



PATIENT

Dazzle Tamar

SPECIES

Canine

BREED

Mini Schnauzer

SEX

FI

AGE

12yr

WEIGHT

13.5lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Ramapo Valley
Animal Hospital

REFERRING VET

Dr. Katara

INVOICE

13781ag

DATE

05/11/2023

PRESENTING CLINICAL SIGNS

Septic hephrot cystoliths pyo? Rupture of bladder or urethral tear? Current meds: IVF, unasyn

Abnormal PE/Chem/CBC/UA Results: WBC 0.86, NEU 0.41, Lym 0.38, Mono 0.05, Eos 0.02, MPV 13.7, PDW 23.5, ALKP 303 UA: Bacteria, lymphocytes + blood, SG 1.012

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented normal in size and tone with intact mildly prominent generalized bladder wall. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone to a depth of 3 cm. Anechoic urine was present in the lumen with non-dependent particulate sediment along with dependent multiple small luminal calculi. No evidence of urinary bladder tumors.

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. Focal areas of non-obstructive medullary mineral and bilateral pyelectasia were present. The left kidney measured 4.7 cm in length. The right kidney measured 4.9 cm in length.

The area of the aortic trifurcation was free of pathology.

The uterus exhibited generalized mildly thickened wall layering with mild fluid dilation of the uterine body and segmental uterine horns. The uterine body measured 1.6 cm in diameter. The bilateral ovaries were indistinctly visualized yet appeared cystic in appearance.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

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 moderately enlarged extending past the level of the gastric axis. Symmetrical capsule contour was maintained. Generalized mild non-homogenous parenchyma exhibiting moderate coarse echotexture and mild remodeling was present. No masses or nodules visualized. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with moderate congealed non-organized variably hyperechoic sludge. The cystic and common bile ducts were normal.

Gastrointestinal

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



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The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

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

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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 was evident.

Free Abdomen

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Generalized primarily peri uterine to pericystic hyperechoic omentum. Possible intermittent scant pocket of peritoneal effusion. No evidence of significant peritoneal effusion or omental lymphadenopathy.

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ULTRASONOGRAPHIC FINDINGS

- Mild segmental fluid distended uterus with mildly thickened uterine wall-suggestive of endometritis with concern for emerging to low grade pyometra.
- Suspect bilateral cystic ovaries.
- Intact urinary bladder with mild cystitis pattern and luminal calculi.
- Chronic renal changes with non-obstructive medullary mineral and bilateral pyelectasia.
- Hepatomegaly exhibiting mild non-uniform/remodeled parenchyma-subjectively benign, suggestive of reactive/vacuolar hepatopathy pattern.
- Moderate congealed gallbladder debris, not overtly consistent with mucocele criteria.
- Mild gastroenteritis pattern.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Broad spectrum antibiotic therapy is recommended as this patient is at significantly increased risk of sepsis given the degree of neutrophilia. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

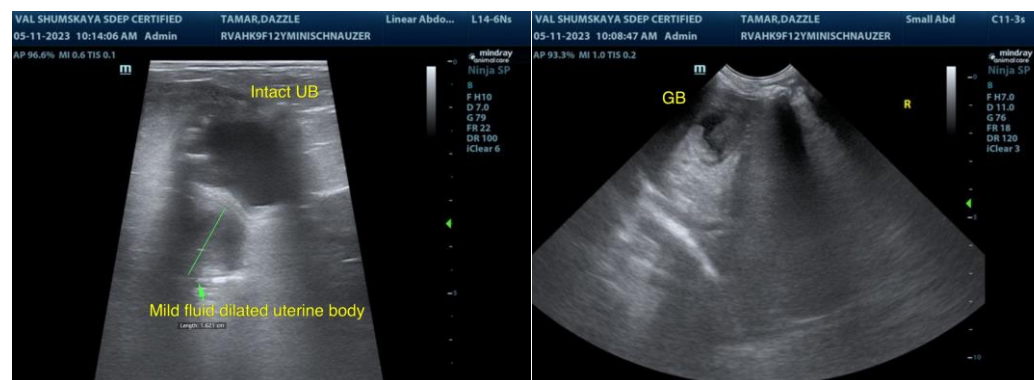
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A CBC path review as well as a coagulation profile is warranted. Assuming no evidence of pathology on three view radiographs, and once patient is stable for anesthesia, laparotomy with OVH, cystotomy with urinary bladder flush +/- hepatic biopsies and gross inspection of the gallbladder is warranted.

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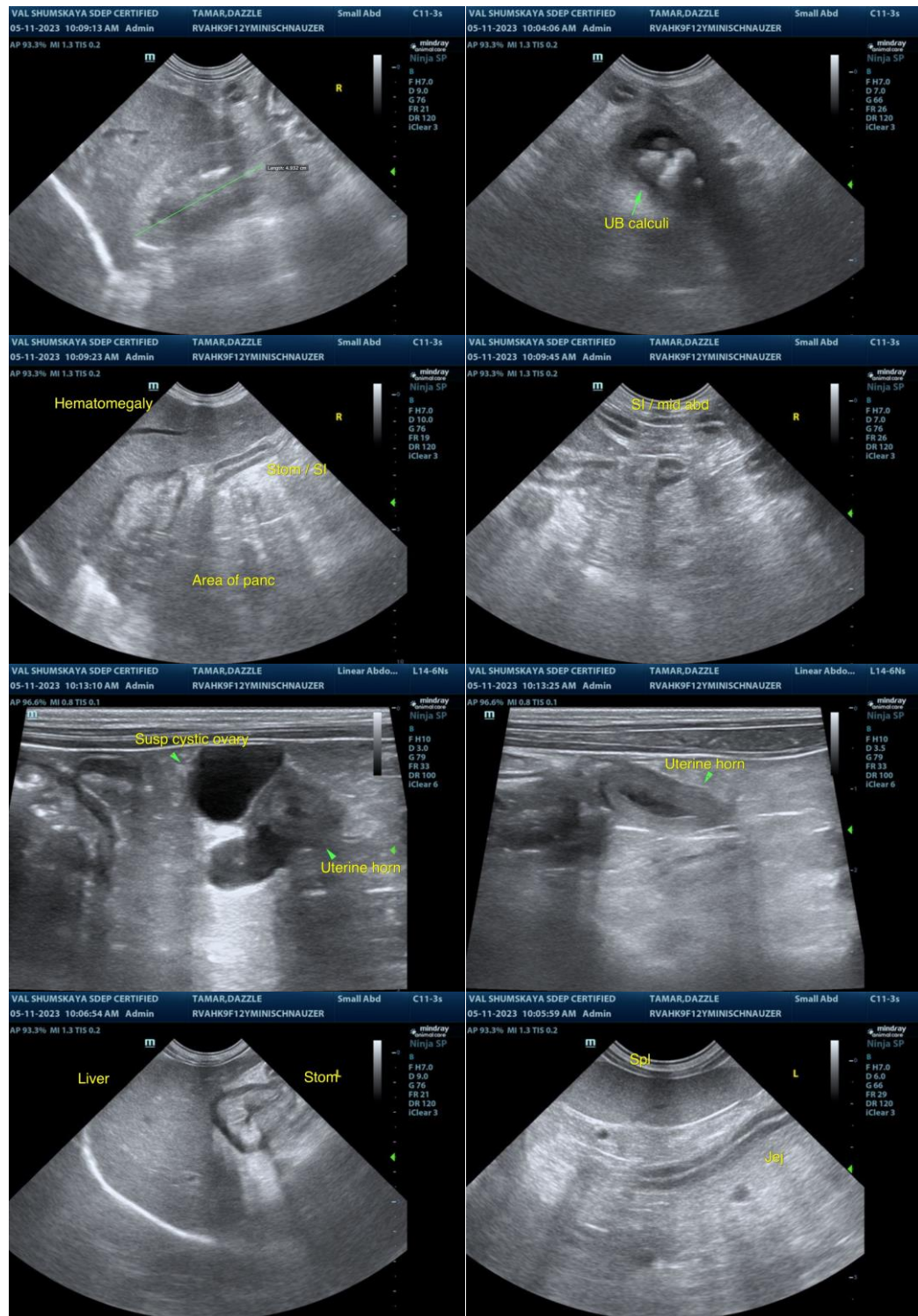
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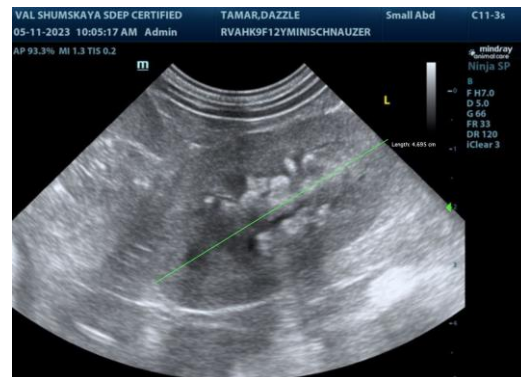
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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