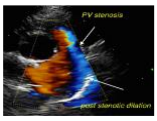
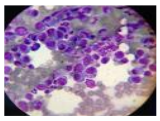
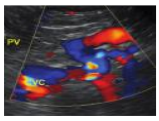





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sadie Bell

SPECIES

Canine

BREED

Mixed

SEX

FS

Age

12 years

WEIGHT

83 #

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Oviedo Veterinary Care and Emergency

REFERRING VET

Dr Williams

INVOICE

303489

DATE

10/18/22

PRESENTING CLINICAL SIGNS

History: Dyspnea, ascites. Pericardial effusion with tamponade and right auricle mass.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: N/A.

Radiographic Findings: N/A.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal trigone area, proximal urethra (0.8 cm), and iliac blood vessels.

Iliac lymphadenomegaly (1 x 3.9 cm) with normal shape and echogenic appearance. Ureters not visualized.

Normal renal size (left 6.1 cm, right 7.3 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

Reproductive System

N/A.

Adrenal Glands

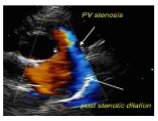
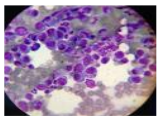
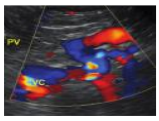
Normal position echogenic appearance, and shape but bilaterally enlarged. Left 0.91/0.93 cm, right 0.85/0.75 cm.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Enlarged with rounded edges, diffuse hyperechogenic appearance, some loss of portal markings, regular curvilinear capsule, and dilated vasculature. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.2 cm).

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Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, mild thickening of the wall, (stomach 0.56 cm, duodenum 0.56 cm, jejunum 0.49 cm, colon 36 cm) and normal peristaltic activity, and no distension of the lumen.

Pancreas

Normal size (right 1.2 cm) with a diffuse hyperechogenic appearance and irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes (1.5 cm).
Moderate acellular ascites.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Hepatopathy.
- GI tract thickening.
- Ascites.
- Pancreatic fibrosis.
- Bilateral adenomegaly.
- Iliac lymphadenomegaly.

Secondary Findings:

- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the appearance of the liver, GI tract thickening, and ascites would be secondary to the cardiac tamponade resulting in vascular congestion. Additional etiologies for the hepatopathy would be reactive, vacuolar, metabolic, hepatitis, and infiltrative neoplasia. Additional etiologies for the GI tract thickening would be non-specific gastro-enteritis, inflammatory bowel disease, dietary hypersensitivity, and parasitic enteritis.

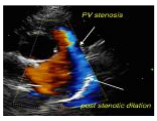
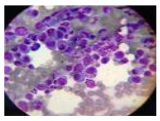
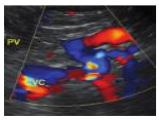
Although the appearance of the pancreas is consistent with pancreatitic fibrosis, chronic pancreatitis needs to be considered.

Etiologies for the adrenomegaly would be pituitary-dependent Cushing's disease and disease stress.

The most likely etiology for the iliac lymph nodes would be reactive with lymphadenitis and neoplasia unlikely differential diagnoses.

Initial further assessment would be fecal analyses, cPL/PSL assay, and FNA cytology of the liver and iliac lymph nodes. Once stabilized additional diagnostics to consider would be adrenal function testing (ACTH stimulation/LDDS test).

Specific therapy would be dependent on an etiological diagnosis.

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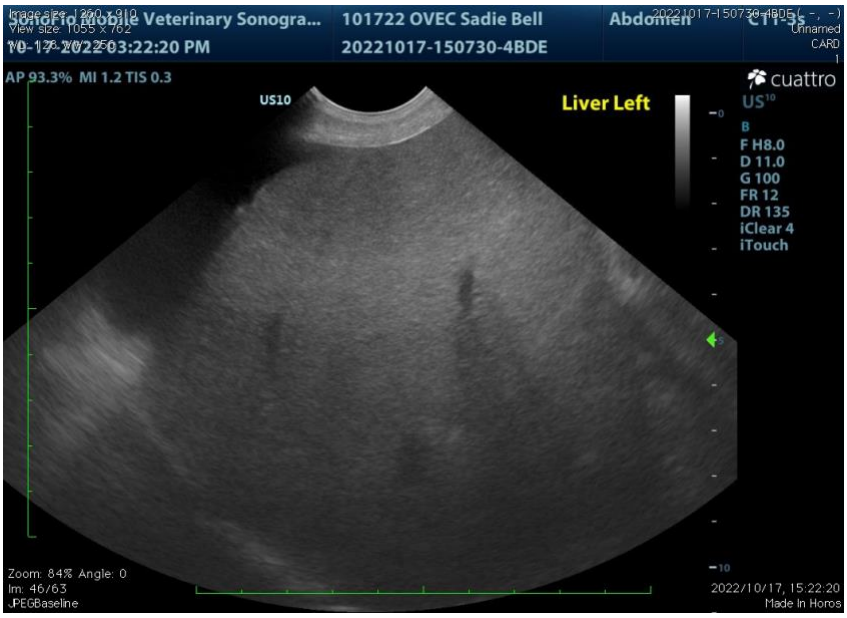
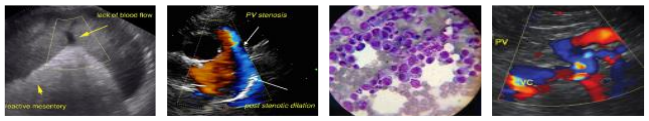
IMAGES

Liver



Left adrenal



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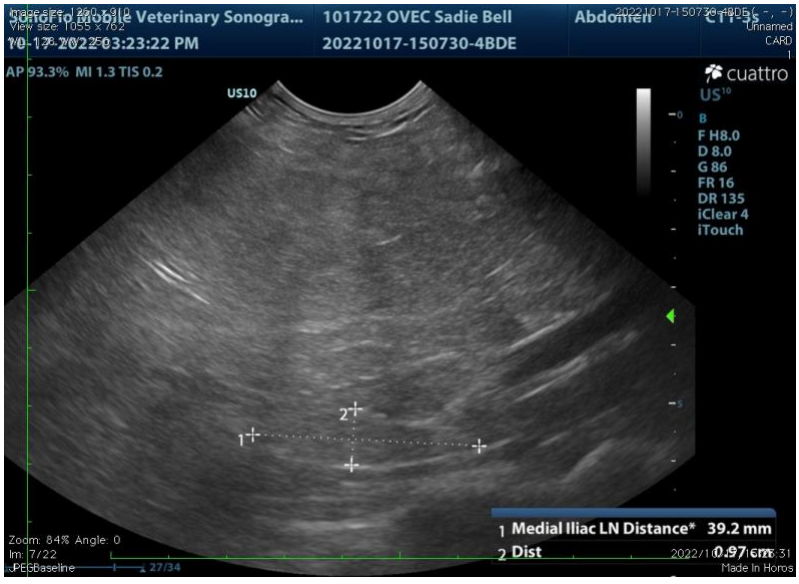
Pancreas

Iliac lymph node



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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
rlobetti@mweb.co.za