

PATIENT PRESENTING CLINICAL SIGNS

Oliver Swanson acute vomiting, abdominal pain, lethargy, increased kidney enzymes, rads-NSF currently on cerenia, methadone, butorphanol
Abnormal PE/Chem/CBC/UA Results: please see attached BW

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Beagle

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX

Neutered Male

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 5.6 cm. The right kidney measured 6.3 cm.

AGE

6 Years

Adrenal Glands

WEIGHT

32.2 Pounds

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.2 cm length x 0.44 cm at the caudal pole. The right adrenal gland measured 2.5 cm length x 0.57 cm at the caudal pole.

Spleen

INTERPRETED BY

R. McKenzie Daniel, DVM,
DABVP (Canine and
Feline)

The spleen exhibited 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.

Liver

IMAGING PERFORMED BY

Kelly Reschny

The liver was mildly enlarged in size. 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. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder exhibited normal size to mild distention with non-uniformly echogenic to thickened walls. Hyperechoic, mildly congealed yet non-organized luminal debris was present along with anechoic content. Gallbladder wall measured approximately 0.37 cm in width. Pericholecystic inflamed omentum and mild free fluid was present. The common bile duct was not definitively visualized owing to regional omental artifact. Overt evidence of common bile duct distention or dilation was not evident.

HOSPITAL NAME

Southside Pet Hospital

REFERRING VET

Dr. Honda

Gastrointestinal

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The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach was moderate to markedly distended with retained anechoic fluid and echogenic ingesta. No overt evidence of pyloric outflow obstruction. Pylorus wall measured 0.52 cm.

DATE

10/13/21

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. Duodenum wall measured 0.52 cm.



PATIENT

Normal visible colon wall layers were present with apparent formed feces in lumen.

Oliver Swanson

Pancreas

SPECIES

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Subjectively, the pancreas was not consistent with concurrent active pancreatitis. Low-grade or chronic pancreatic inflammation may be present, yet ultrasonographically normal.

Canine

BREED

Free Abdomen

Beagle

No overt lymphadenopathy.

SEX

- Inflamed typical to atypical gallbladder mucocele/significant cholecystitis with peripheral inflammation and mild pericholecystic free fluid – strongly suggestive of gallbladder rupture.

Neutered Male

AGE

- Acute hepatopathy

6 Years

- Marked gastric hypomotility, suspect gastritis/gastroduodenitis

- Sonographically unremarkable bilateral kidneys

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

32.2 Pounds

Immediate laparotomy with expectation toward cholecystectomy, peritoneal flush, and gross inspection of the common bile duct +/- hepatic biopsies (assuming normal coagulation panel) recommended. Perioperative antibiotic use +/- plasma expanders would be warranted. Gross inspection of the upper gastrointestinal tract recommended, although the gastric hypomotility is most likely metabolic in nature. This is a surgical emergency. Guarded prognosis given the high probability of bile peritonitis.

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Neutered Male

AGE

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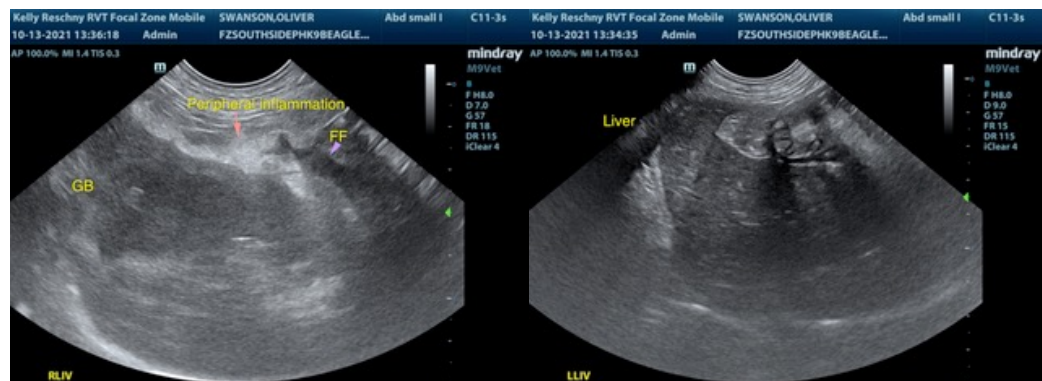
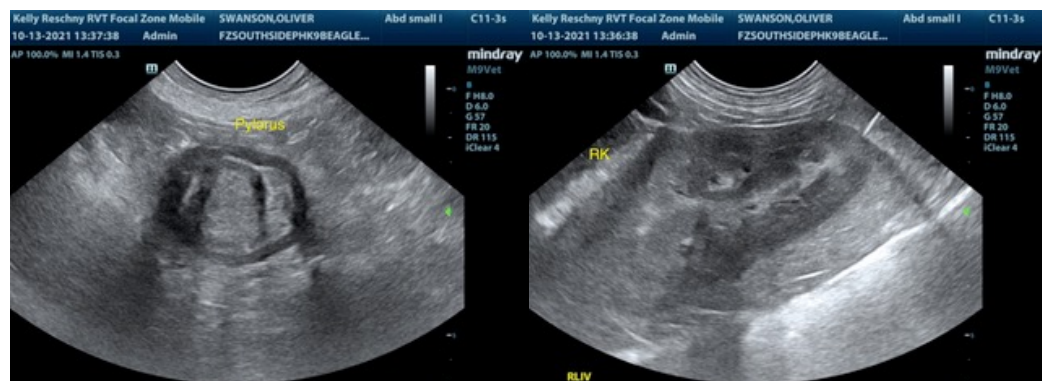
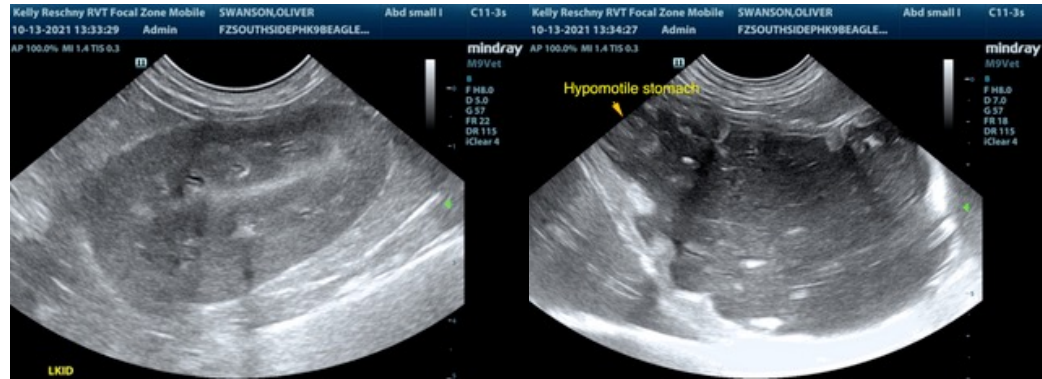
Dr. Honda

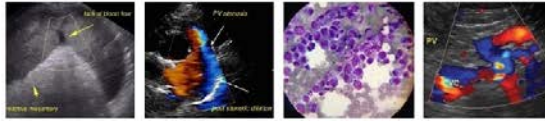
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PATIENT

Oliver Swanson

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.

SPECIES

Canine

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.

BREED

Beagle

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SEX

Neutered Male

AGE

6 Years

WEIGHT

32.2 Pounds

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