free fluid.

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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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 echogenic ingesta with progressive distal acoustic shadowing, most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

The small intestine exhibited subjective maintained 1:3 muscularis/mucosa ratio with segmental echogenic non-shadowing digesta/chyme.

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

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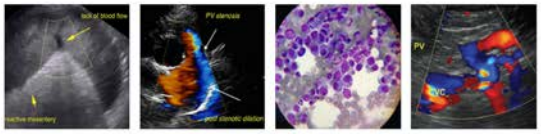

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Pancreas

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.

Free Abdomen

Moderate to marked subjectively cellular peritoneal free fluid was present. Generalized, mildly echogenic to non-uniform, subtly nodular omentum was present with intermittent, mildly prominent mesenteric lymphadenopathy. Example of mesenteric lymph node measured 0.76 cm in diameter.

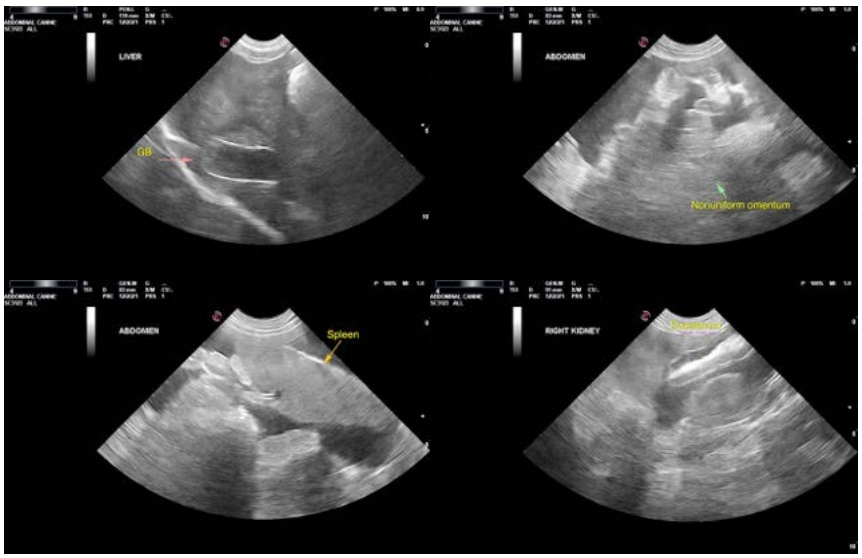
ULTRASONOGRAPHIC FINDINGS

- Significant cellular peritoneal effusion
- Non-uniformly echogenic to subtly nodular generalized omentum with intermittent, mild mesenteric lymphadenopathy
- Gastrointestinal ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal ingesta is suspected to correlate with post-prandial presentation. Assessment of most recent meal ingestion is recommended. If documented NPO, some degree of gastrointestinal hypomotility or stasis may be possible. General considerations for the peritoneal free fluid may include non-septic (modified transudate owing to increased vascular permeability and decreased hydrostatic pressure), septic effusion, with potential for neoplastic effusion (i.e., carcinomatosis, lymphomatosis or similar).

Recommend abdominocentesis, rapid cytospin, and slide preparation of the sediment to conserve integrity of the cells +/- culture and sensitivity if evidence of inflammatory cells is present. No overt evidence of passive hepatic congestion or other diffuse hepatic disease, intestinal perforation or other mural pathology that would be overtly responsible for an effusion of this nature. Correlation with pending albumin levels suggested. If evidence of hemorrhagic effusion, coagulation panel +/- exploratory laparotomy may be indicated. If not done, 3-view chest radiographs are recommended to assess for concurrent thoracic pathology as well as assessment of cardiopulmonary status.



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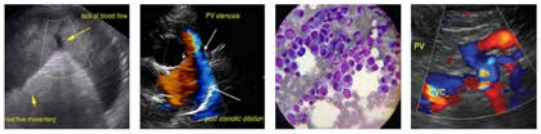

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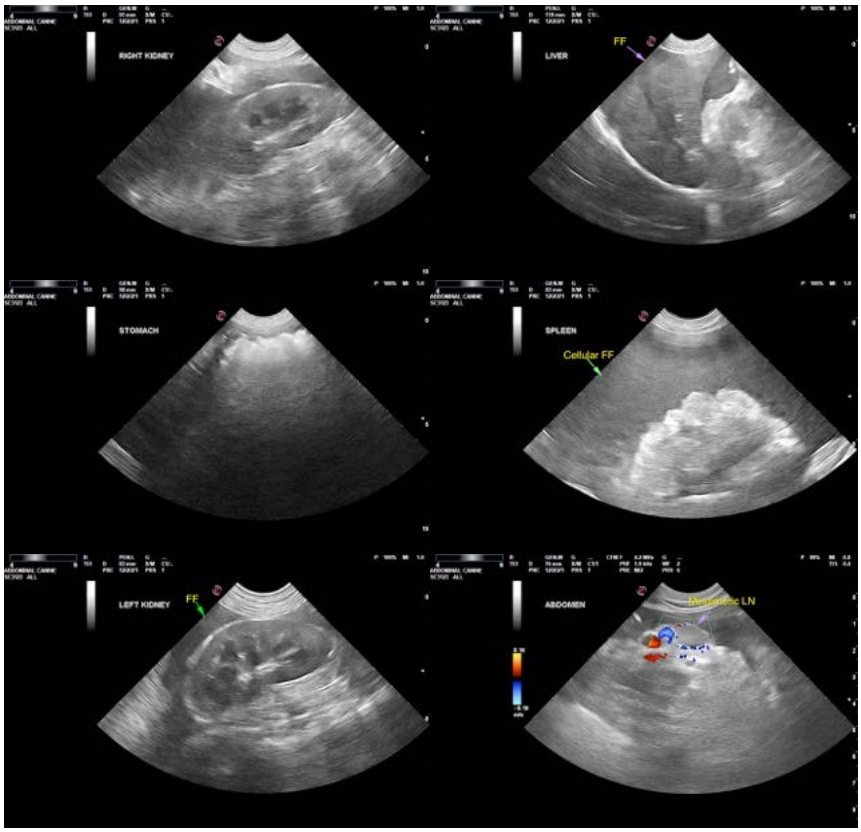

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com