



PATIENT PRESENTING CLINICAL SIGNS

Ellie Dibacco

Got into the trash last night. Was at dog park this am and came back favoring one leg and later became very lethargic. Vomited several times. Last ate last night. No lameness noted on exam. Afebrile and PE WNL.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: RBC: 6.2. HCT: 45, TP: 5.8, ALB: 2.8, ALT: 782, ALK: <10, GGT:7, Tbili: 1.8.

BREED

Visal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild non-dependent particulate sediment is present, which may indicate cellular debris/protein, crystalline debris, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

AGE

6 Years

The area of the aortic trifurcation was free of pathology.

WEIGHT

35 Pounds

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 5.0 cm. The right kidney measured 5.2 cm.

INTERPRETED BY

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

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.1 cm length x 0.52 cm at the caudal pole. The right adrenal gland measured 2.1 cm length x 0.49 cm at the caudal pole.

IMAGING PERFORMED BY

Dr. Rodriguez

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.

HOSPITAL NAME

Foxfield Vet Services

Liver

The liver presented subjective mild enlargement with maintained symmetrical capsule contour. Normal to mildly reduced hepatic parenchyma echogenicity with subtle increased prominence of portal vascular borders. Normal hepatic vascular volume without evidence of congestive criteria. The gallbladder was non-distended in size. The gallbladder wall was thickened in appearance (0.36 cm in width) consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, hypoalbuminemia, right sided heart failure and anaphylaxis. Primarily anechoic gallbladder content with mild echogenic gallbladder sediment.

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Dr. Rodriguez

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PATIENT

Gastrointestinal

Ellie Dibacco

The stomach presented intact wall layering with a normal wall layer ratio. Mild retained primarily anechoic pyloric fluid present.

SPECIES

Canine

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 mechanical/metabolic ileus, obstruction or foreign material.

BREED

Visal

Normal visible colon wall layers were present with soft fecal matter in the lumen.

SEX

Spayed Female

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.

AGE

6 Years

Free Abdomen

Mild volume anechoic perihepatic free fluid present.

WEIGHT

35 Pounds

No overt omental lymphadenopathy.

Rapid view of the heart revealed no evidence of left or right heart chamber enlargement, with subjective potential for mild volume contraction. No evidence of right-sided cardiomegaly, masses, or pericardial effusion.

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ULTRASONOGRAPHIC FINDINGS

- Hepatopathy - sonographically consistent with acute hepatopathy criteria
- Gallbladder wall edema
- Mild volume perihepatic free fluid
- Normal gastrointestinal tract with mild retained gastric fluid - no obstructive pattern / foreign body
- Soft fecal matter in colon
- Minor urinary bladder sediment

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatopathy and gall bladder edema would be acute hepatitis (viral, bacterial, Leptospirosis, toxins) in line with the elevated ALT. Differentials may include anaphylactic reaction or less likely infiltrative neoplasia. Further assessment may include, if normal clotting status, FNA hepatic cytology and Leptospirosis titers / PCR. Empirical therapy for acute hepatitis with gastrointestinal support and assessment of hepatic response. Recheck ultrasound if progressive hepatic enzyme elevations or effusion despite empirical therapy.

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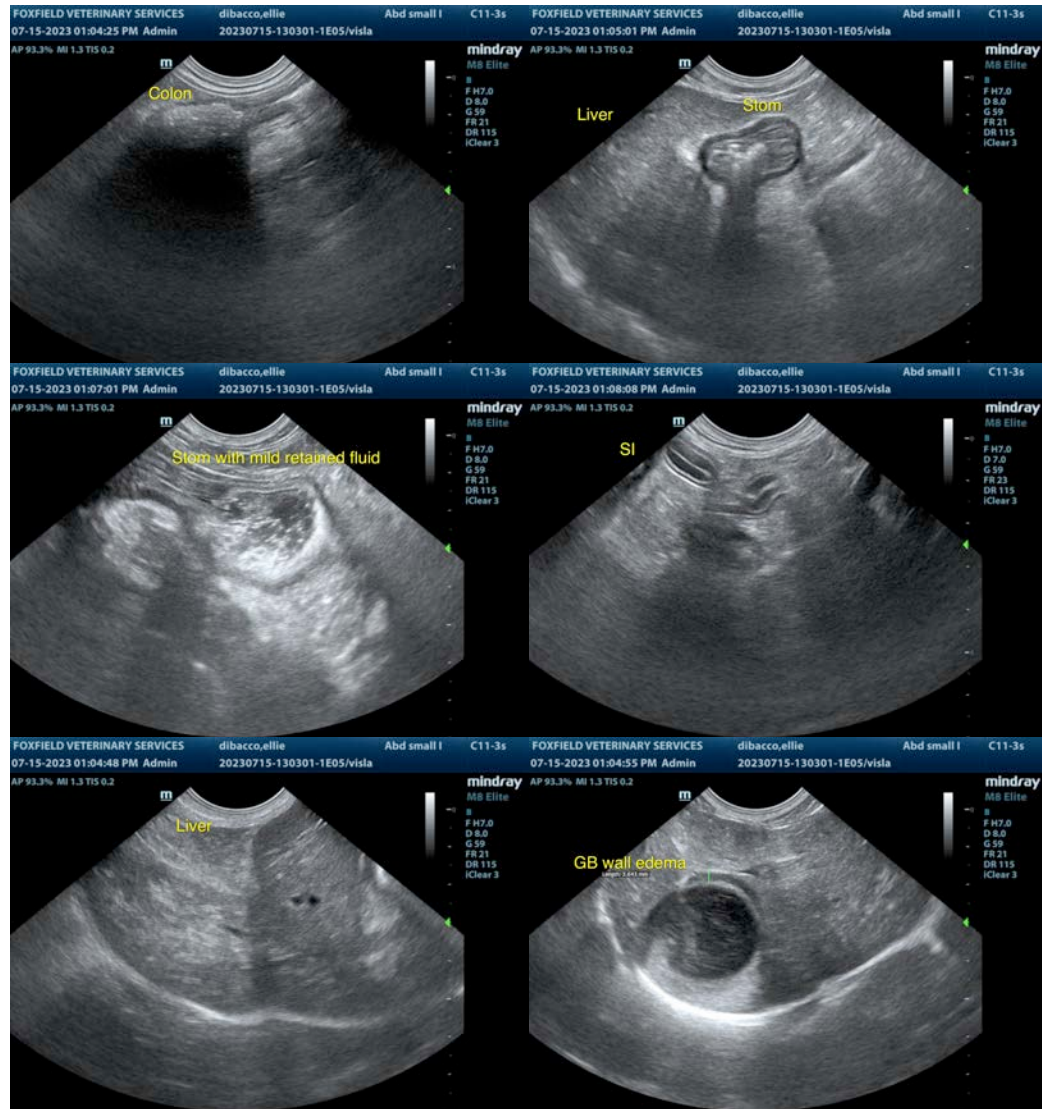
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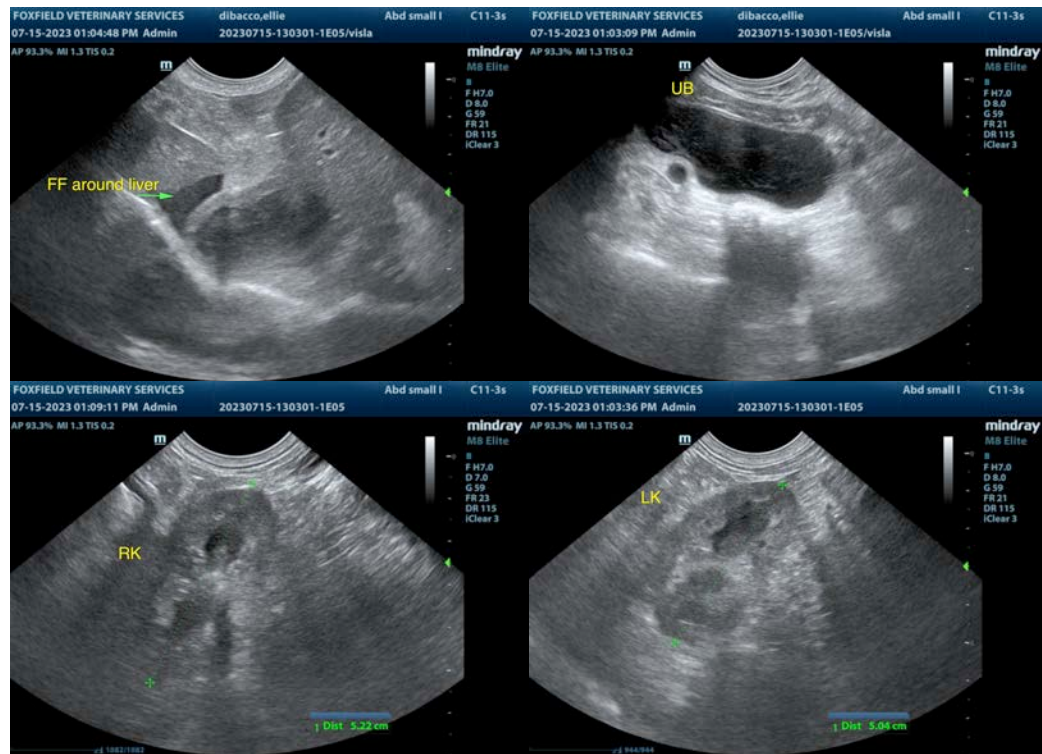
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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