



PATIENT	PRESENTING CLINICAL SIGNS
Ruby Dippel	sever jaundice meds: p-lyte, unasyn, metro, baytril, cerenia
SPECIES	Abnormal PE/Chem/CBC/UA Results: CBC WNL, CFHEM ALT unable to read. ALP 1166, GGT 11.8, Enrlichia plus
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
	Urinary System
Pitbull Mix	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor, nondependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.
SEX	
FS	
AGE	The area of the aortic trifurcation was free of pathology.
4 years	
WEIGHT	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.7 cm in length. The right kidney measured 6.0 cm in length.
51.5	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width at the caudal pole and 0.46 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.49 cm width at the caudal pole.
IMAGING PERFORMED BY	Spleen
Jenn	The spleen exhibited possible mild generalized enlargement with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.
HOSPITAL NAME	Liver/ Gallbladder
Rockaway AH	The liver presented mildly enlarged in size. Areas of mild asymmetrical caudal hepatic contour were present. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. Distinct masses or nodules were not evident. The hepatic and portal vasculature was normal in appearance. The gallbladder was non-distended in size. The gallbladder wall was thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall edema. The gallbladder wall measured 0.36 cm width. Possible causes may include acute inflammation, edema, and anaphylaxis. The common bile duct was not definitively visualized, yet without overt evidence of stasis or dilation.
REFERRING VET	
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PATIENT	<i>Gastrointestinal</i>
Ruby Dippel	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.
SPECIES	
Canine	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.
BREED	
Pitbull Mix	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	<i>Pancreas</i>
FS	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 were evident.
AGE	<i>Free Abdomen</i>
4 years	Subtle subjective reactive perihepatic mesentery was present. No overt evidence of peritoneal free fluid was noted.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
51.5	<i>Primary Findings</i>
INTERPRETED BY	<ul style="list-style-type: none"> • Acute hepatopathy • gallbladder wall edema • Possible mild splenomegaly
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Jenn	Considerations for the liver may include suspected acute hepatitis (viral, bacterial, Leptospirosis, toxin, etc.), congestion, reactive hepatopathy, while the possibility of occult neoplasia cannot be definitively excluded.
HOSPITAL NAME	The gallbladder wall edema may indicate acute inflammation or edema owing to potential emerging portal hypertension, assuming normal albumin levels, or acute anaphylaxis.
Rockaway AH	
REFERRING VET	The possible mild splenomegaly is subjectively benign with reactive changes, congestion, incidental splenitis, or less likely infiltrative neoplasia possible.
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1/21/22	



PATIENT

Ruby Dippel

SPECIES

Canine

BREED

Pitbull Mix

SEX

FS

AGE

4 years

WEIGHT

51.5

INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

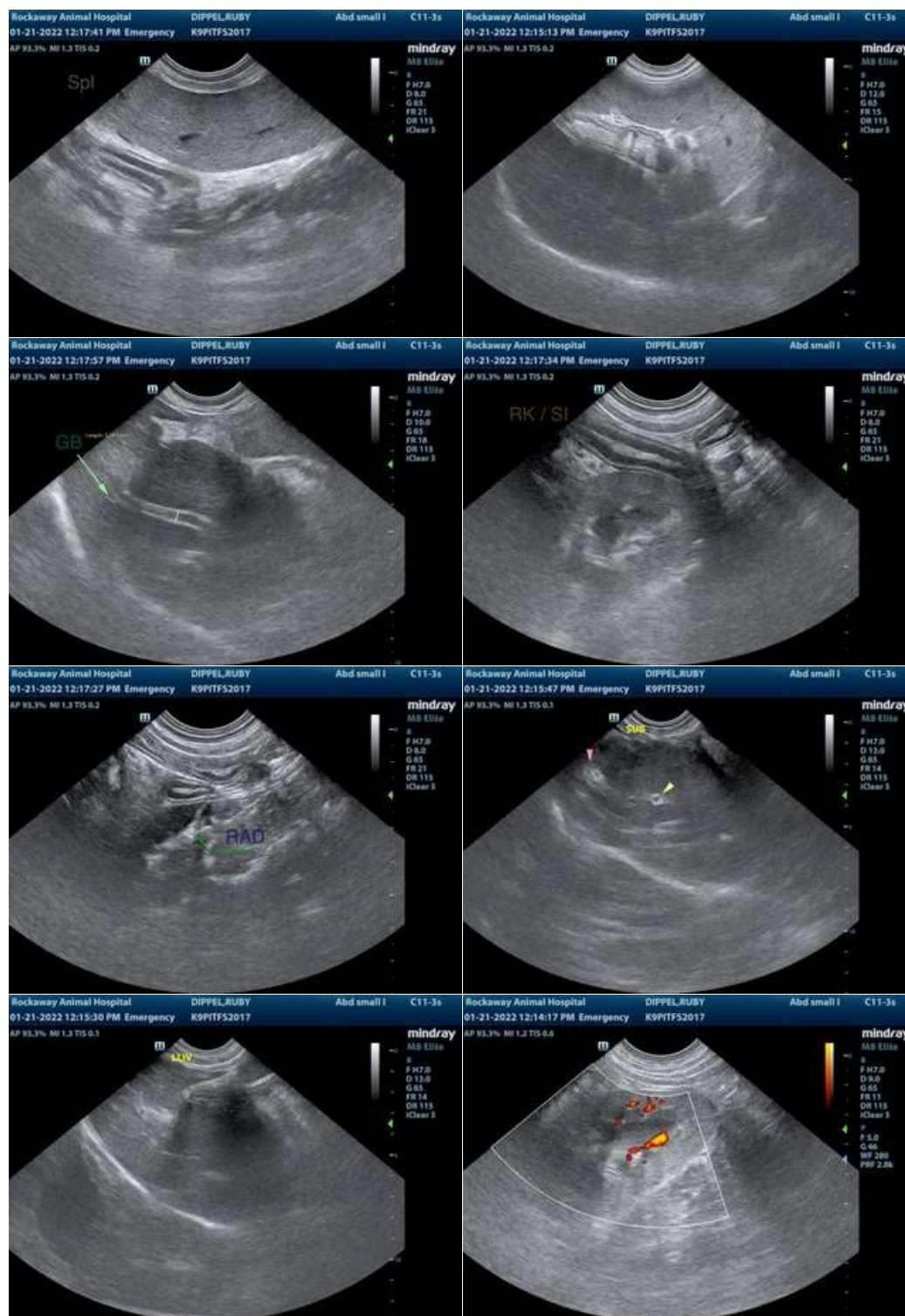
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Ruby Dippel

SPECIES

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Pitbull Mix

SEX

FS

AGE

4 years

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51.5

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**IMAGING
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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