



PATIENT

Maybel Bottroff

SPECIES

Canine

BREED

Pit Bull Mix

SEX

FS

AGE

9 years

WEIGHT

49.2 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jenna Walsh, CVT

HOSPITAL NAME

VCA Westmoreland
AH

REFERRING VET

Dr. Sullivan

INVOICE

12772

DATE

12/8/21

PRESENTING CLINICAL SIGNS

Seen @ Dove Lewis for hospitalization Rechecked with us 11/22: Mild Icterus, Abdominal palpation non diagnostic, tense patient. Dark yellow urine suspected bilirubinuria Seen 11/26 for continue symptoms and pain: Mild Icterus, Abdominal palpation non diagnostic, tense patient. Choppy gait Seen 12/1 for lethargy and decreased appetite Current Medications Gabapentin, Doxycycline, Cerenia, Ursodiol, Denosyl. May have some sort of sedation

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.

The area of the aortic trifurcation was free of pathology.

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 6.4 cm in length. The right kidney measured 6.4 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.5 cm length x 0.80 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 2.8 cm length x 0.54 cm width at the caudal pole.

Spleen

The spleen exhibited potential for 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.

Liver/ Gallbladder

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 gallbladder was non-distended in size with mild, dependent, nonorganized, echogenic gallbladder debris. No evidence of gallbladder or peripheral inflammation was noted. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Focal small curvilinear shadowing echo was noted in the pylorus lumen, measuring 0.9 cm in diameter. No evidence of retained ingesta or fluid was noted.

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 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.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion were present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Overtly normal liver
- Mild gallbladder debris (non-mucocele)
- Potential mild splenomegaly - subjectively benign
- Focal nonobstructive shadowing pyloric echo - suspect medication

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pending hepatic cytology obtained during the ultrasound without complication, continued hepatosupportive medications +/- antibiotic protocol if strong clinical concern for underlying Infectious inflammatory disease or if persistent hepatic enzyme elevations.

The potential for mild splenomegaly is nonspecific yet not overtly suggestive of splenic pathology. Mild hyperplasia, hematopoiesis, or incidental splenitis are likely.

The gallbladder debris may be secondary to fasting or indicate nonclinical cholestasis.

Overall, the presentation of the abdomen was sonographically similar to the previous ultrasound without evidence of progressive pathology.



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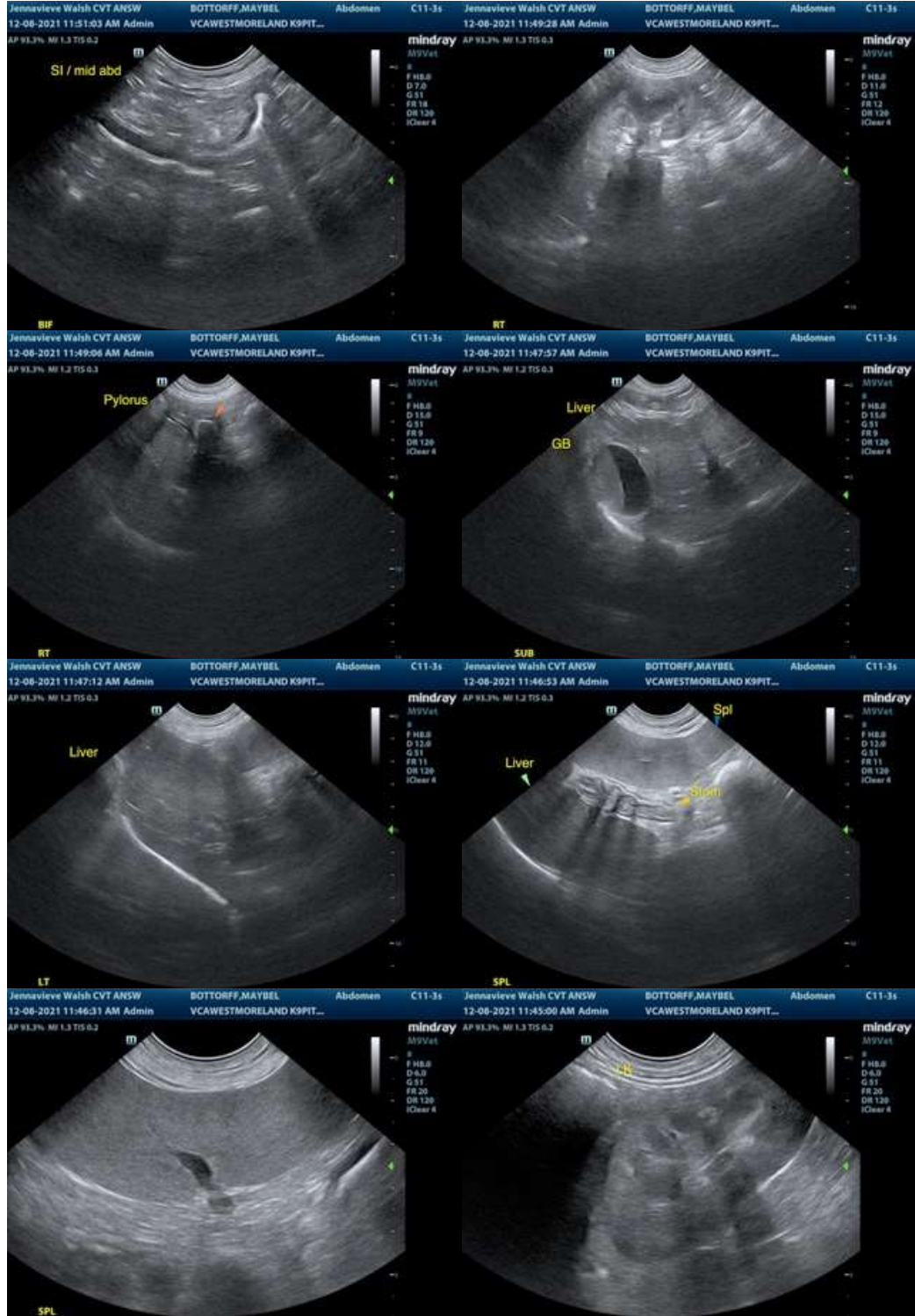
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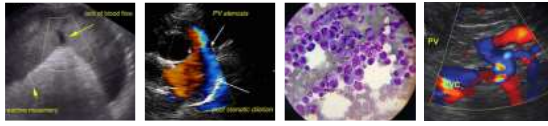
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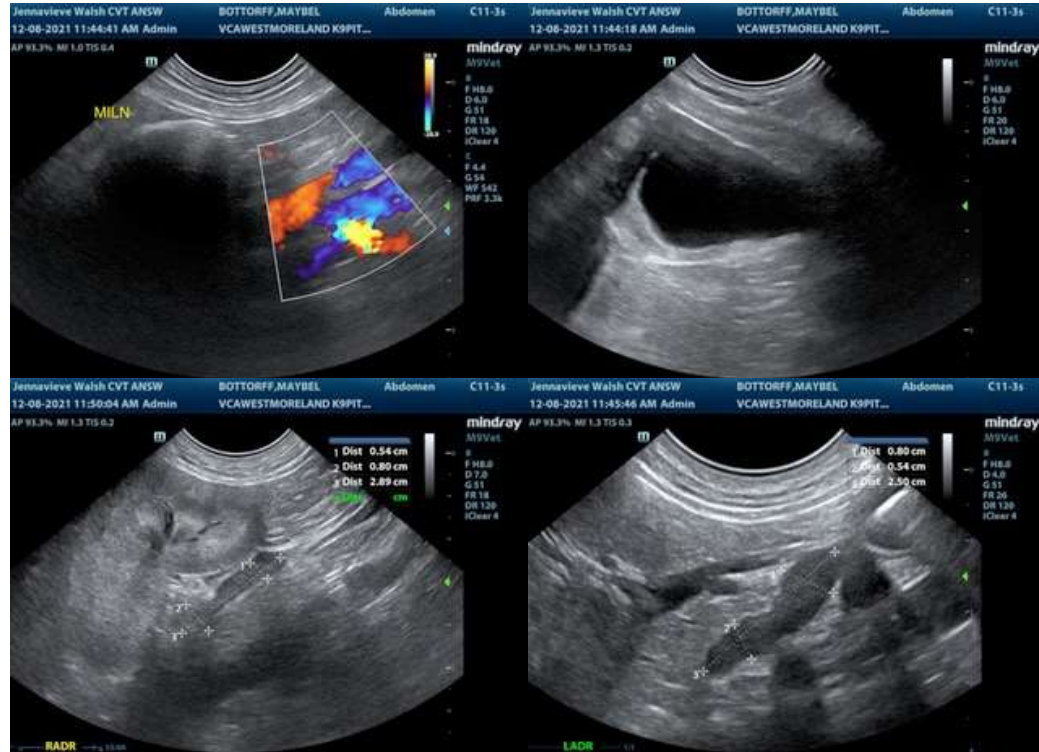
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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