



PATIENT

Annabelle Rodakowski

SPECIES

Canine

BREED

Mini Australian Shepherd

SEX

FS

AGE

8yr

WEIGHT

34.6lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Evoniuk

HOSPITAL NAME

State Avenue Vet
Clinic

REFERRING VET

Dr. Evoniuk

INVOICE

12086ag

DATE

11/02/2022

PRESENTING CLINICAL SIGNS

Hasn't been herself the last few days Not wanting to eat her regular food but O was able to get her to eat some canned food this morning started The night before last, didn't eat a full meal Monday morning Did not eat monday night or tuesday morning Has been drinking a lot and wanting to go outside a lot V/D- No D+ O is aware of, has V+ clear liquid that O saw but P tends to spend a lot of time outside when she doesn't feel well Last night and this morning seems brighter and more like herself

Abnormal PE/Chem/CBC/UA Results: BAR; p/m mm; CRT 1-2s; no mur/arrh; no abn lung sounds; no abd dist; grunted with abd palp; tense during abd palp; no abns palpable; eyes, ears, LNs WNL; soumnd at walk; sl lame at trot LH; no abns on palpation or manipulation of hips, iliopsoas; L stifle- sl effusion; no thrust; Chem: ALP: >2400 ALT: 1030 TBil: 0.8 Glu: 132 K: 3.6 CBC: Neu:14.03

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.5 cm in length. The right kidney measured 5.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.58 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.54 cm width at the caudal pole.

Spleen

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

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was distended in size with echogenic thickening of the gallbladder wall. There was biliary sludge that appeared to be non-mobile and organized. A stellate pattern to the organized biliary sludge was present. Evidence of pericholecystic omental inflammation and cranial abdominal effusion was present.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild focally shadowing ingesta/chyme and luminal gas with no signs of ileus, obstruction or foreign material.

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.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. This finding is likely consistent with age related pancreatic changes or minor benign remodeling and is considered incidental, low-grade pancreatitis is possible.

Free Abdomen

No omental masses or overt lymphadenopathy was present.

ULTRASONOGRAPHIC FINDINGS

- Gallbladder mucocele with peripheral inflammation-concern for regional bile peritonitis
- Concurrent associated hepatopathy-benign
- Suspect mild gastroduodenitis
- Mild heterogeneous pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder is consistent with a mature likely inflamed mucocele with evidence of peripheral inflammation and concern for emerging bile peritonitis. Assuming normal clotting status and broad-spectrum peri operative antibiotics immediate cholecystectomy with potential for peritoneal flush and with hepatic biopsy if clinically indicated is recommended.

This may be considered a surgical emergency.

A guarded prognosis is indicated.



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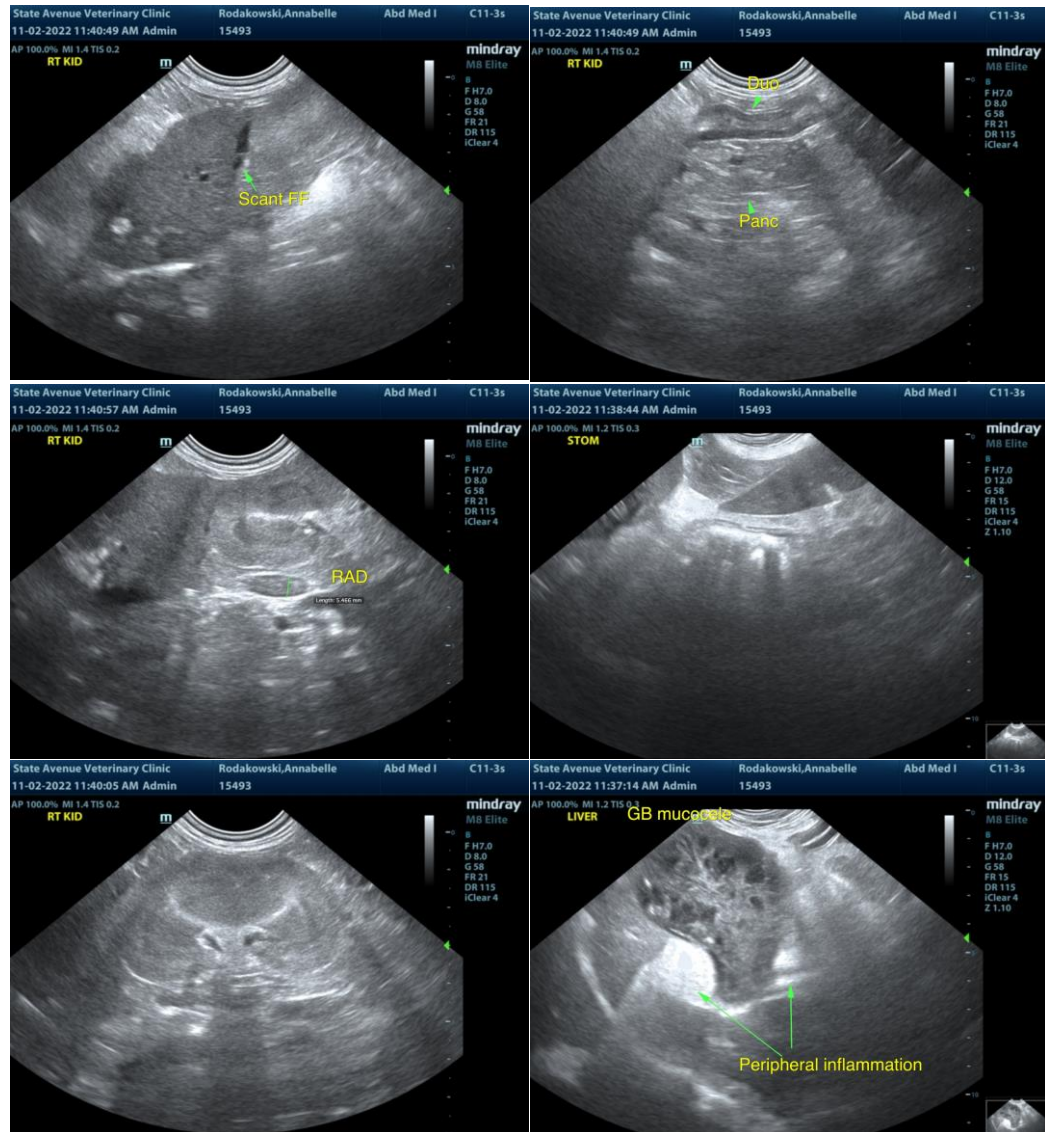
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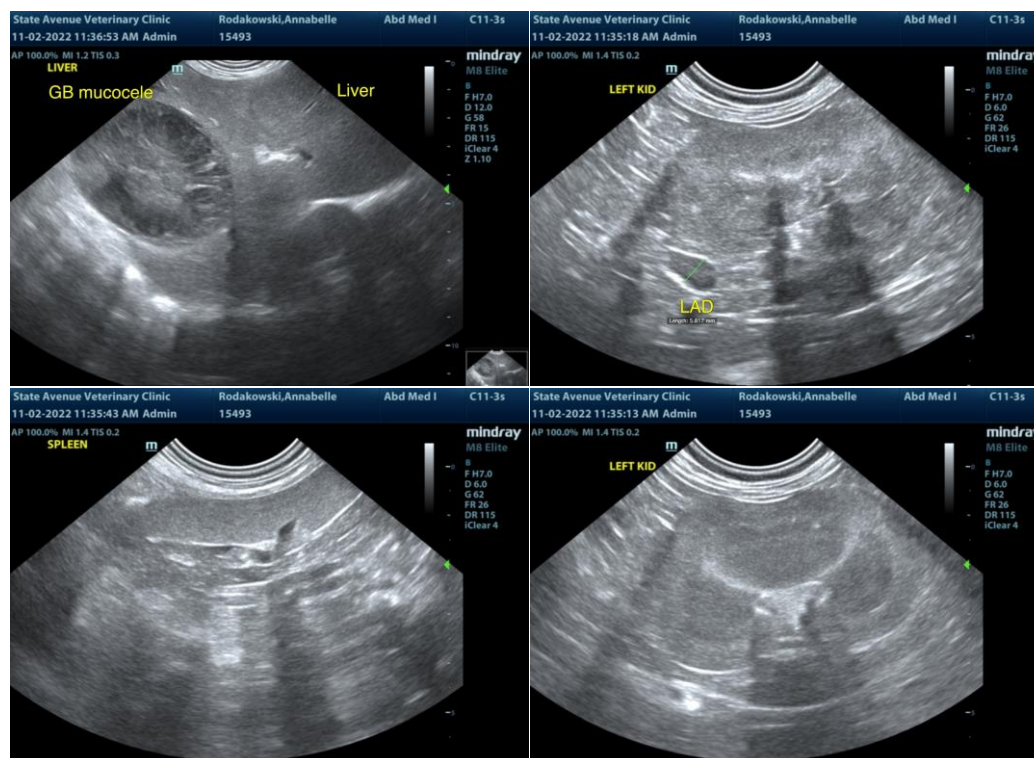
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com