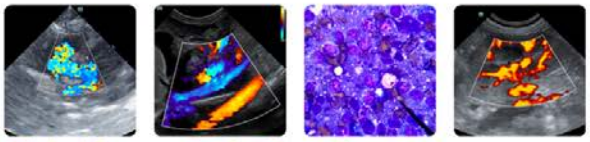

PATIENT

Silvia Spioch

SPECIES

Canine

BREED

GSP

SEX

Spayed Female

AGE

11 Years

WEIGHT

60 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Nikki Kollman, RVT

HOSPITAL NAME

Airpark Animal Hospital

REFERRING VET

Kristin Marciszewski, DVM

INVOICE

72182

DATE

11/28/25

PRESENTING CLINICAL SIGNS

Presented on 11/25 for acute hyporexia, acute large bowel diarrhea, ADR Has been picky with food ~2-3 days prior to presentation. No vomiting Episodes of diarrhea, tenesmus Found torn up tug toy around time of clinical signs onset No changes in diet No major travel history CBC: NSF CHEM: AL 236, CPL 273 Radiographs: Food ingesta within stomach-confirmed ate small amount of food within 2-3 hours of images; diffuse gas throughout small intestine Exam: QAR Temperature: 101 Abdomen: Diffusely painful and tense, increase intensity at cranio-ventral abdomen Gave cerenia SQ, SQ fluids, SQ Famotidine, SQ Buprenorphine, sent home Proviable Forte, Metronidazole, ID Cans Improved next AM; more alert, eating well on 11/27: Pet declined; decreased appetite, lethargic, urinary accident in house, shaking Presented today: Abdomen still painful, Temp WNL Cortisol WNL Radiographs: Mildly rounded liver lobe margins, prominent spleen; improved gas pattern of small intestine; formed feces within colon Started IV fluids, cerenia, famotidine, iv fluids, metro, unasyn, buprenorphine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Left kidney measured 6.0 cm. Right kidney measured 6.9 cm.

Adrenal Glands

The left adrenal gland presents normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measured 2.67 cm in length x 0.99 cm and 1.02 cm in width.

The right adrenal gland is not clearly visualized but appears to be of normal shape, echogenic appearance and size.

Spleen

Normal size (2.1 cm in width) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Dilated hepatic veins. Normal appearance of the portal vasculature.

Gallbladder

Full containing a small amount of non-adhered hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

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Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. Moderate amount of ingesta present within the stomach, compatible with a recent meal.

Pancreas

Not clearly visualized, but visualized sections present normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

Moderate amount of acellular ascites present.

Thorax

Normal appearance of the heart. Pericardial effusion present. No pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Pericardial effusion.
- Ascites.
- Gallbladder sediment.

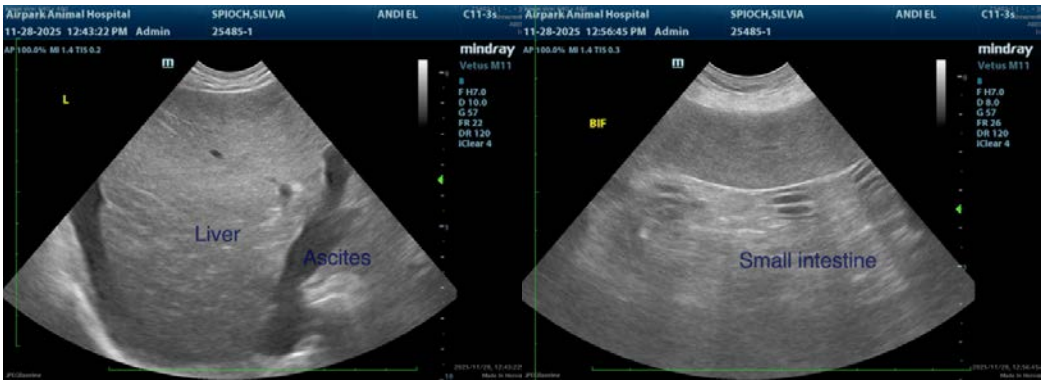
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ascites can be ascribed as secondary to pericardial effusion.

The gallbladder sediment can be considered an incidental finding.

Further assessment would be echocardiography and pericardiocentesis with analysis of the pericardial fluid. Analysis of the ascitic fluid could also be considered.

Further specific therapy would be dependent on an etiological diagnosis.



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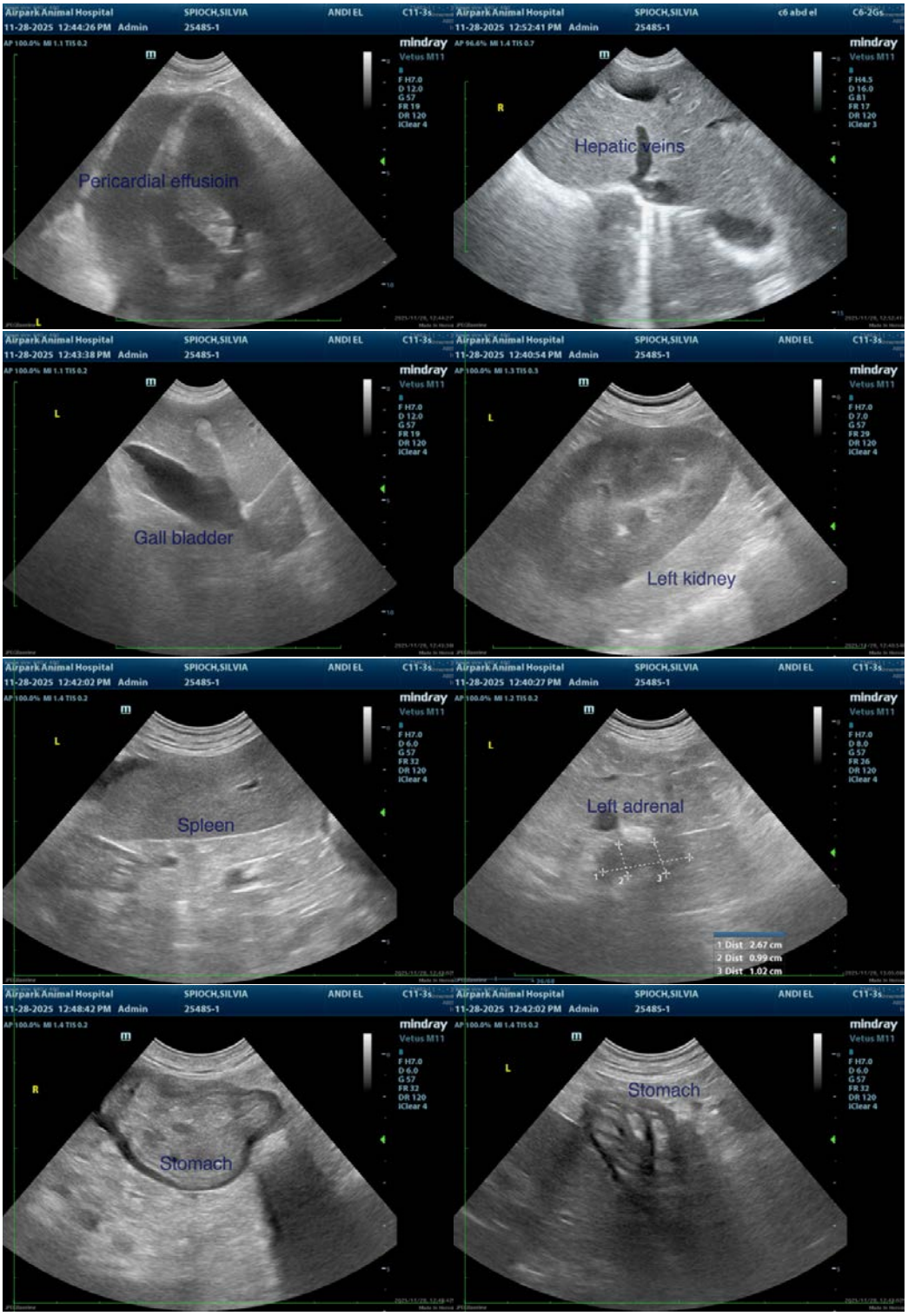

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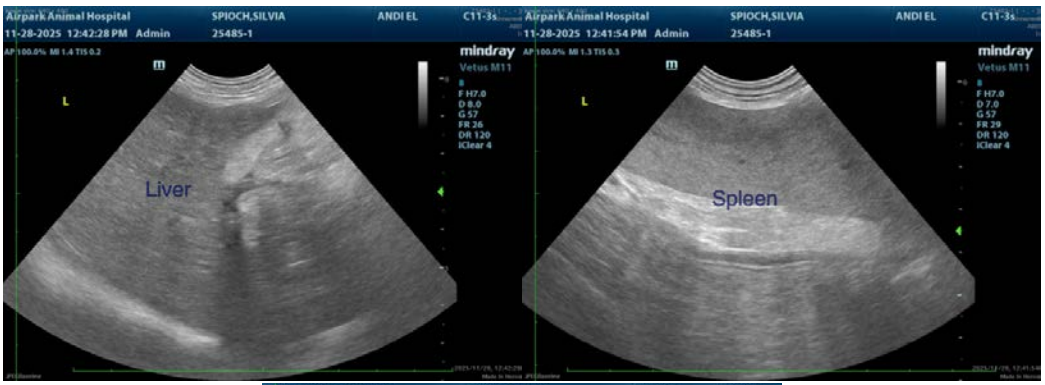

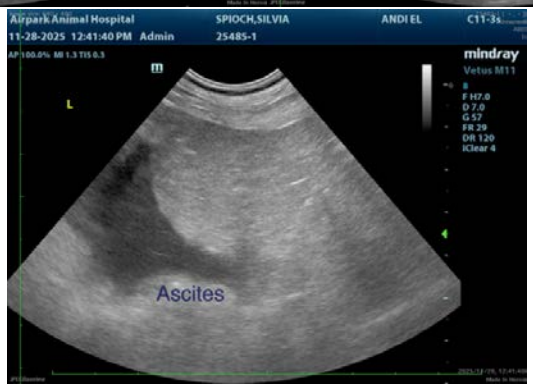

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com