

**PATIENT PRESENTING CLINICAL SIGNS**

Alice Lupal weak, lethargic, painful abd, normal temp, inappetent, not drinking either meds: cerenia, metronidazole  
Abnormal PE/Chem/CBC/UA Results: please see attached labs and rads

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

**Urinary System**

BREED

The urinary bladder is not evaluated.

Morkie

The left kidney has a normal shape and size (4.38 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

SEX

Spayed Female

The right kidney has a normal shape and size (5.11 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

11 Years

**Adrenal Glands**

WEIGHT

6.1 kg

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.75 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

**INTERPRETED BY**

Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)

**Spleen**

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

**IMAGING PERFORMED BY**

Kelly Reschny

**Liver**

The liver is large, irregular, heterogeneous and hyperechoic. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

**HOSPITAL NAME**

Gagemount AH

The gallbladder is large and the lumen is significantly distended with thickened adherent debris, which is organized into a mucocele. The wall is thickened, measuring 0.65 cm, and is hyperechoic with surrounding severe inflammation and a scant amount of anechoic fluid. Findings are suggestive of severe gallbladder disease with a suspected gallbladder rupture and cranial abdominal peritonitis. The bile duct is not visualized.

**REFERRING VET**

Dr. Keir

**Gastrointestinal**

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

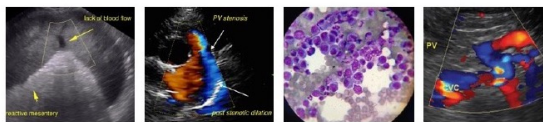
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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.)

**DATE**

3/24/22



**PATIENT**

Alice Lupal

Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The large intestine was not evaluated.

**SPECIES**

Canine

**Pancreas**

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

**BREED**

Morkie

**Free Abdomen**

There is a scant amount of free abdominal fluid in the cranial abdomen. There is a mild cranial mesenteric lymphadenopathy and severe cranial abdominal inflammation with hyperechoic mesentery and peritonitis.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

11 Years

- Large, irregular, heterogeneous and hyperechoic liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- Large diseased gallbladder with suspected mucocele formation and rupture
- Cranial abdominal peritonitis – This may be sterile or bacterial. Recommend fluid analysis, cytology and culture.

**WEIGHT**

6.1 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)

There is mucocele formation with severe gallbladder wall thickening, surrounding inflammation, and a scant amount of fluid. These findings are concerning for a ruptured gallbladder with cranial abdominal peritonitis. Recommend surgical evaluation and gallbladder removal.

**IMAGING PERFORMED BY**

Kelly Reschny

- Recommend 3-view thoracic radiographs
- Recommend coagulation panel
- Recommend acute stabilization prior to surgery

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Gagemount AH

**REFERRING VET**

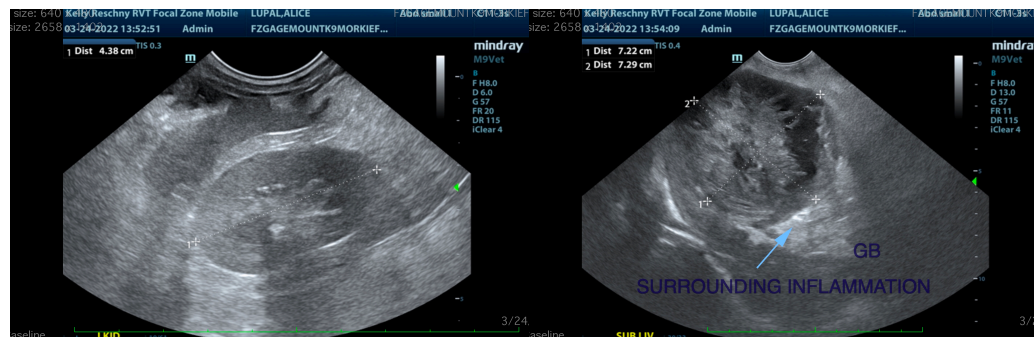
Dr. Keir

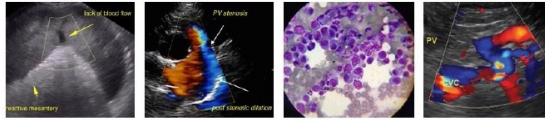
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**DATE**

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**PATIENT**

Alice Lupal

**SPECIES**

Canine

**BREED**

Morkie

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

6.1 kg

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Kathleen Sennello DVM,  
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**IMAGING  
PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

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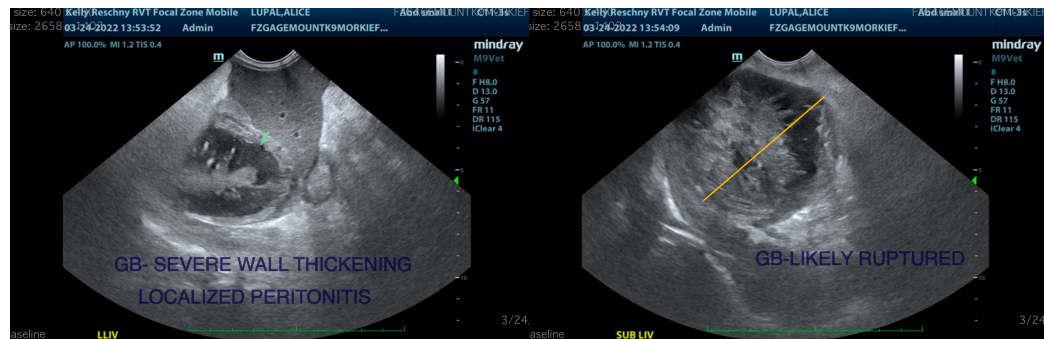
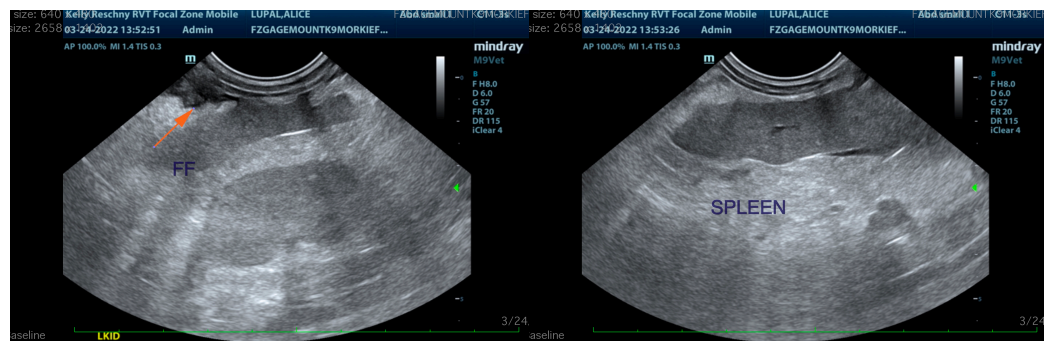
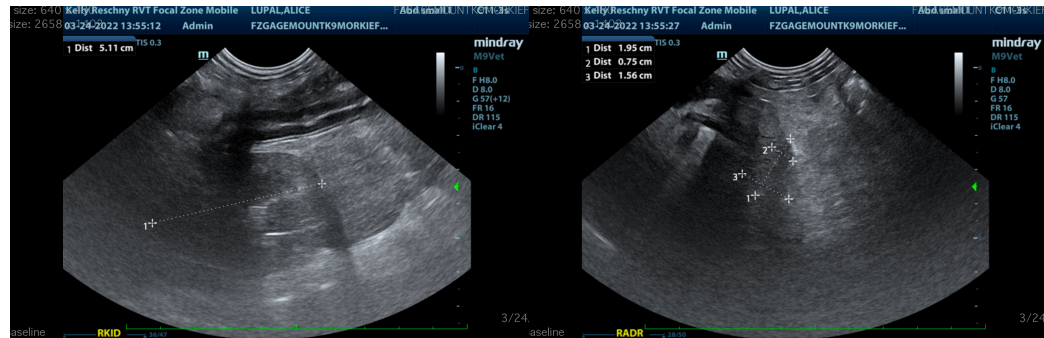
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

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