

## PATIENT

Bushy Brichta

## SPECIES

Canine

## BREED

Terrier Mix

## SEX

Spayed Female

## AGE

7 Years

## WEIGHT

21.8 kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

## IMAGING PERFORMED BY

Renee Trionfetti VMD

## HOSPITAL NAME

Blue Pearl Wyomissing

## REFERRING VET

Heatherlynn  
McFarlane, DVM  
DACVIM

## INVOICE

16371

## DATE

05/20/26

## PRESENTING CLINICAL SIGNS

AUS to further evaluate ascites/icteric. Elevated ALT, GGT, hypoglycemia, monocytosis, hyperbilirubinemia. One week not herself/possible abdominal distension that got worse last night. Is more anxious the last week and increased drinking. Currently hospitalized. Adopted from Kuwait.

Abdominocentesis: 2,850 mls icteric thin fluid removed PCV/TS - 55/6.4 CBC - Monocytosis  $1.3 \times 10^3$ , platelets slightly decreased @  $113 \times 10^3$  EPOC - Lactate - 7.11, Glu - 67, BUN - 4.0 Chem - Alb 2.8 (normal), ALT - 982, Glu - 81, TBil - 15.4, GGT - 42, BUN - 6.6 Lateral chest - no obvious lung nodules, lateral of abdomen - significant ascites

## 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 change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 6.0 cm in length. The right kidney measured 5.7 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 0.54 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 0.58 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. Mild splenic folding was evident, not indicative of underlying splenic pathology with subjective mild prominent splenic vasculature, which may suggest splenic congestion. No mass or nodules were evident.

### Liver & Gallbladder

The liver presented subjective normal in size with areas of mild asymmetrical hepatic capsule contour, mild non-homogenous hypoechoic hepatic parenchyma and indistinct portal vascular borders. No definitive mass or nodule visualized. Subjective adequate to normal hepatic vascular volume.

The gallbladder was subnormal in size. The gallbladder wall was mildly thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is



## PATIENT

Bushy Brichta

## SPECIES

Canine

## BREED

Terrier Mix

## SEX

Spayed Female

## AGE

7 Years

## WEIGHT

21.8 kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

## IMAGING PERFORMED BY

Renee Trionfetti VMD

## HOSPITAL NAME

Blue Pearl Wyomissing

## REFERRING VET

Heatherlynn  
McFarlane, DVM  
DACVIM

## INVOICE

16371

## DATE

05/20/26

consistent with gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis. The gallbladder wall measured 0.4 cm. Mild anechoic bile was present. The common bile duct was not definitively visualized.

## **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.

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. Mild non-obstructive upper duodenal and segmental jejunal ileus.

Normal visible colon wall layers were present. The colon was nondistended containing soft to nonformed fecal matter.

## **Pancreas**

The visualized pancreas exhibited mild prominent size, mildly swollen capsule contour with minor non-homogenous hypoechoic parenchyma compared to adjacent omentum.

## **Free Abdomen**

Generalized primarily homogenous omental hypoechogenicity and significant volume of primarily anechoic peritoneal effusion. Intermittent mildly prominent mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of the lymph nodes measured 0.83 cm in diameter.

## **Heart**

Brief subjective echocardiogram revealed normal left and right cardiac chamber dimension and adequate LV systolic function. No visible cardiac tumor in the visible window. Scant pericardial effusion around the apical heart.

## **ULTRASONOGRAPHIC FINDINGS**

- Irregular non-homogenous hypoechoic non-congested liver.
- Gallbladder edema.
- sonographically unremarkable gastrointestinal tract with minor non-obstructive duodenojejunal ileus and soft to non-formed fecal matter in colon.
- Mildly prominent non-homogenous hypoechoic pancreas-edema versus mild inflammation.
- Significant volume of peritoneal effusion, omental hypoechogenicity and intermittent mild subjective benign mesenteric lymph nodes.
- Mild splenic folding with subjective mild splenic congestion.
- Subjective normal cardiac structure/function with scant apical pericardial effusion.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The hepatopathy and gallbladder edema may indicate acute versus acute on chronic nonspecific hepatitis (viral, bacterial, leptospirosis, toxin) in line with severely elevated ALT and elevated lactate. Alternative differentials may include anaphylaxis or occult hepatic to possible multicentric neoplasia with effusion secondary to portal hypertension/hepatopathy or potential carcinomatosis or similar



**PATIENT**

Bushy Brichta

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Spayed Female

**AGE**

7 Years

**WEIGHT**

21.8 kg

**INTERPRETED BY**

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

**IMAGING PERFORMED BY**

Renee Trionfetti VMD

**HOSPITAL NAME**

Blue Pearl Wyomissing

**REFERRING VET**

Heatherlynn McFarlane, DVM DACVIM

**INVOICE**

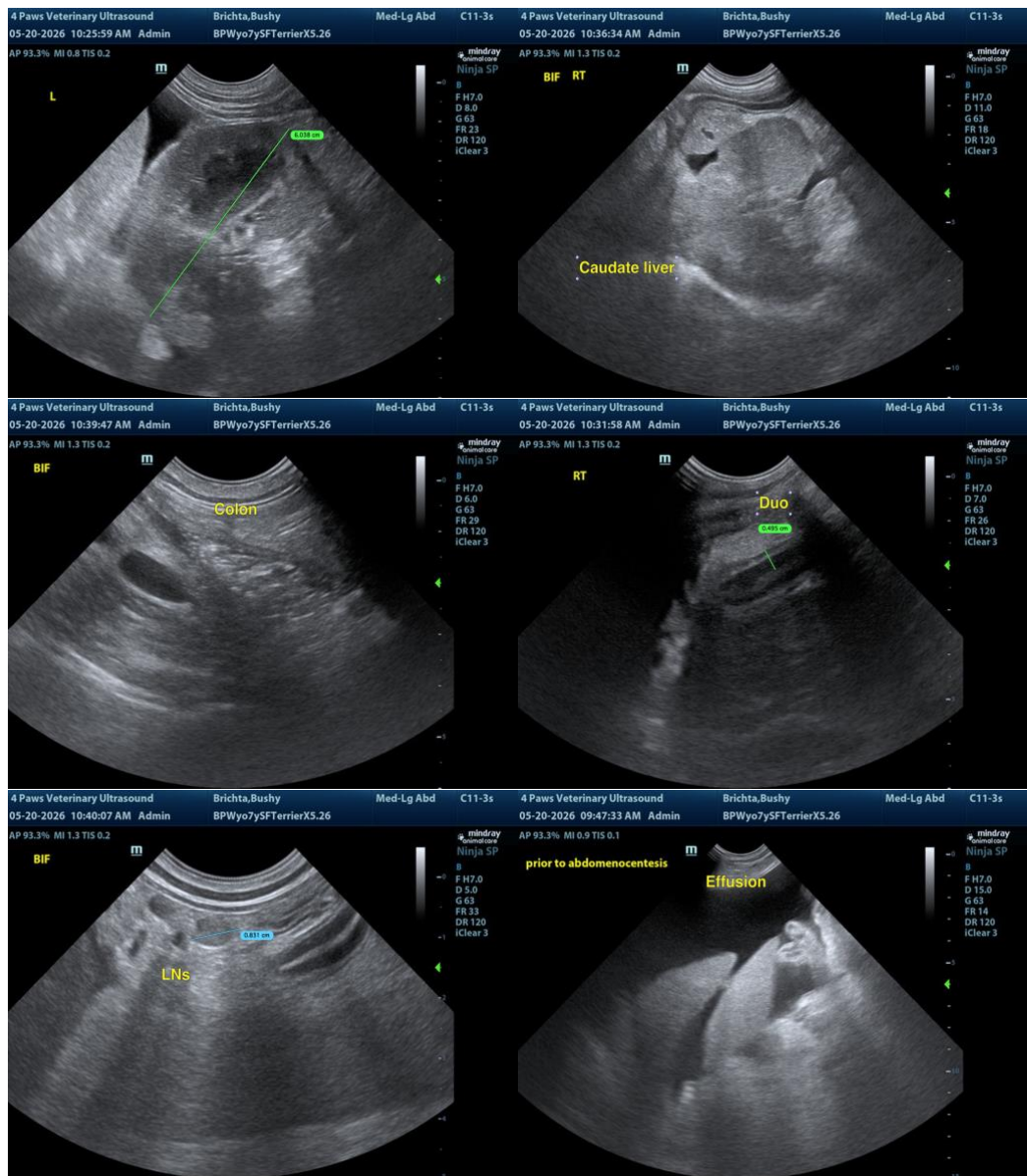
16371

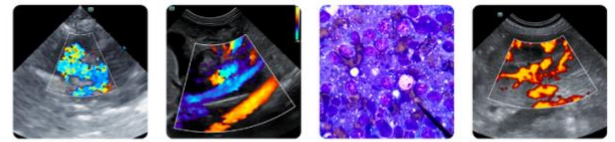
**DATE**

05/20/26

given lack of hepatic congestion and normal albumin level. No evidence of cardiomyopathy as a contributing factor.

Further assessment may include (assuming normal clotting status) FNA cytology of the liver +/- spleen, effusion analysis cytology +/- culture and sensitivity if inflammatory component and leptospirosis titers/PCR if clinically indicated. No evidence of adrenal pathology or post-hepatic obstruction. Pending additional diagnostics, empirical therapy for acute versus acute on chronic hepatitis may be considered.





#### PATIENT

Bushy Brichta

#### SPECIES

Canine

#### BREED

Terrier Mix

#### SEX

Spayed Female

#### AGE

7 Years

#### WEIGHT

21.8 kg

#### INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

#### IMAGING PERFORMED BY

Renee Trionfetti VMD

#### HOSPITAL NAME

Blue Pearl Wyomissing

#### REFERRING VET

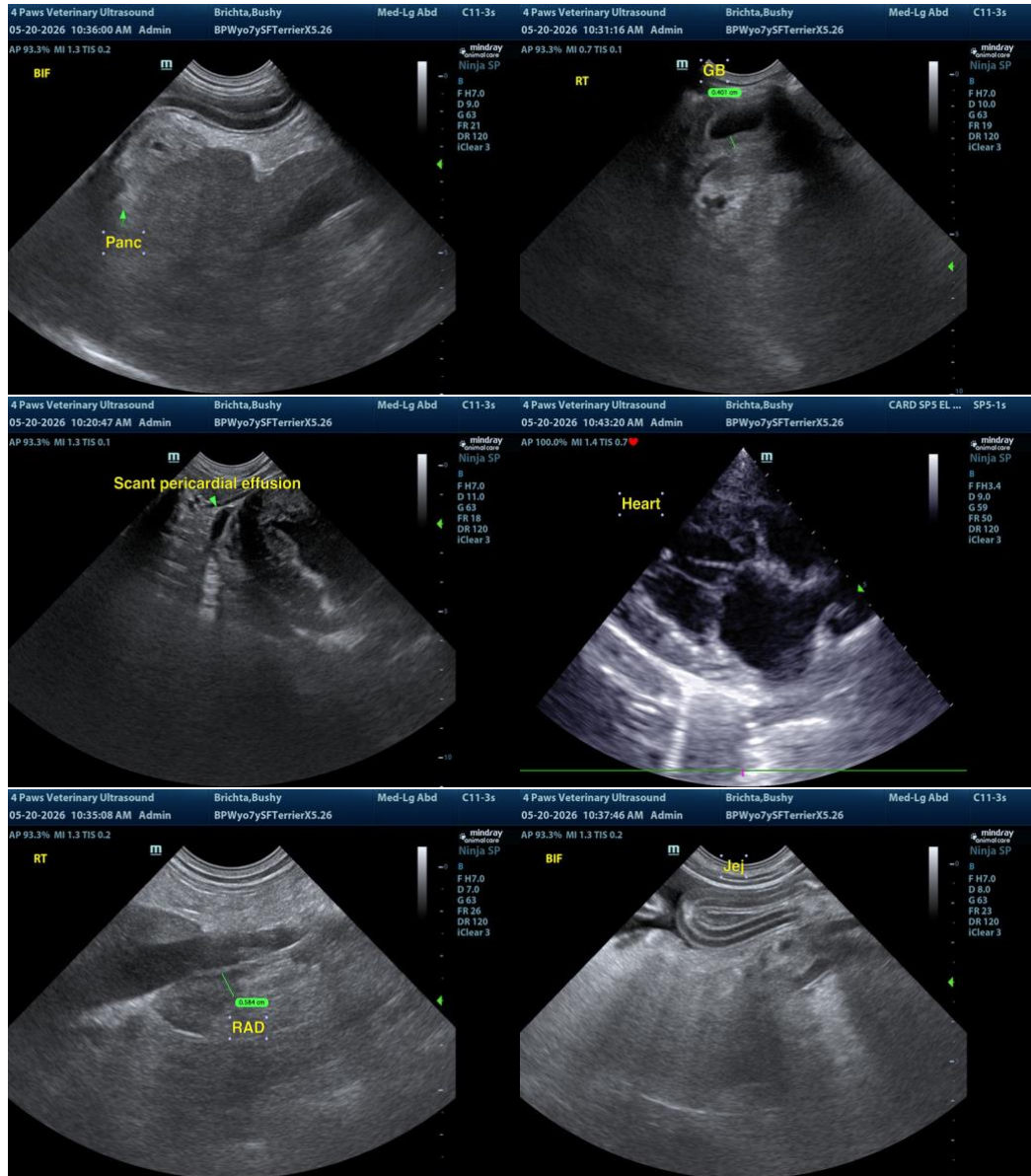
Heatherlynn  
McFarlane, DVM  
DACVIM

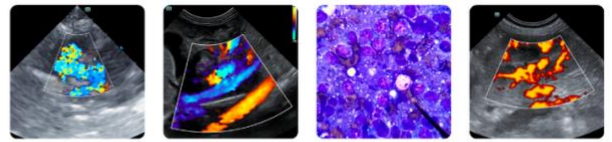
#### INVOICE

16371

#### DATE

05/20/26





## PATIENT

Bushy Brichta

## SPECIES

Canine

## BREED

Terrier Mix

## SEX

Spayed Female

## AGE

7 Years

## WEIGHT

21.8 kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

## IMAGING PERFORMED BY

Renee Trionfetti VMD

## HOSPITAL NAME

Blue Pearl Wyomissing

## REFERRING VET

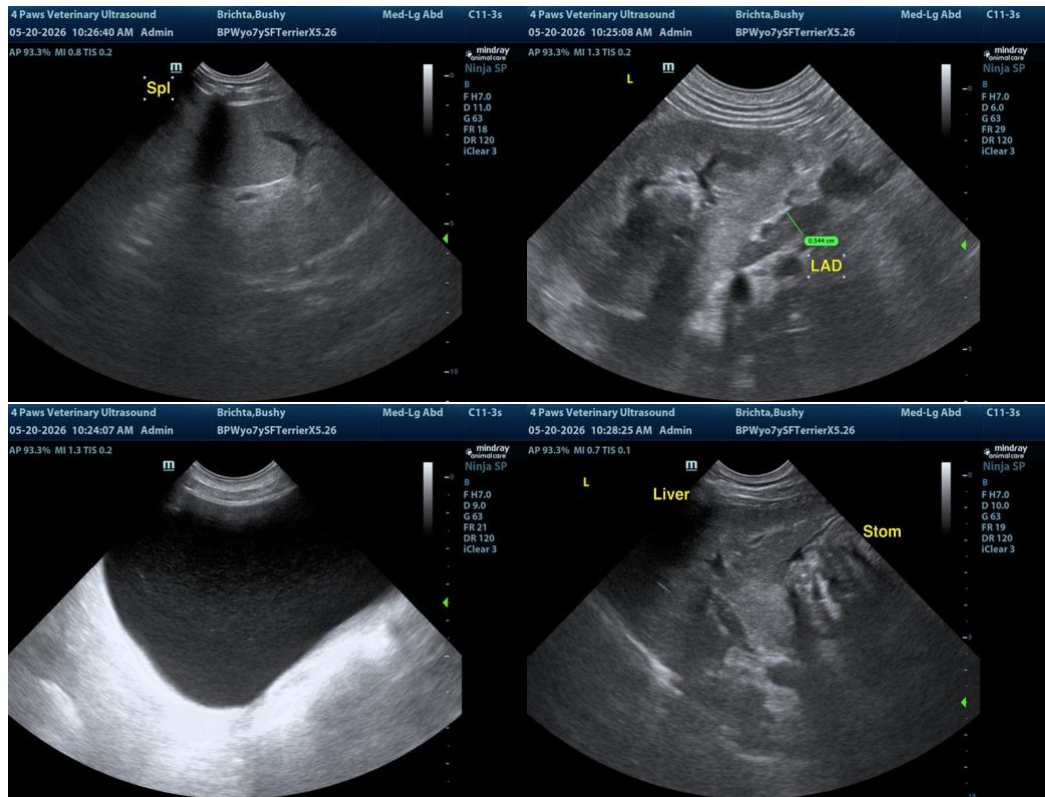
Heatherlynn  
McFarlane, DVM  
DACVIM

## INVOICE

16371

## DATE

05/20/26



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)

[info@SonoPath.com](mailto:info@SonoPath.com)