

PATIENT

Midnight Russotti

SPECIES

Canine

BREED

Lab mix

SEX

MN

AGE

NA

WEIGHT

NA

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Westwood RVH

REFERRING VET

Dr. McConnell

INVOICE

11214ag

DATE

07/27/2022

PRESENTING CLINICAL SIGNS

History: Leukocytosis/Neutrophilia; R/o Gallbladder mucocele vs acute hepatitis vs other

Abnormal PE/Chem/CBC/UA Results: WBC 40.21 x 10⁶, Neu 36.31, Mon 2.03, ALP 267

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size which prohibited full evaluation of the bladder walls. The trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with very minor particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination was 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.8 cm in length. The right kidney measured 7.9 cm in length.

The area of the aortic trifurcation was free of pathology.

No overt pathology in the area of the residual prostate.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.96 cm width at the caudal pole and 3.0 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.59 cm width at the caudal pole and 3.3 cm length.

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

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was distended in size with mildly prominent to hyperechoic walls and significant hyperechoic nondependent organized luminal debris exhibiting subtle striation. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild anechoic fluid with no signs of ileus, obstruction or foreign material.



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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 formed feces in lumen.

Pancreas

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

SEX

Mild to moderate volume peritoneal fluid exhibiting mild echogenic changes potentially indicative of cellularity. Mid to cranial abdominal mildly nonuniform hyperechoic mesentery was noted.

MN

ULTRASONOGRAPHIC FINDINGS

AGE

NA

- Inflamed gallbladder mucocele
- Hepatopathy
- Mid to cranial abdominal hyperechoic mesentery with mild to moderate volume peritoneal free fluid-strong concern for bile peritonitis
- Gastroenteritis

WEIGHT

NA

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominocentesis for peritoneal fluid analysis and cytology is recommended given high concern for bile peritonitis. Aggressive peri operative antibiotics with immediate cholecystectomy and hepatic biopsy is likely indicated. Clotting status evaluation recommended prior to surgical considerations. This may be considered a surgical emergency. A very guarded to potential unfavorable prognosis is indicated given the high concern for bile peritonitis.

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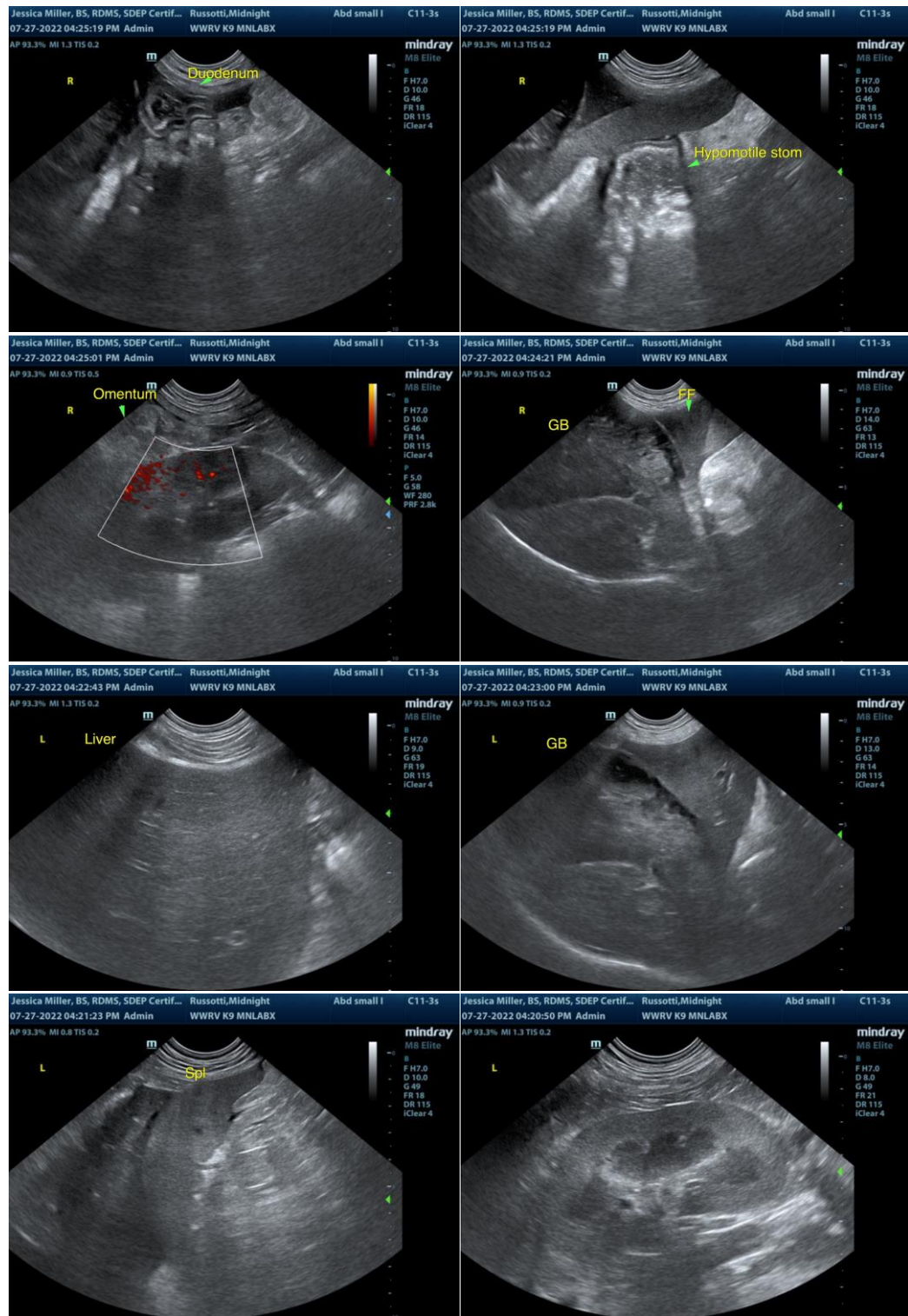
Dr. McConnell

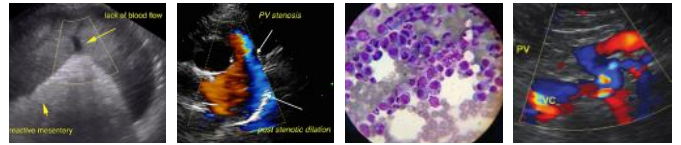
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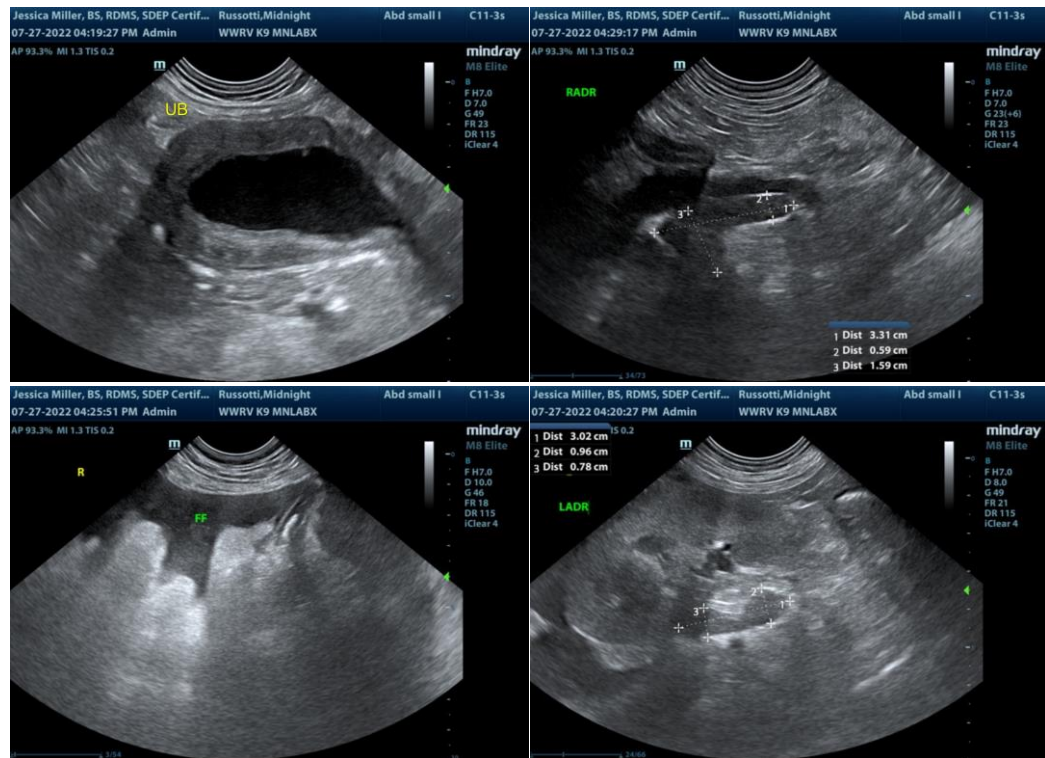
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com