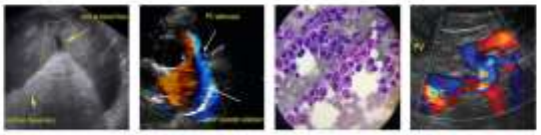


PATIENT

Bob Hansell

SPECIES

Canine

BREED

GSD

SEX

Neutered Male

AGE

7 years

WEIGHT

113 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Maple Hills VH

REFERRING VET

Dr. Eckman

INVOICE

12283

DATE

9.22.2021

PRESENTING CLINICAL SIGNS

History: Abdominal bloating, soft stool, decreased appetite, ascites (clear yellow)

CBC-WBC 17.8 with neutrophilia and monocytosis

Chemistry panel- BUN 3, Albumin 2.4, ALT 301, TBIli 2.7

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 cm exhibited normal thickness and tone. Mild dependent mineral was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate was free of pathology.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were 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 9.3 cm in length. The right kidney measured 8.2 cm in length.

Adrenal Glands

No overt pathology was noted In the area of the left or right adrenal glands.

Spleen

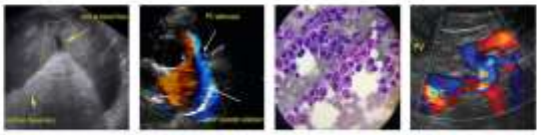
The spleen exhibited subjective generalized enlargement with medial folding and generalized nonhomogeneous parenchyma.

Liver/ Gallbladder

The liver presented normal to mildly subnormal in size with minor asymmetrical hepatic capsule contour. The parenchyma of the liver was increased in echogenicity compared to the spleen and renal cortices with nonuniform to patchy echotexture. Reduced distinction and visualization of the portal structures was present. The hepatic vascular volume appeared to be normal, without evidence of congestion. No distinct hepatic masses or nodules were noted. The gallbladder was non-distended in size. The gallbladder wall was thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis.

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.



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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

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

Significant, subjectively acellular peritoneal free fluid was present. Generalized mild reactive mesentery was noted. No overt lymphadenopathy was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild splenomegaly - subjectively benign
- Chronic hepatopathy
- Minor gallbladder wall edema
- Significant subjectively acellular peritoneal free fluid and generalized reactive mesentery

Secondary Findings

- Bilateral mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen was not overtly consistent with neoplastic criteria with considerations including patient variant, hematopoiesis, hyperplasia, breed associated hypersplenism, or incidental splenitis.

Given the normal albumin levels and without evidence of gastrointestinal pathology, as well as no evidence of hepatic congestion which may account for an effusion of this type, chronic hepatopathy and secondary portal hypertension is suspected, given the decreased BUN and elevated ALT levels.

The presentation of the liver may indicate vacuolar hepatitis, chronic active hepatitis, cholangiohepatitis, fibrosis / cirrhosis or other hepatopathy. Neoplasia is considered a less likely differential diagnosis yet cannot be excluded. Pre and post prandial bile acids may be considered to assess hepatic functionality. Hepatic biopsy would be required for a definitive diagnosis. Three view chest radiographs are recommended to rule out occult thoracic pathology and assess cardiopulmonary status.

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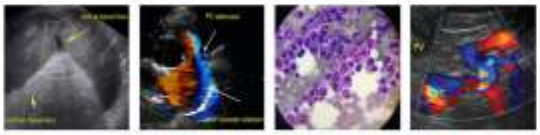

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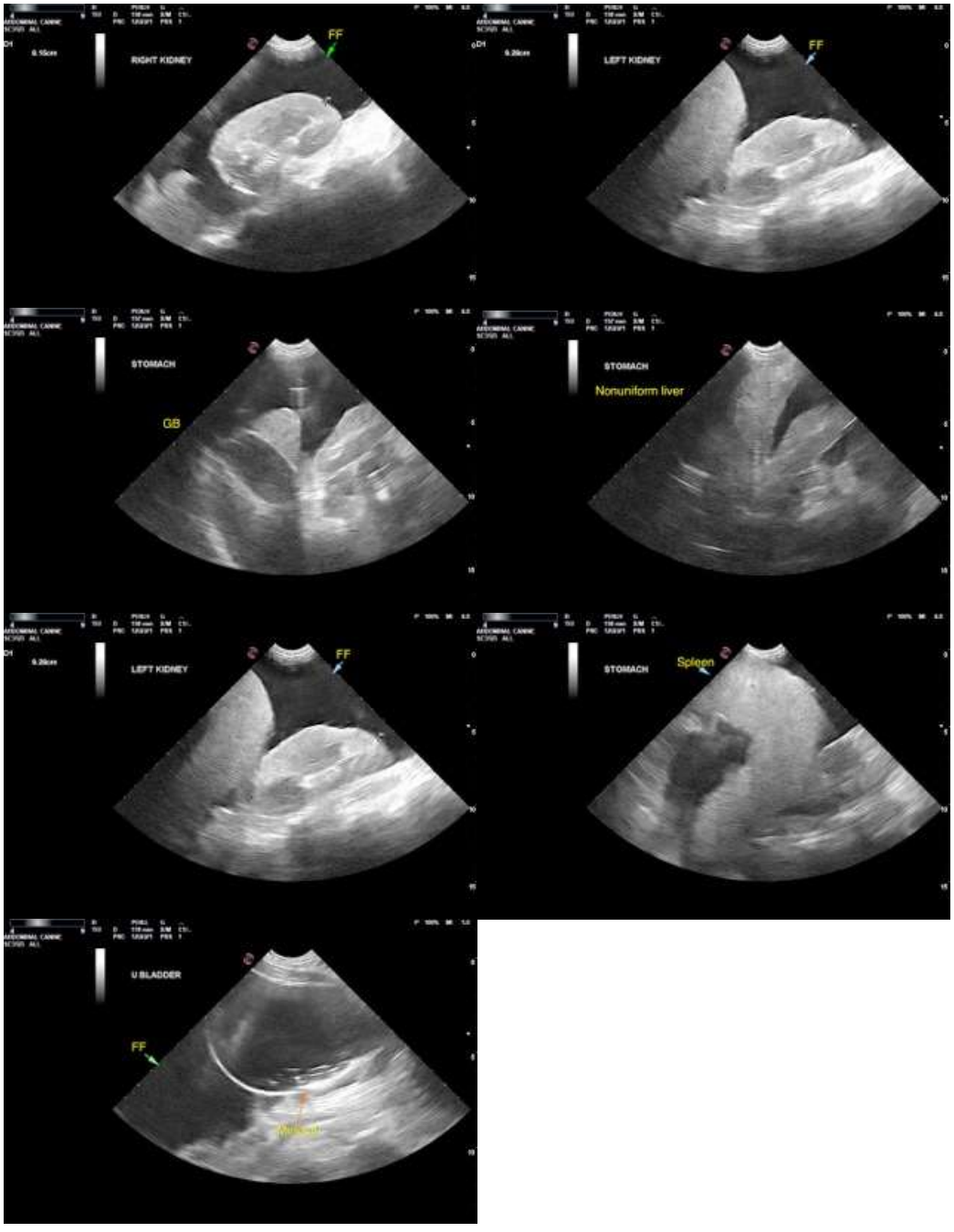

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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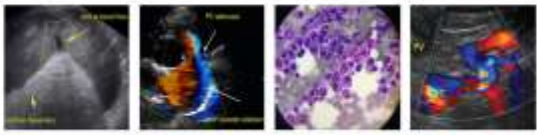

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