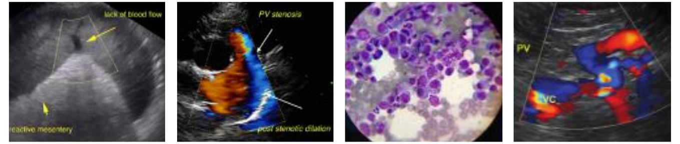


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Diesel Cantor

SPECIES

Canine

BREED

Doberman

SEX

M/N

AGE

13

WEIGHT

90.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens Animal Hospital

REFERRING VET

Dr. Sharkaway

INVOICE

17297

DATE

9-15-22

PRESENTING CLINICAL SIGNS

LETHARGY NOT ABLE TO STAN ON HIS HIND LIMBS ANOREXIA PU/PD ARRHYTHMIA
Abnormal PE/Chem/CBC/UA Results: BW- ELEVATED ALT , LEUKOCYTOSIS,NEUTROPHILIA
RADIOGRAPH- ALVEOLAR PATTERN + INTERSTITIAL PATTERN, MILD TO MODERATE IVDD L1-L2-L3
4DX-NEG

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

No overt pathology was noted in the area of the iliac 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 7.4 cm in length. The right kidney measured 7.6 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen was mildly subnormal in size with primarily maintained symmetrical capsule contour and subtle splenic parenchyma heterogeneity. No splenic masses or nodules were noted.

Liver/ Gallbladder

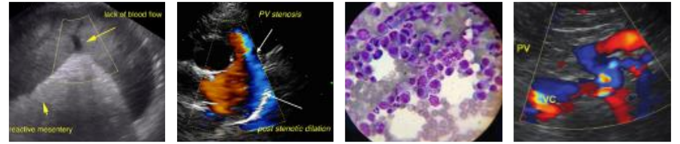
The liver revealed generalized enlargement, maintained symmetrical capsule contour and normal to mildly reduced hepatic parenchyma echogenicity. Subtle yet indistinct increased prominence of portal vascular borders was noted. Possible mild hepatic vein congestion, primarily at the level of the hepatic vein caudal vena cava junction was noted. Cranial abdominal caudal vena cava measured 1.7 cm in diameter.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal. No overt evidence of gallbladder wall edema.

Gastrointestinal

The stomach presented intact yet mildly prominent wall layering. The lumen of the stomach was empty with mild luminal gas. Potential for gastric wall edema is possible. No overt evidence of neoplastic criteria.

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.



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

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 were evident.

Free Abdomen

Moderate to significant volume, primarily anechoic free fluid was present. Generalized mild hyperechoic mesentery was noted. No overt lymphadenopathy or visualized omental masses.

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly, exhibiting possible congestion
- Moderate to significant volume ascites
- Mild volume contracted spleen
- Bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal effusion analysis, cytology, +/- culture and sensitivity, if evidence of inflammatory cells, is suggested. Ideally, given the arrythmia in this patient, full echocardiographic work up is suggested to assess for or rule out primary cardiomyopathy as a potential cause of cardiogenic hepatic congestion and secondary ascites. Screening hepatic FNA may also be considered, assuming normal clotting status, or if clinically indicated. Very guarded to potentially unfavorable prognosis is warranted.

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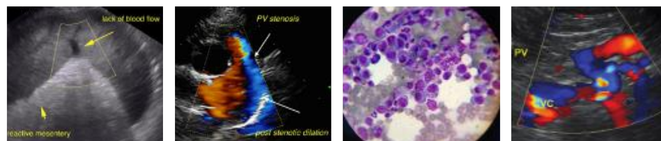
EDUCATIONAL TELECONSULTATION SERVICES™



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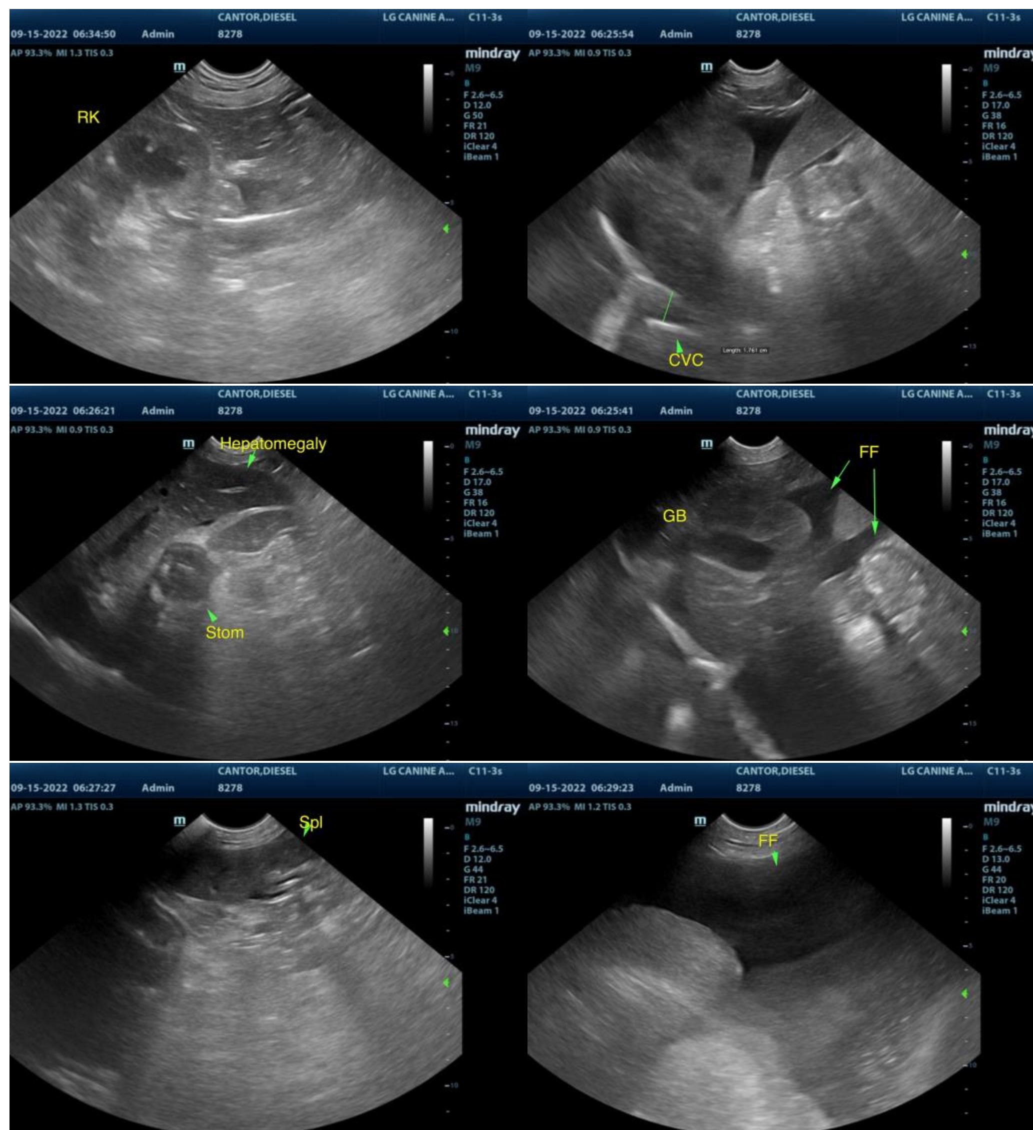

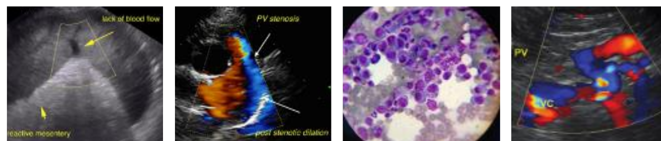

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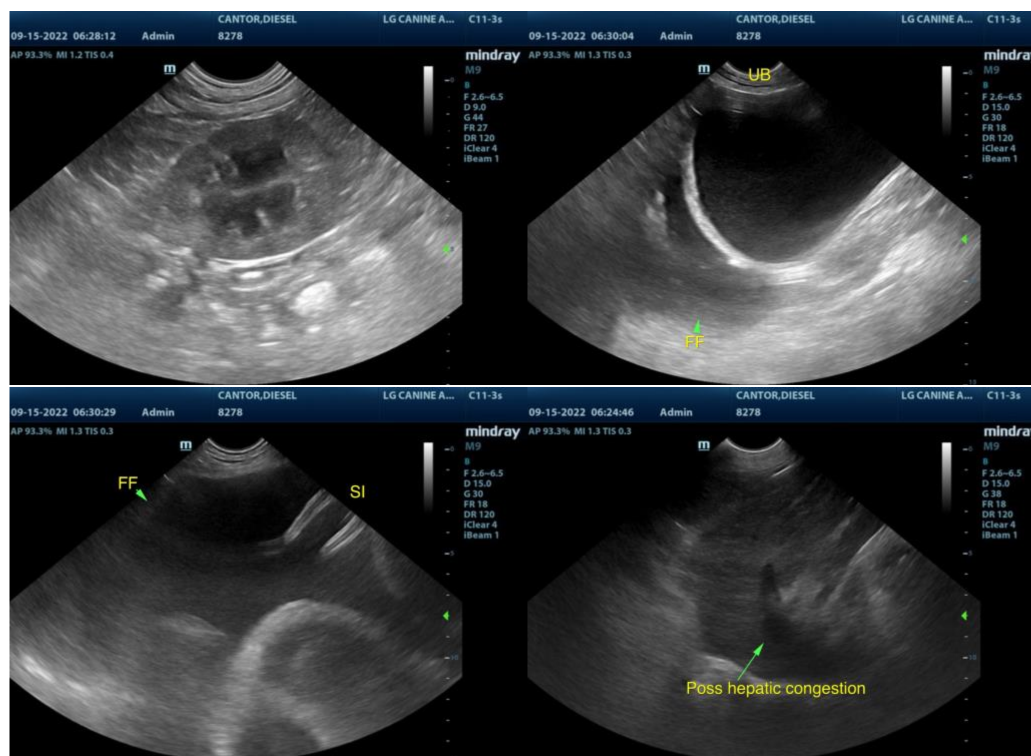

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com