



PATIENT

Happy Brewer

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

6

WEIGHT

16.785

INTERPRETED BY

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

IMAGING PERFORMED BY

Cassidy Braverman,
CVT

HOSPITAL NAME

Bush AH

REFERRING VET

Dr. Blystone

INVOICE

14184

DATE

6/30/22

PRESENTING CLINICAL SIGNS

Inapparent, lethargy, vomiting for one week.

Abnormal PE/Chem/CBC/UA Results: CBC : HCT 59.9%, WBC 19.2 thous/dl with neutrophilia 17280
Chem: BUN 6mg/dl, m Cl102mmol/L, AN gap 29, ALT 1239 IU/L, AST 396 IU/L, Alk Phos 7467 IU/L,
GGT 78 IU/L, Bili 2.9 mg/dl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 3.7 cm in length. The right kidney measured 4.3 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 0.57 cm width at the caudal pole. No overt pathology was noted in the area of the right adrenal gland.

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 overtly normal in size and maintained symmetrical capsule contour. Normal hepatic parenchymal echogenicity with a moderate coarse echotexture was present. No masses or nodules were noted.

The gallbladder was distended in size with mildly prominent to edematous gallbladder walls. Moderate congealed, mildly organized, mildly hyperechoic luminal debris was present. Evidence of peripheral gallbladder Inflammation exhibited by pericholecystic to cranial abdominal hyperechoic omentum along with scant to mild volume pericholecystic to right cranial abdominal free fluid was present.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material with mild luminal gas.



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The duodenum exhibited intact yet mildly prominent wall layering. The duodenum lumen was empty without evidence of retained fluid or obstructive pattern. The jejunum and ileum to the level of the colon were sonographically normal.

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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. No overt sonographic evidence of active pancreatitis or pancreatic neoplastic criteria was evident.

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Free Abdomen

No overt lymphadenopathy was present.

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ULTRASONOGRAPHIC FINDINGS

- Gallbladder mucocele with peripheral inflammation and scant to mild volume pericholecystic to right cranial abdominal free fluid - possible bile peritonitis
- Associated hepatopathy
- Suspect mild gastroduodenitis
- Heterogeneous pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

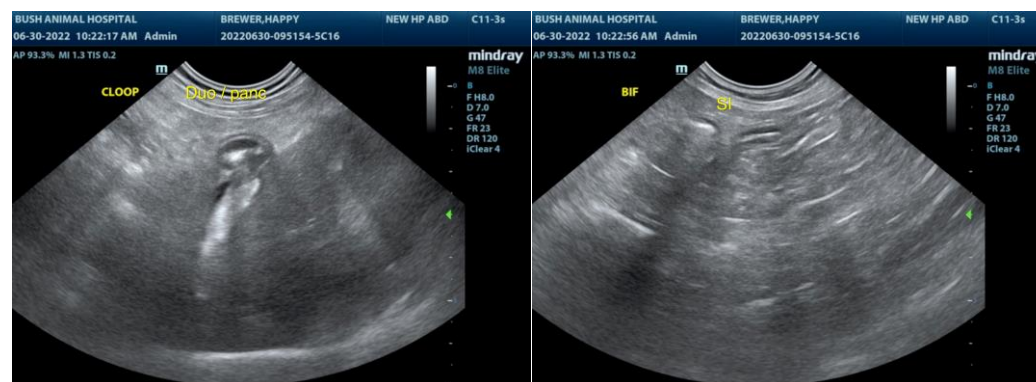
The appearance of the gallbladder is consistent with inflamed gallbladder mucocele with peripheral inflammation. The concurrent scant to mild volume free fluid is suggestive of potential secondary bile peritonitis. A coagulation profile is recommended. Initiation of perioperative antibiotics is suggested with an immediate referral for cholecystectomy, likely peritoneal lavage, and hepatic biopsies. This is a surgical emergency.

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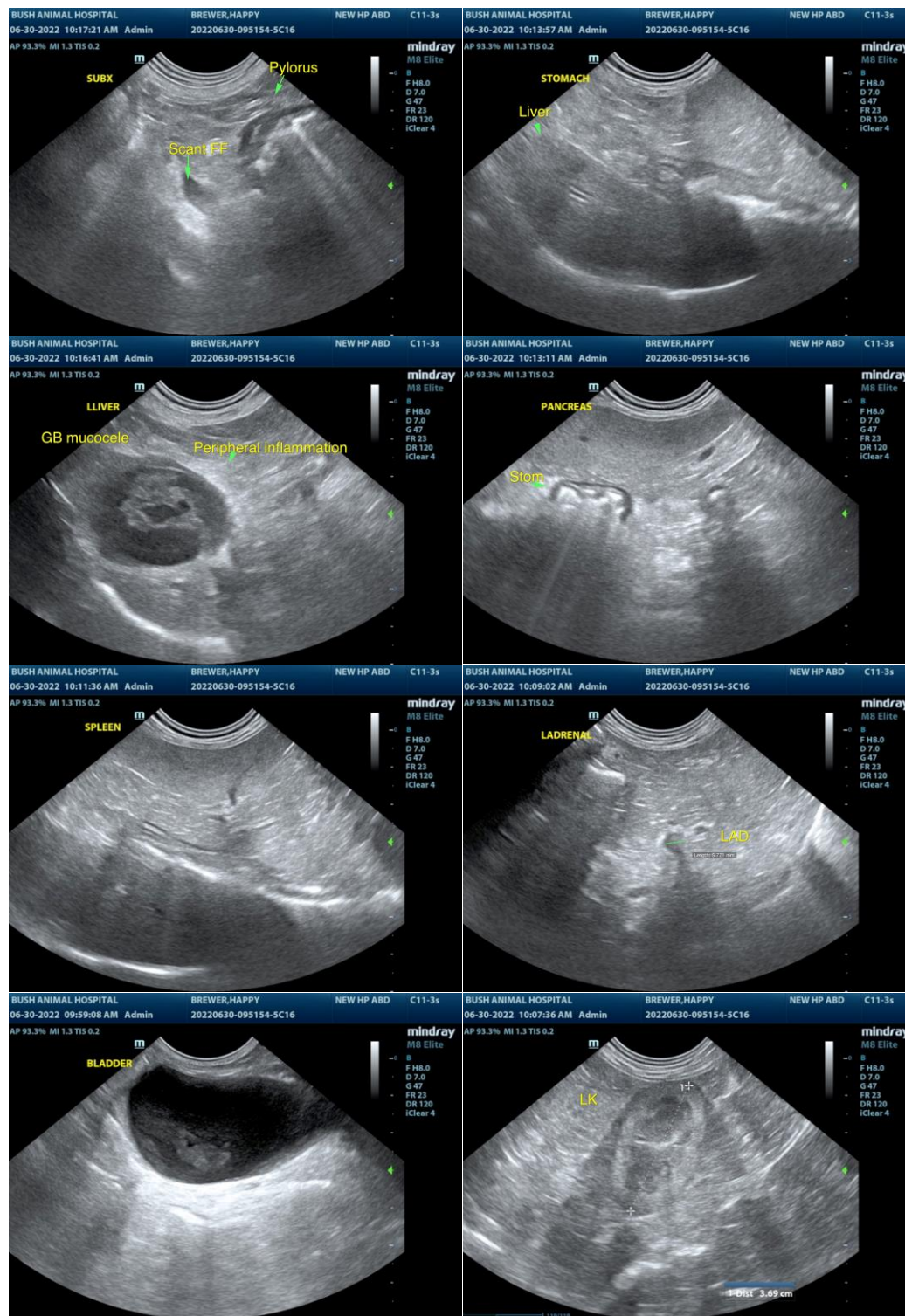
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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