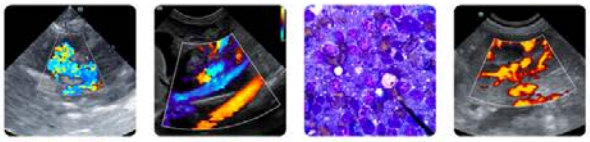

PATIENT

Mollie Meehan

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

12 Years

WEIGHT

13.6 lbs

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Dr. Michael Wasserman

HOSPITAL NAME

Highlands Animal Hospital

REFERRING VET

Dr. Tuckett

INVOICE

72117

DATE

1/11/26

PRESENTING CLINICAL SIGNS

Historical Conditions: Diagnosed with congestive heart failure in April 2025. History of collapsing trachea. A soft tissue mass on the abdomen was diagnosed as a lipoma via cytology approximately one year ago and has reportedly been growing since. Mass on mid abdomen appears to be fluid filled and has partially decompressed by the end of ultrasound. Does not image well. Purpose of ultrasound is to assess abdomen due to pendulous abdomen. Current Medications: Benazepril 2.5 mg once a day. Vetmedin (Pimobendan) 2 mg BID. NOT ON LASIX DURING EXAM

Abnormal PE/Chem/CBC/UA Results: 3v thx rads show pulmonary edema, cardiomegaly, severe. BW not performed yet. Fluid sampled for analysis. Serosanginuous fluid.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visible to 3.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). Left measures 3.8 cm. Right measures 4.1 cm.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. Left measures 5.3 mm at the cranial pole and 6.4 mm at the caudal pole. Right measures 3.7 mm at the cranial pole and 4.7 mm at the caudal pole.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The hepatic veins appear subjectively dilated, and the portal hepatic vasculature are otherwise of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

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The stomach is empty. The gastric wall is subjectively normal in thickness, and exhibits appropriate wall layering, but cannot be accurately measured due to normal deviations of the rugal folds. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.0 mm) with intact wall layering. The ileocecal junction is not seen.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

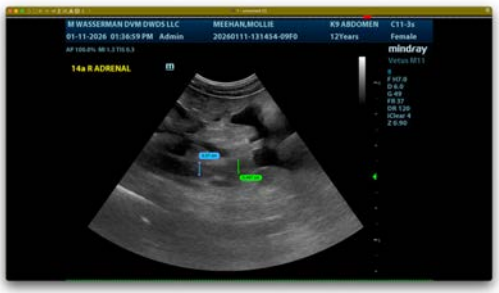
There is a large amount of hypoechoic free fluid present throughout the peritoneal cavity. The omentum and intra-abdominal fat are hyperechoic. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Large amount of echogenic ascites
- Subjectively dilated hepatic veins

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Based the history of left-sided congestive heart failure, and the patient's breed, the possibility of concurrent right-sided heart failure due to myxomatous degeneration of the tricuspid valve would be one possible cause for the patient's ascites, particularly as no other cause is identified. If available, echocardiogram would be recommended - in the meantime, treatment for the left-sided disease should also provide benefit in the event that there is concurrent right-sided failure. If right-sided congestive heart failure is ruled out, other possible causes for the ascites would include vasculitis and neoplasia - fluid analysis with cytology would potentially be helpful in further evaluating for these possibilities.



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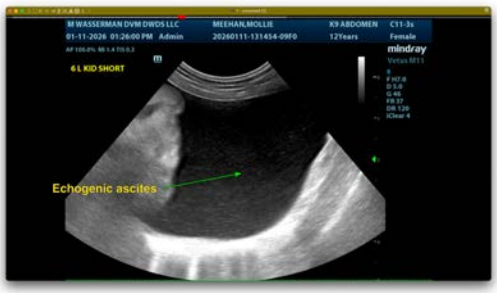

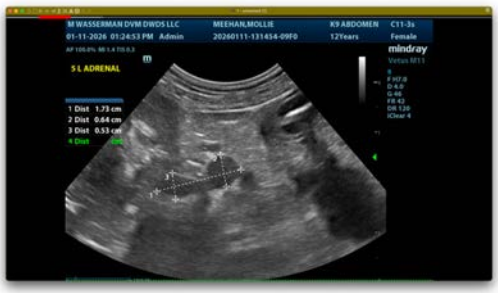

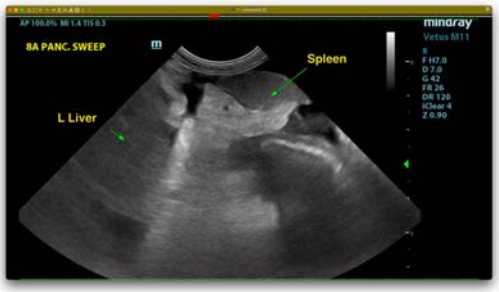

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com