

**PATIENT**

Lucy Campbell 53626A

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

10 Years

WEIGHT

28.5 kg

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VETMadison Vet
Specialists**INVOICE**

41664

DATE

9/26/22

PRESENTING CLINICAL SIGNS

Lucy has over the last 7-10 days had an increasingly growing abdomen. additionally she has had a few masses on her abdomen that have increased in size quickly over the last 7-10 days. Lucy has otherwise been acting like herself, E/D/U/D normally and similar energy levels. Lucy has no prior medical history.

Abnormal PE/Chem/CBC/UA Results: Thorax: difficult to auscult heart, absent lung sounds bilaterally ventrally, tachypnea with increased expiratory effort 4Dx Snap Test: Lyme - Negative Ehrlichia - Negative Anaplasma - Positive Heartworm - Negative ALT- 275 (10-125) CHOL- 108 (110-320) Na- 165 (144-160) Abdominal effusion PCV/TS: 4% / 1.2 Thoracic effusion PCV/TS: 1% / 3.4

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 were noted.

No overt pathology, including no evidence of medial iliac or sublumbar lymphadenopathy/masses in the area of the iliac trifurcation or sublumbar space.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Focal caudolateral cortical infarct noted in the left kidney. A moderately sized cranial cyst measuring 3.5 cm in diameter was noted in the right kidney. The left kidney measured 5.9 cm. The right kidney measured 7.6 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.3 cm length x 0.51 cm at the caudal pole. The right adrenal gland measured 2.8 cm length x 0.56 cm at the caudal pole.

Spleen

The spleen was overall normal in size with areas of capsule asymmetry and generalized mild irregular to non-homogeneous subtle to indistinct nodular parenchyma. Normal splenic vascularity. No distinct splenic mass was visualized.

Liver

The liver exhibited mild to possible moderate generalized enlargement with areas of minor caudal capsule asymmetry. Generalized non-uniform heterogeneous parenchyma exhibiting mild mixed echogenicity. No distinct hepatic masses or nodules noted. Potential for subjective mild hepatic vascular congestion, although not definitive. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. No evidence of gallbladder wall edema. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach exhibited intact, sonographically unremarkable visualized wall layering with subjective gas distention.

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.

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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.

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Canine

Free Abdomen**BREED**

Labrador Retriever

Moderate to marked volume, primarily anechoic peritoneal free fluid noted, exhibiting potential for mild echogenic changes, which may suggest mild cellularity. The omentum exhibited mild non-uniform increased echogenicity. No omental masses.

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Focal to intermittent, mildly prominent to enlarged mesenteric nodes were present. Example measured 2.5 cm x 0.62 cm. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

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Brief sonographic assessment of the cranial thorax/mediastinum revealed suspected primarily uniform to mildly heterogeneous soft tissue echo to possible mass lesion measuring potentially 4-5 cm in diameter.

PRIMARY FINDINGS**WEIGHT**

28.5 kg

- Hepatomegaly exhibiting non-uniform heterogeneous parenchyma – possible emerging to minor hepatic congestive pattern.
- Mildly heterogeneous to irregular spleen
- Moderate to marked volume peritoneal free fluid exhibiting minor subjective echogenic changes.
- Suspect cranial mediastinal soft tissue echo/mass lesion

INTERPRETED BYR. McKenzie Daniel,
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- Bilateral chronic renal changes with left kidney cortical infarct and right kidney cranial cyst
- Focal to intermittent subjective benign/reactive mesenteric lymph nodes – not consistent with inflammatory/neoplastic criteria.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If no evidence of cardiogenic effusion i.e., right heart failure, pulmonary hypertension, etc., and assuming normal albumin levels, effusion secondary to increased vascular permeability, lymphatic obstruction, with potential for possible diffuse neoplasia or inflammation are all potentials.

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Assuming normal clotting status, screening hepatosplenic FNA for cytology as well as pathology review of effusion with cytopsin cytology +/- culture and sensitivity, if clinically indicated, or if evidence of inflammatory cells, could be considered. Likewise, FNA cytology of the suspected cranial mediastinal mass lesion is warranted. Thoracoabdominal CT may be indicated for definitive assessment.

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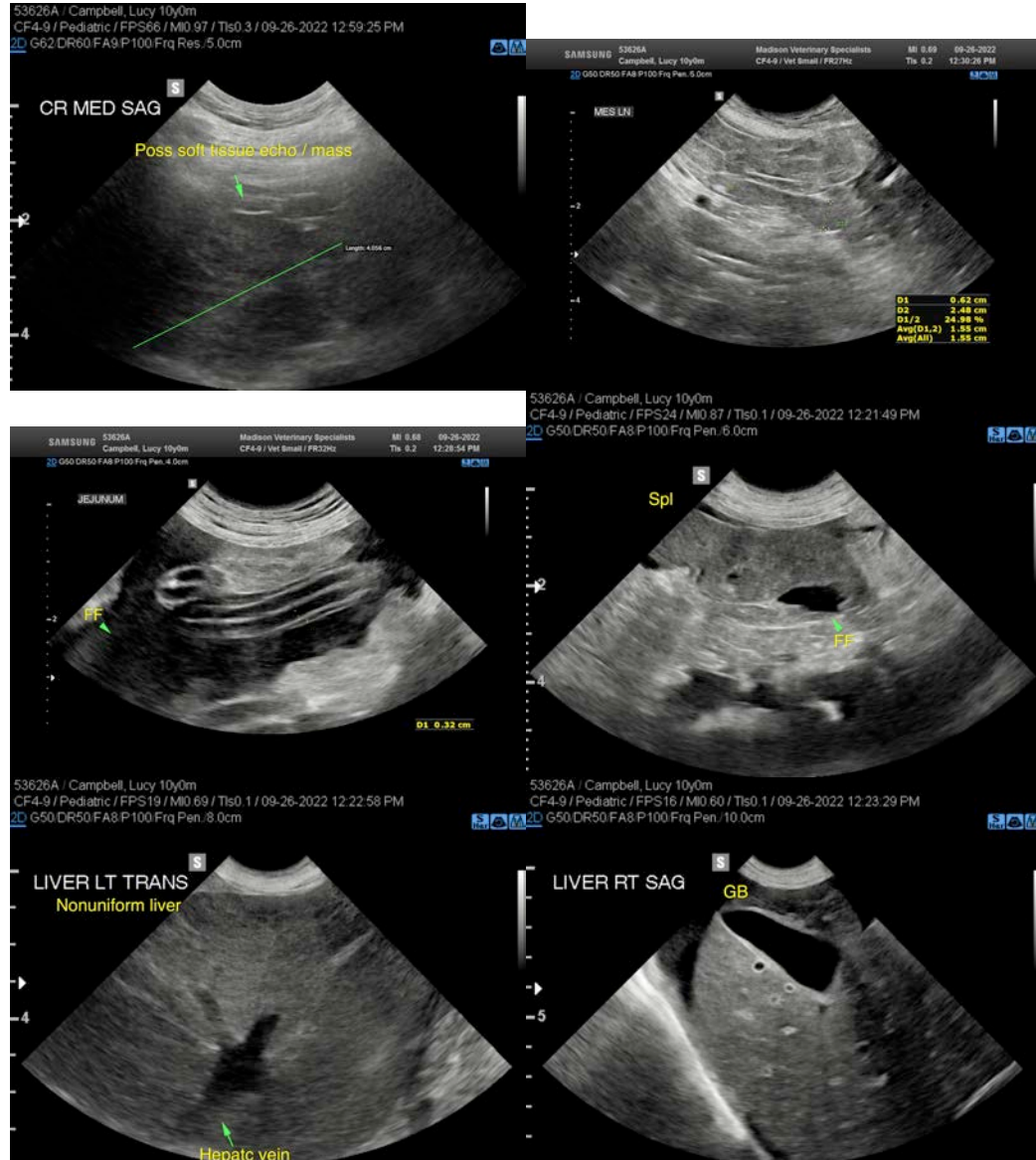
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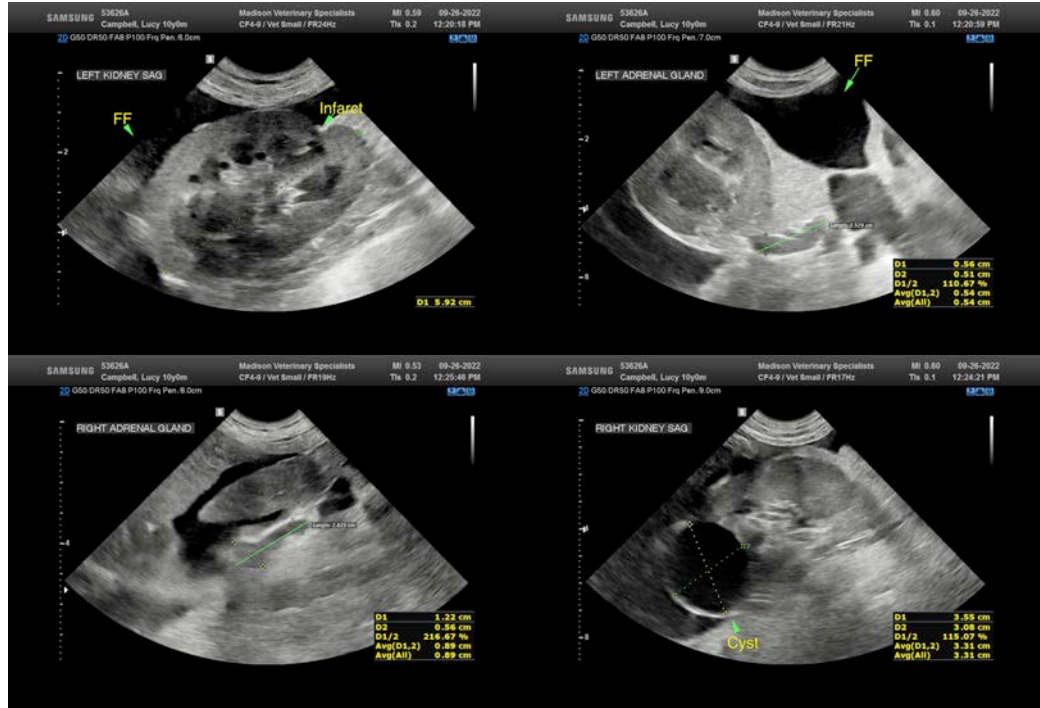
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com