



**PATIENT**

Charlie McKee

**SPECIES**

Canine

**BREED**

York Terr X

**SEX**

Male Neuter

**AGE**

8 years

**WEIGHT**

4.7 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

McKnight 24 Hr AH

**REFERRING VET**

Dr. Gavin

**INVOICE**

13743

**DATE**

4/27/22

**PRESENTING CLINICAL SIGNS**

Anorexic tachycardia pain in cranial Ab suspect consolidated sludge on AFAST .

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was normal in size and tone with no evidence of inflammatory or neoplastic mural criteria. The bladder contained primarily anechoic urine with small dependent calculi. An example of a urinary bladder calculus measured 0.46 cm in diameter. The urethra was normal in structure and tone to a depth of 2.0 cm.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.78 cm in diameter.

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 4.2 cm in length. The right kidney measured 4.2 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 0.49 cm width at the caudal pole and 0.47 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 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/ 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 liver exhibited mild subjective hepatic vascular congestion, most notable at the level of the hepatic vein caudal vena cava junction. Overt evidence of significantly distended caudal vena cava was not noted, yet indistinctly visualized. The gallbladder was mildly distended in size. The gallbladder walls were overall sonographically normal without evidence of inflammatory criteria. Potential for minor peripheral gallbladder inflammation primarily in the area of the gallbladder neck is possible, although not definitive. No evidence of peripheral gallbladder effusion was noted. The common bile duct was normal.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.



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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.

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

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***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.

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Male Neuter

***Free Abdomen***

Intermittent visualized isoechoic mesenteric and medial iliac lymph nodes were present. The lymph nodes were normal in size and essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example a medial iliac lymph node measured 0.30 cm width. These lymph nodes were not consistent with inflammatory or neoplastic criteria and considered incidental. An example of a mesenteric lymph node measured 0.28 cm diameter.

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**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

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- Mild to moderate congealed, overtly normal common bile duct
- Subjective mild congestive hepatic vasculature
- Heterogeneous pancreas
- Small urinary bladder calculi (estimate 2)

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

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Urine culture and sensitivity is suggested on a sterile urine sample.

The appearance of the gallbladder was not consistent with a gallbladder mucocele, although potential for mild regional cholecystitis in the area of the gallbladder neck is possible.

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The subjective mild hepatic vasculature congestive pattern is of unclear clinical significance and may be secondary to sedation if clinically applicable. Given the tachycardia, three view chest radiographs are recommended to assess cardiopulmonary status.

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Potential for low-grade to chronic pancreatitis is possible, although the sonographic appearance of the pancreas was not consistent with significant or active pancreatitis. Correlation with hepatic enzyme assessment and a Spec cPL is warranted. Ursodiol +/- empirical antibiotic for cholecystitis if clinically indicated is recommended. Sonographic reassessment of the gallbladder is suggested if persistent or progressive evidence of cholestasis.

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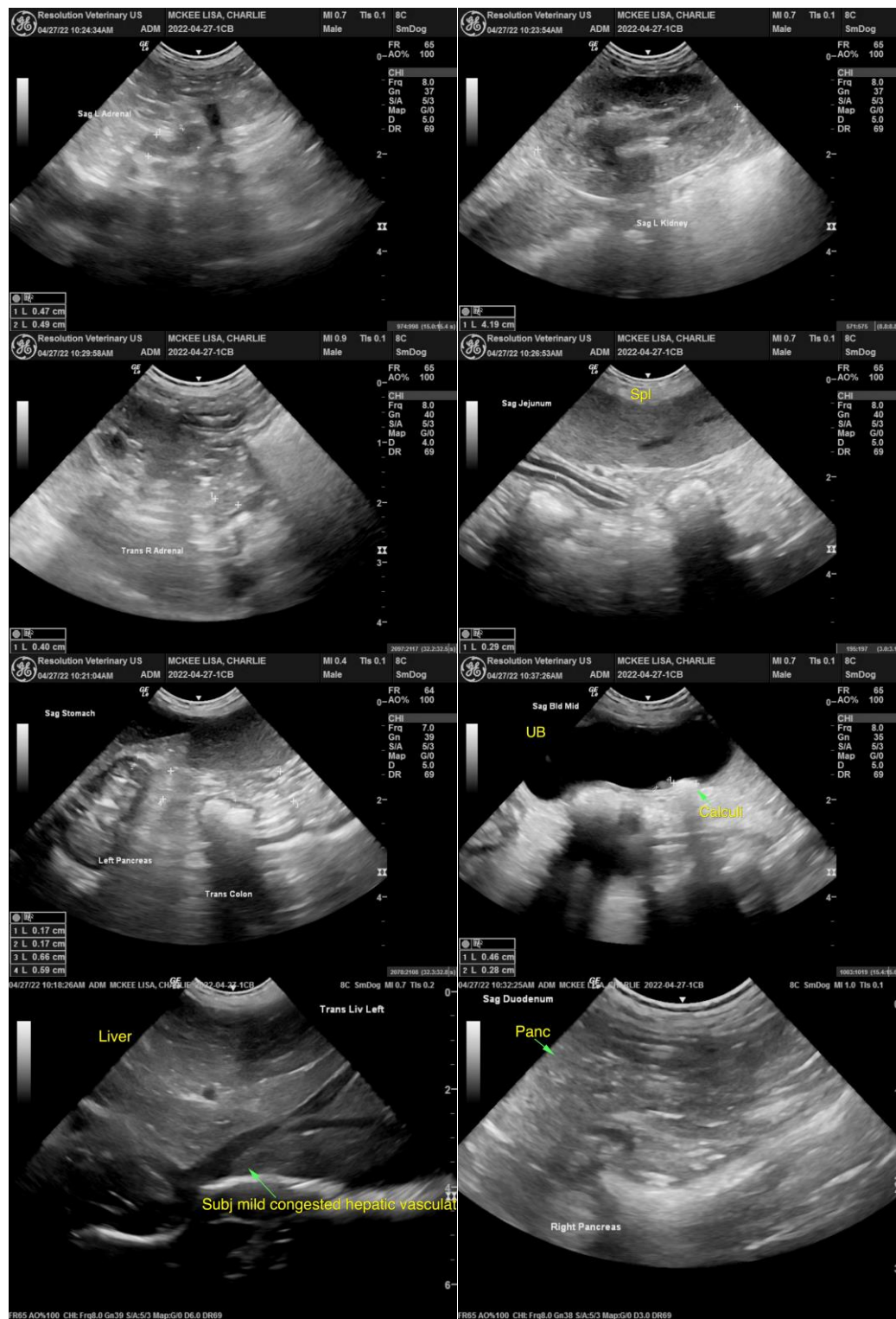
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)**  
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