



PATIENT PRESENTING CLINICAL SIGNS

Bella Voss
Vomiting & lethargy since 11/6
Abnormal PE/Chem/CBC/UA Results: Temp 102.7; MM pale, tacky, CRT ~2 sec; halitosis; mild tented scruff. Extremely elevated liver values. Patient currently on IVF and supportive care. HGB 21.7, MCH 27.9, MCHC 41.6, WBC 24.27, Neut 21.22, Lymp 0.84, Mono 2.17, Eos 0.04. Pot 2.9, Chlor 108, TP 9.2, Glob 6.1, ALT 1233, GGT 15, TBIL 8.4, ALP unreadable even after dilution, CPL abnormal

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Cockapoo

Urinary System

The urinary bladder was subnormal in size, prohibiting full sonographic evaluation, yet no overt evidence of inflammatory or neoplastic criteria with mild anechoic urine. Potential for focal mineral noted in the area of the urinary bladder neck. The urethra was normal to a depth of 2.0 cm.

SEX

Spayed Female

The area of the aortic trifurcation was free of pathology.

AGE

14 Years

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.2 cm. The right kidney measured 5.0 cm.

Adrenal Glands

WEIGHT

20.8 Pounds

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present. No overt evidence of adrenal tumors or hyperplasia. The right adrenal gland measured 2.4 cm length x 0.62 cm at the caudal pole. The left adrenal gland measured 2.8 cm length x 0.63 cm at the caudal pole.

INTERPRETED BY

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

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, echogenic nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

Liver

The liver exhibited generalized enlargement with swollen contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. 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 extending around the liver and involving the generalized cranial abdomen was present. Small pockets of scant perihepatic to pericholecystic free fluid noted. Visualized distal moderate common bile duct dilation noted to the level of the duodenal papilla with concurrent mucoduct. Distal common bile duct dilation measured up to 1.0 cm in diameter.

REFERRING VET

Dr. Chris Rall

INVOICE

26940

DATE

11/8/21



PATIENT

Gastrointestinal

Bella Voss

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present.

SPECIES

The duodenum presented intact to prominent wall layering extending into the jejunum. Jejunum and ileum were normal to the level of the colon.

Canine

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Nonformed to liquid fecal matter was present in the colon lumen with lumen dilation.

BREED

Pancreas

Cockapoo

The pancreas exhibited generalized enlargement with heterogeneous to nodular parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

SEX

Spayed Female

PRIMARY FINDINGS

- Acute on chronic hepatopathy
- Gallbladder mucocele with regional to cranial abdominal inflammation and scant free fluid
- Distal common bile duct dilation with concurrent muoduct
- Prominent heterogeneous to nodular pancreas – age related changes with potential nodular hyperplasia, parenchymal remodeling owing to previous inflammation, or chronic to chronic active inflammation possible. Pancreatic neoplasia cannot be definitively excluded yet thought less likely.
- Gastroduodenitis

SECONDARY FINDINGS

- Bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient’s clinical signs, lab abnormalities and sonographic findings, coagulation panel is recommended, and if normal, cholecystectomy as soon as possible with hepatic and pancreatic biopsies and abdominal flush indicated. Potential for microrupture or leaking of bile from the gallbladder and secondary bile peritonitis is of concern, yet not definitive. Medical therapy is likely to be unrewarding in this case. However, if surgery is not an option, hospitalization with IV fluid, gastrointestinal support, analgesic, hepatosupportive medications, and broad-spectrum antibiotics such as Enrofloxacin/Metronidazole combination could be considered. However, even with recommended surgical intervention, very guarded prognosis is indicated given the presence of the gallbladder mucocele and potential for bile peritonitis.

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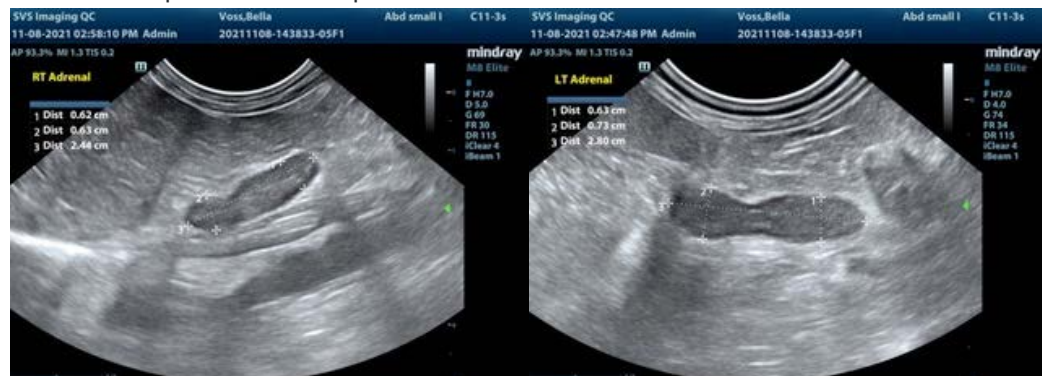
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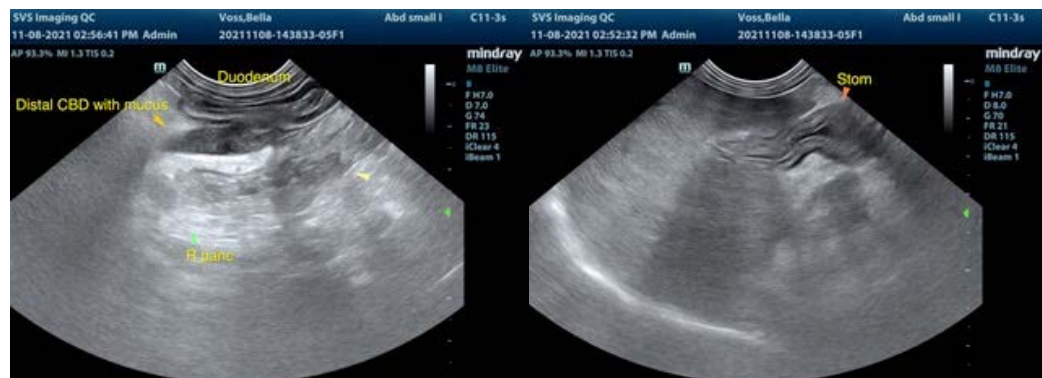
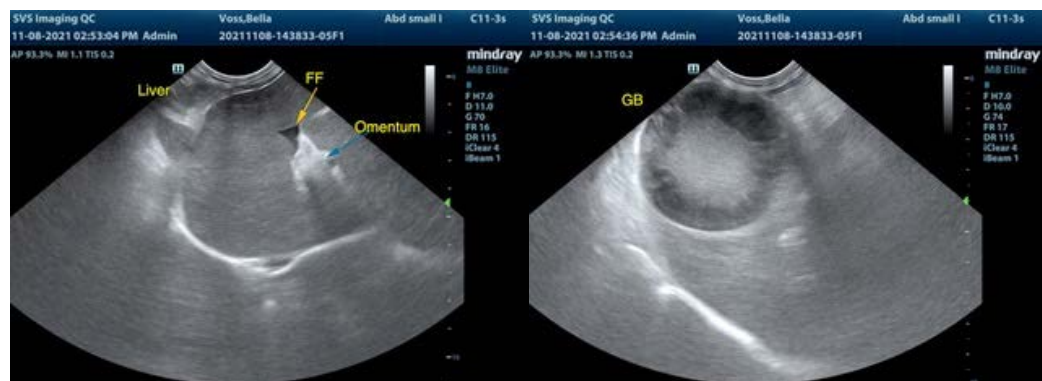
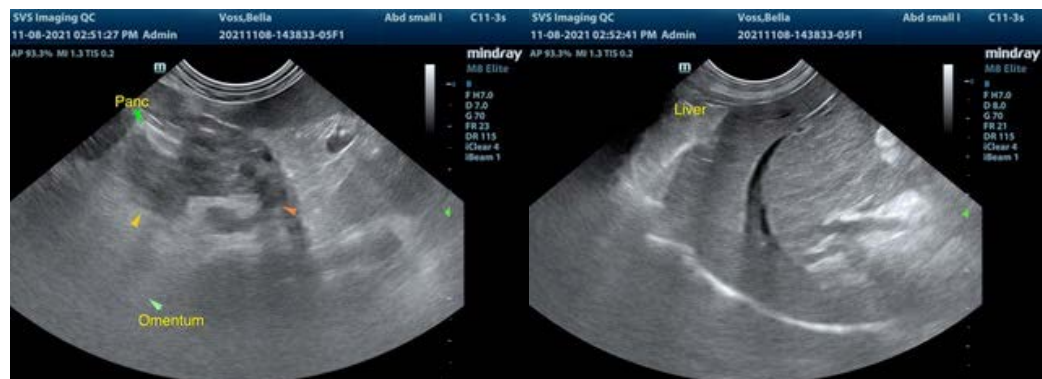
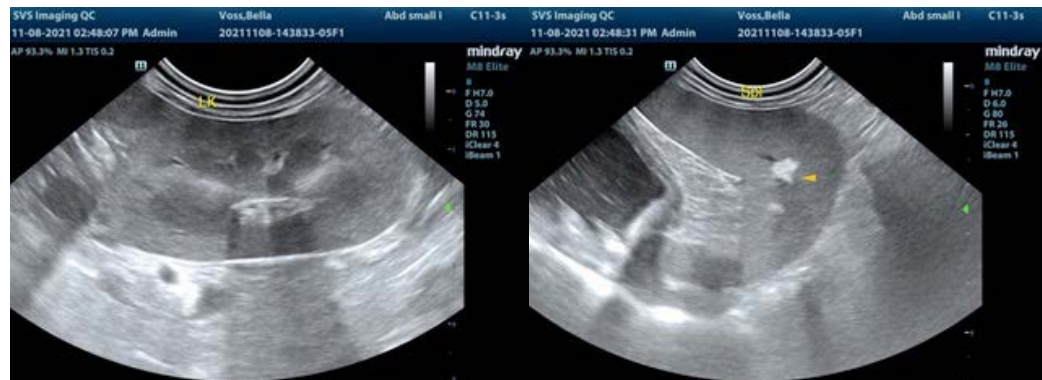
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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