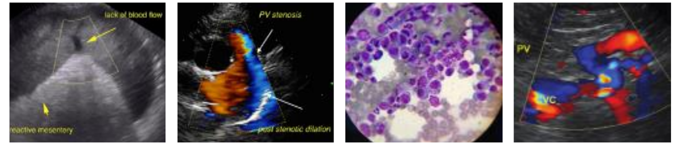
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Luna Swope

SPECIES
Canine

BREED
Lab Mix

SEX
FS

AGE
7.5yr

WEIGHT
21.4kg

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

IMAGING PERFORMED BY
Dr. DeCordon

HOSPITAL NAME
Mason Dixon Animal Emergency Hospital

REFERRING VET
Dr. DeCordon

INVOICE
11675ag

DATE
09/20/2022

PRESENTING CLINICAL SIGNS

O got home around 7 pm and separated P to feed her (per usual) - let her be for about 45 minutes. When O went back in, noticed P was lethargic and laying on her side. Took P outside to see if she would do anything and she did not, O tried to palpate abdomen and P tried to bite O - very unsual for her. P ate normally last night. U/D normally. Switched to Hill's science diet for sensitive skin. O'd got puppy back in May.

Abnormal PE/Chem/CBC/UA Results: TP-5.3 rest of chemistry was normal normal PT/PTT normal CBC

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART

Cardiac Presentation

The heart exhibited overtly normal left and right chamber size with subjective adequate left ventricle systolic function. No overt evidence of cardiac tumor was present. No evidence of left or right heart chamber enlargement or evidence of pericardial free fluid was observed. Moderate volume pleural effusion exhibiting subjective echogenic changes suggestive of effusion cellularity was present. Focal to generalized atypical lung exhibiting homogeneous to mildly non-homogeneous echogenicity including areas of air entrapment was present, an example measuring 6-7 cm in diameter.

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor non-dependent particulate 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 5.7 cm in length. The right kidney measured 5.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

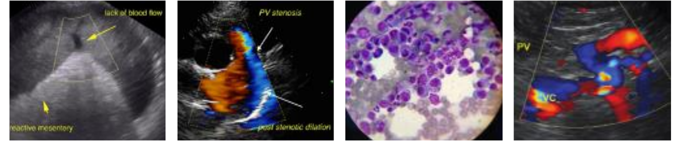
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

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 presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly



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coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with primarily anechoic luminal content and mild hyperechoic dependent non-organized debris. No evidence of gallbladder wall edema. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured 0.80 cm width. Mild gastric distension with mild to moderate retained anechoic fluid was present indicating potential for non-obstructive gastric hypomotility.

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 apparent formed feces in lumen.

Pancreas

Visualization of the pancreas was limited owing to increased peripancreatic omental artifact and peritoneal free fluid.

Free Abdomen

Generalized mild hyperechoic mesentery and moderate volume peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Non-congested liver
- Sonographically unremarkable spleen
- Mild hypomotile gastritis pattern-potential for gastric edema, sonographically unremarkable small bowel
- Overtly normal cardiac structure and function
- Atypical lung vs thoracopulmonary mass/lesion with areas of air entrapment
- Bicavitary effusion-subjectively non-cardiogenic

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The areas of atypical lung vs mass may indicate areas of lung consolidation, atelectasis, congestion, infection, neoplasia or other. Thoracoabdominocentesis for analysis +/- C/S if evidence of inflammatory cells is recommended. If accessible, an ultrasound guided FNA of the atypical lung/mass for screening cytology is warranted. Given this presentation thoracic and abdominal CT is likely ideal for further assessment if possible.

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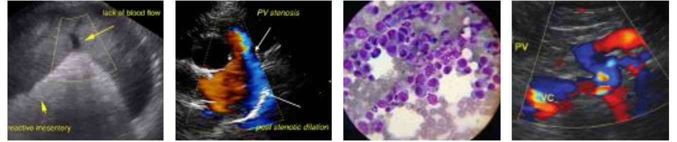

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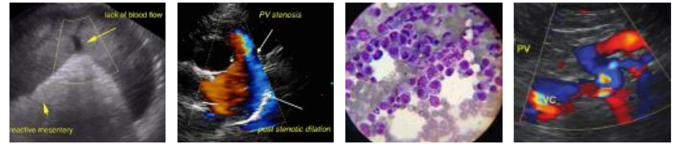

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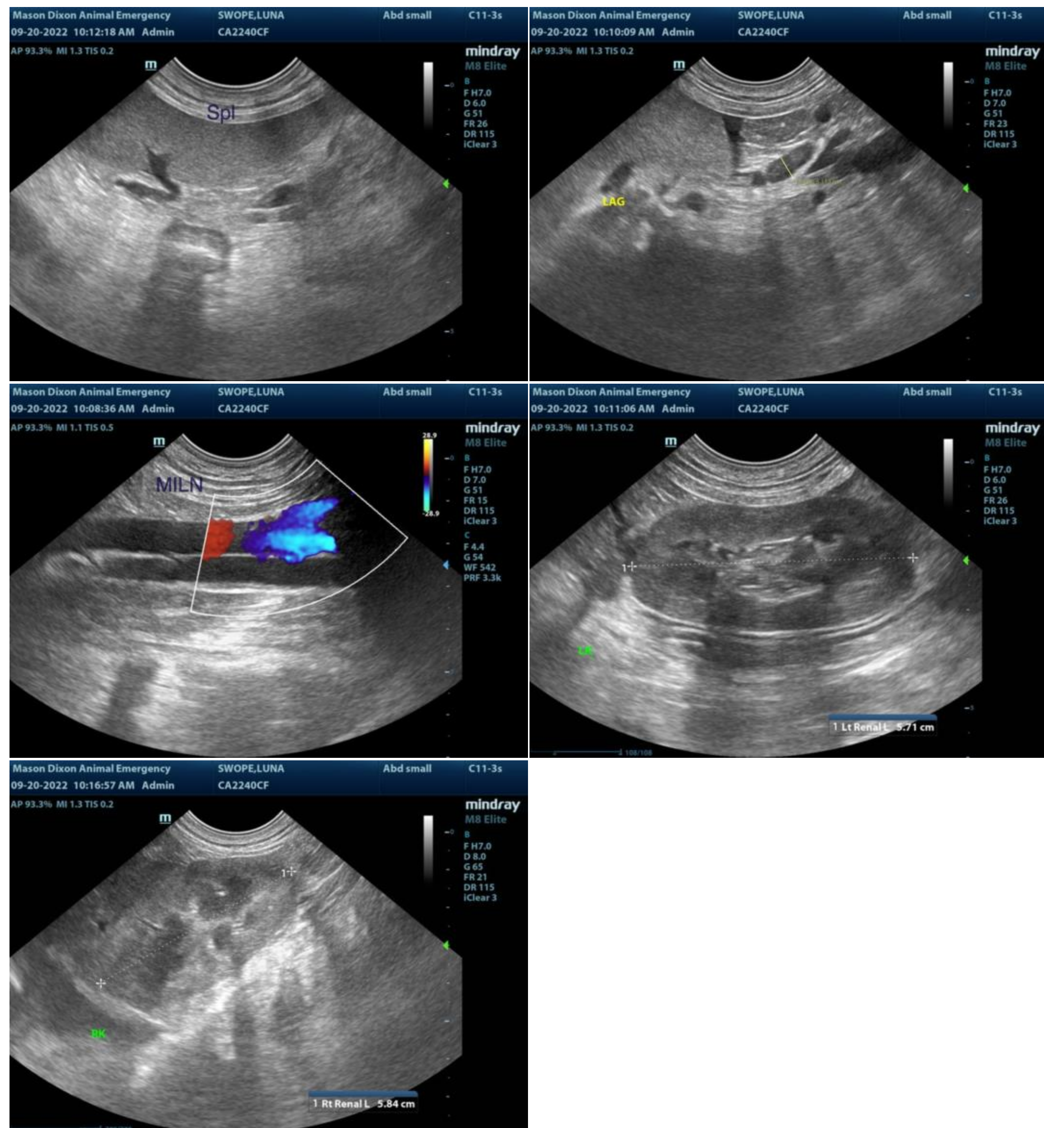

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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