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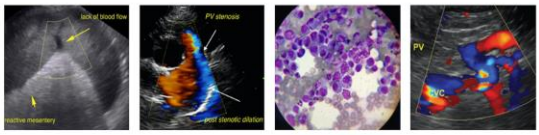

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Lilly Papson

SPECIES

Canine

BREED

Dachsund

SEX

FS

AGE

2009

WEIGHT

19

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Mill Pond VC

REFERRING VET

Dr. Thayer

INVOICE

14801

DATE

9/1/22

PRESENTING CLINICAL SIGNS

Diarrhea, distended abdomen, heart murmur Metronidazole

ALP 440, Albumin 3.2, Na/K ratio 24, Precision PSL 111, WBC 15.8 with mild neutrophilia and monocytosis

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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal size 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Areas of focal asymmetrical renal margination, consistent with cortical infarcts, were present in the kidneys. Small thinly-walled cortical cysts were present in the kidneys. No evidence of pelvic dilation was present. The left kidney measured 4.1 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.6 cm length x 0.55 cm width at the caudal pole. The right adrenal gland measured 1.8 cm length x 0.43 cm width at the caudal pole. No evidence of adrenal tumors was noted.

Spleen

The spleen was normal to possibly subnormal in size potentially owing to volume contraction. Mild splenic parenchyma heterogeneity was noted with no masses or nodules. Subjective maintained symmetrical splenic capsule contour was noted.

Liver/ Gallbladder

The liver exhibited mild to possible moderate generalized enlargement with symmetrical to mildly rounded hepatic contour with overall normal hepatic parenchyma echogenicity exhibiting moderate coarse echotexture. Evidence of minor parenchymal remodeling was noted. Intermittent discrete to mildly hyperechoic intraparenchymal nodules were preset with an example measuring 1.0-2.0 cm in diameter. Subjectively prominent cranial abdominal caudal vena at the level of the liver and diaphragm was present. The gallbladder was non-distended in size containing moderate, nondependent, mildly hyperechoic gallbladder debris primarily in the caudal lumen and gallbladder neck lumen. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The common bile duct was normal.

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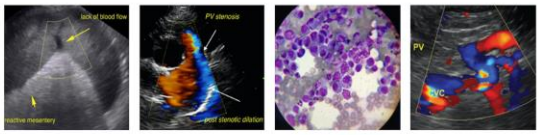

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Gastrointestinal

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 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 luminal gas and subjective semi formed fecal matter.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Moderate volume primarily anechoic free fluid was present. Generalized, primarily uniform, hyperechoic mesentery was noted. No evidence of overt lymphadenopathy was noted. No evidence of masses was noted.

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly exhibiting intermittent to nonspecific discrete to mildly hyperechoic intraparenchymal nodules, subjective mild hepatic congestion pattern
- Moderate chronic renal changes with cortical infarcts and intermittent small cortical cysts
- Moderate volume primarily anechoic peritoneal free fluid
- Sonographically unremarkable gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given normal albumin levels and without evidence of overt gastrointestinal mural pathology, i.e., PLE criteria or gastrointestinal masses, a definitive cause of the effusion was not obvious. However, subjectively, the liver exhibited some degree of subjective congestive criteria. Three-view chest radiographs to assess the cardiopulmonary status or ideally full echocardiogram to assess for or rule out cardiac disease as a primary or contributing factor to the peritoneal free fluid and subjective mild hepatic congestion pattern is recommended.

Additional assessment may include; peritoneal effusion analysis, cytology +/- C/S if evidence of Inflammatory cells.

Assuming normal clotting status screening hepatic parenchyma and nodule FNA if accessible are warranted for cytology. As-needed gastrointestinal supportive care is recommended.

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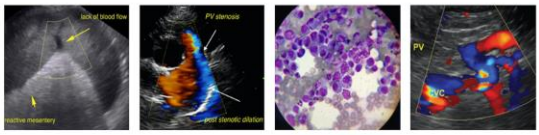

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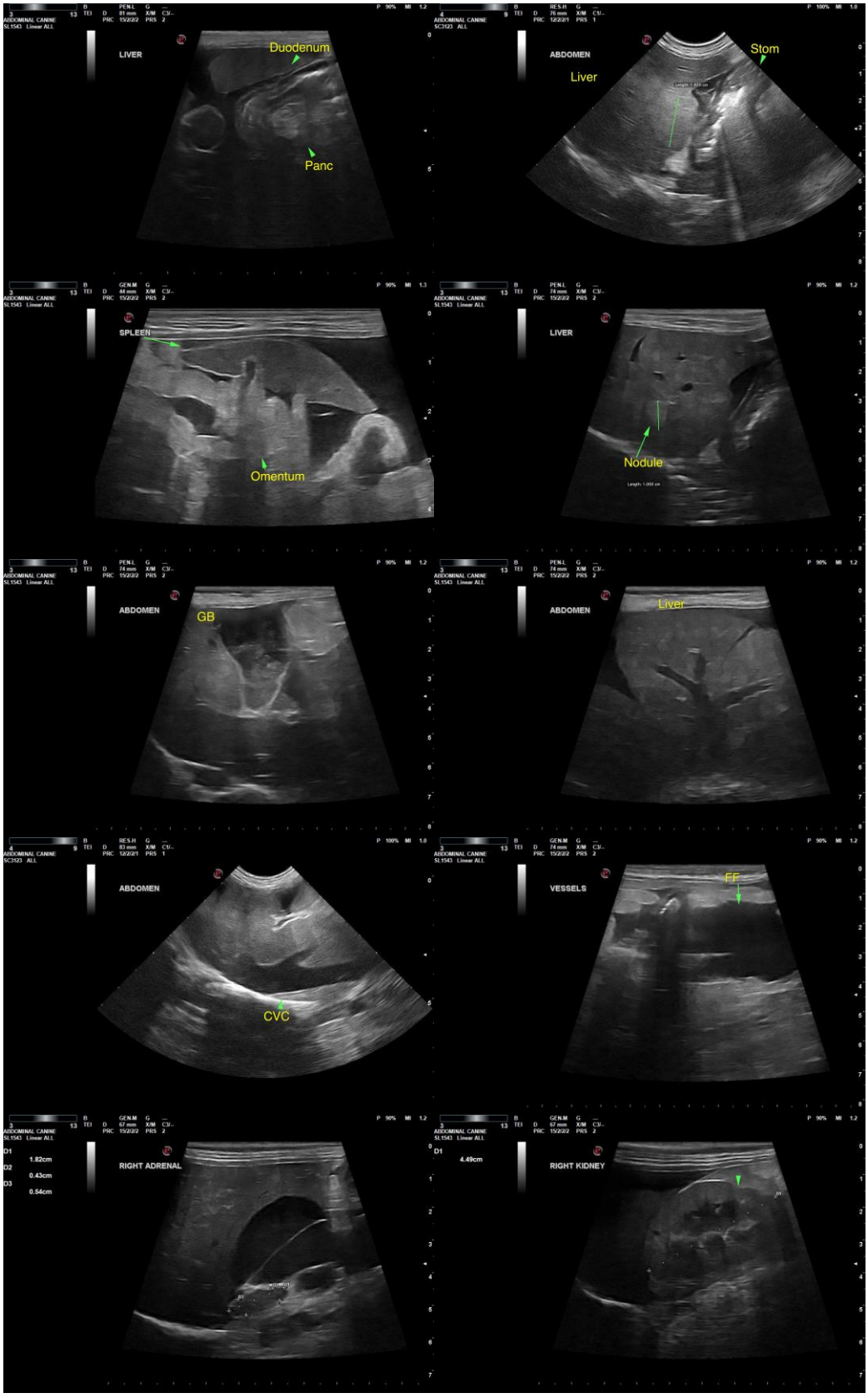

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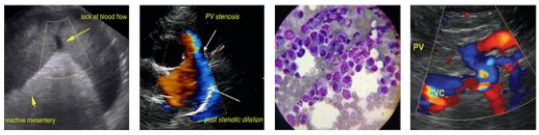

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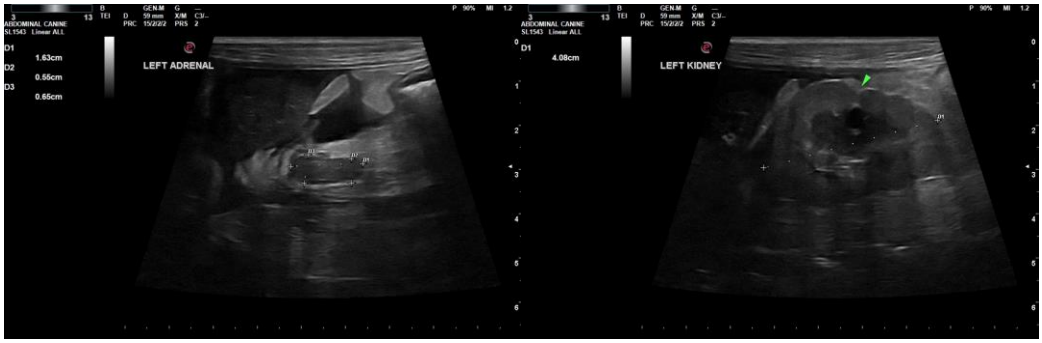

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com