



**PATIENT**

Scooter Tozer

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

30 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Lim Liedberg

**HOSPITAL NAME**

SVS Imaging WI

**REFERRING VET**

Dr. Bittner

**INVOICE**

14343

**DATE**

3/18/22

**PRESENTING CLINICAL SIGNS**

History: Presented last night with 105.5 in lateral recumbent. Lepto negative 4dx neg. Painful abd, dehydrated and lethargic.  
Abnormal PE/Chem/CBC/UA Results: In house CPL abnormal Elevated ALT and GGT and IP

**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 were noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.2 cm in diameter.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.0 cm in length. The right kidney measured 7.0 cm in length.

**Adrenal Glands**

Both adrenal glands were mildly prominent in size with mild irregular capsule contour and hypoechoic to mildly nonhomogeneous nonmineralized parenchyma. The left adrenal gland measured 1.0 cm width at the caudal pole and 0.91 cm width at the cranial pole. The right adrenal gland measured 0.96 cm width at the caudal pole and 1.2 cm width at the cranial 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 exhibited generalized enlargement. 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. Ill-defined nonhomogeneous to mixed echogenic parenchymal mass was present in the mid to right liver dorsal to the gallbladder, measuring approximately 6-7 cm in diameter. The hepatic and portal vasculature were normal in appearance.

The gallbladder was subnormal in size exhibiting generalized prominent to edematous walls. Minimal anechoic content was present in the gallbladder with solitary, nonobstructive choleliths. The cystic and common bile ducts were normal.



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***Gastrointestinal***

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The stomach presented intact to mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach contained a mild to moderate amount of retained echogenic non-shadowing fluid and chyme.

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The small intestine presented intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio with mild duodenal corrugation and mild segmental nonobstructive jejunal ileus. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

**SEX**

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***Pancreas***

The pancreas was mildly prominent in size and contour with heterogeneous to mildly hypoechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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***Free Abdomen***

Generalized hyperechoic mesentery was noted with mild volume peritoneal free fluid. Evidence of significant lymphadenopathy was not obvious, although potential for mild omental lymphadenopathy possible.

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**ULTRASONOGRAPHIC FINDINGS**

- Acute hepatopathy with ill-defined nonhomogeneous mid to right intraparenchymal mass lesion- acute hepatitis (i.e., viral, bacterial, leptospirosis) considered less likely, toxin, occult or intraparenchymal neoplasia, congestion, reactive hepatic changes or other hepatopathy possible
- Subnormal gallbladder size, exhibiting prominent to edematous walls and focal nonobstructive luminal choleliths- gallbladder wall edema secondary to acute inflammation, portal hypertension or occult neoplasia possible
- Acute gastroenteritis pattern with gastric and mild segmental intestinal hypomotility
- Possible concurrent mild pancreatitis
- Generalized peritonitis with diffuse hyperechoic mesentery and mild volume peritoneal free fluid
- Nonspecific prominent to mildly irregular bilateral adrenal glands

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Abdominocentesis for peritoneal effusion analysis cytology +/- culture and sensitivity recommended for further clarification. Likewise, assuming normal clotting status, hepatic FNA recommended for screening cytology. Neoplastic criteria for the liver is favored, although not definitive.

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Empirically, some or all of the following protocol could be considered. Guarded prognosis.

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**Peritonitis Protocol**



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**Colloids/Hetastarch**

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10 to 20 mL per kilogram per hour and dogs

10 to 15 mL per kilogram per hour cats

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(Can bolus first 1/3 of dose over 15 minutes)

Canine

**Plasma** 10 mL / kilogram IV over 4 hours

**Buprenorphine** 0.02 mg/kg IV IM SC q4-6 hours **Or CRI Lidocaine** 30-50 ug/kg/min

**Dolasetron** for nausea: 0.6-1 mg/kg/day Iv or PO

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**Famotidine** 1 mg/kg IV IM p.o. dc s.i.d. /b.i.d.

Beagle

**Sucralfate** 0.5-1 g p.o. t.i.d. dogs, 0.5 g bid cats in slurry **Or Misoprostol** 1-5 ug/kg po tid

**Clindamycin** 10mg/kg IV p.o. bid

**SEX**

**Enrofloxacin** 10-15 mg/kg IV p.o. s.i.d. dogs, 5 mg/kg Iv po Sid cats

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**Metronidazole** 10-20 mg/kg IV p.o. b.i.d.

**Dexamethasone** physiological 1 mg/kg to treat adrenal burnout if long standing sickness, shock dose 4-10 mg/kg.

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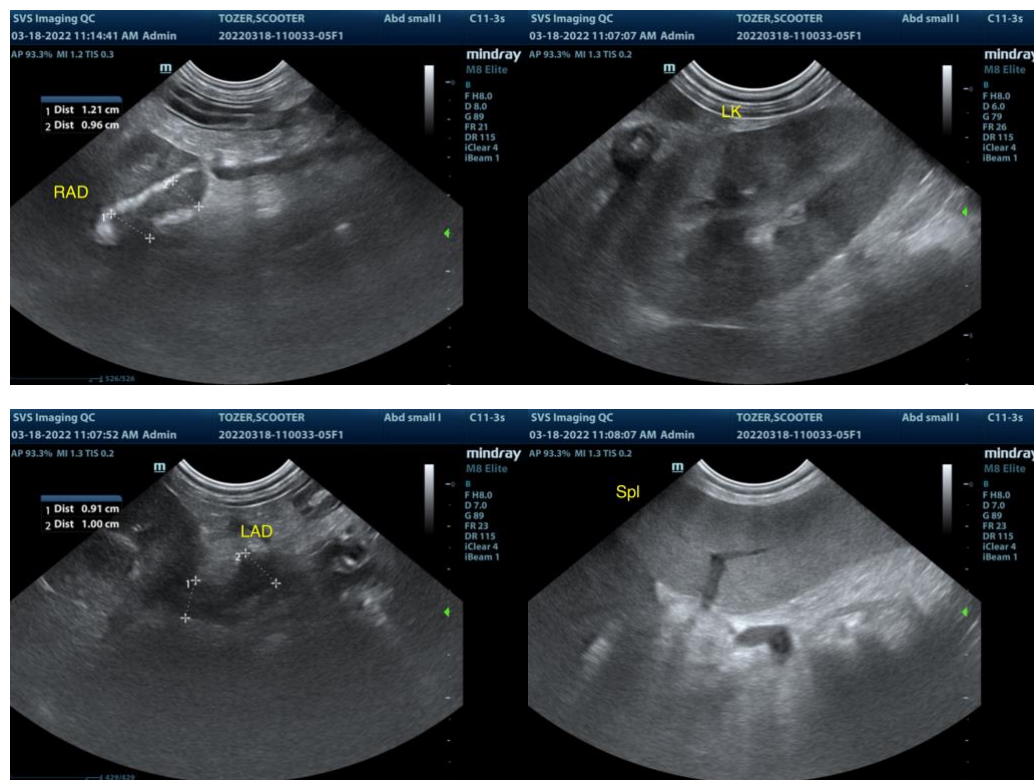
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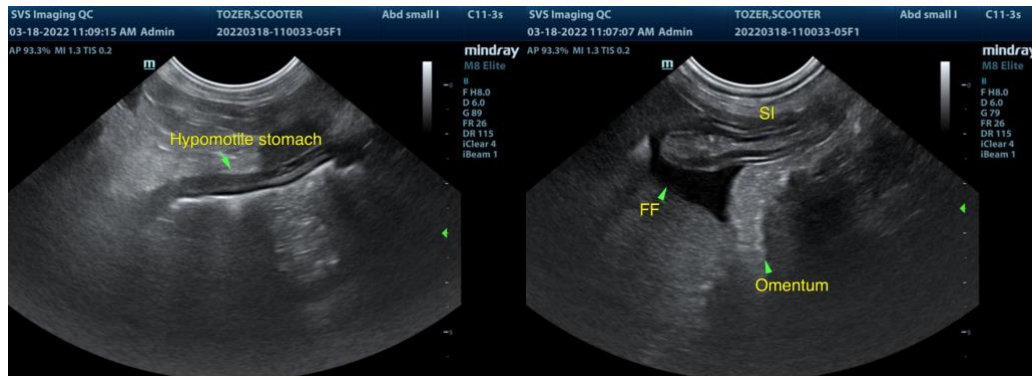
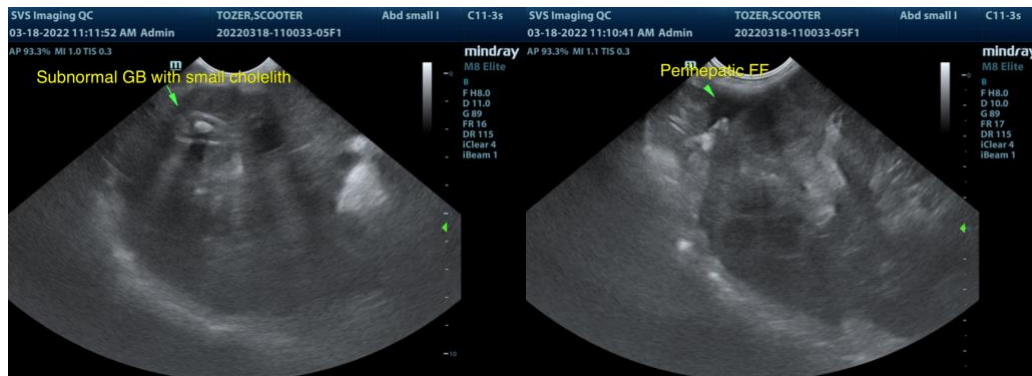
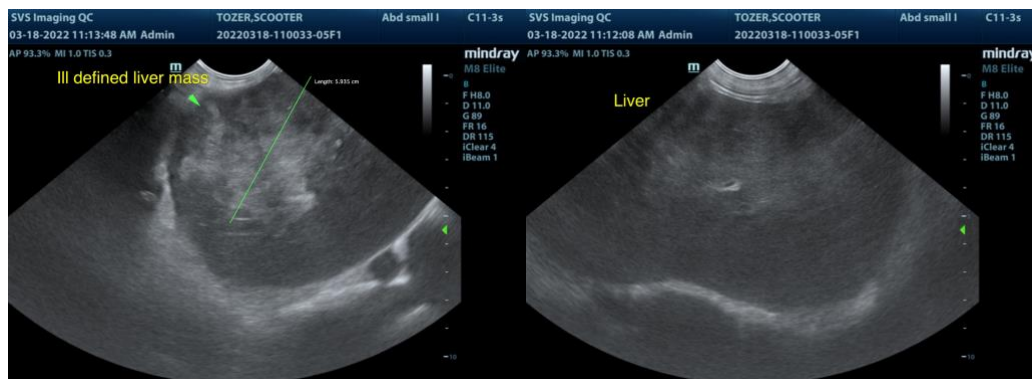
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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.

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**info@SonoPath.com**

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