

**PATIENT**

Carlisle Rodriguez

SPECIES

Canine

BREED

English Bulldog

SEX

Intact Male

AGE

9 years

WEIGHT

83 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Haenni

INVOICE

12243

DATE

9/15/21

PRESENTING CLINICAL SIGNS

Not eating since yesterday, vomiting, very lethargic to point cant walk, lateral recumb not wanting to move Hx of recurring bladder infections

Abnormal PE/Chem/CBC/UA Results: Painful abdomen, Rads show possible mass WBC 20.52, Neu 16.79, HGB 22.4, HCT 60%, BUN 41.6, Crea 3.2, PHOS 12.5, Calcium 13.4, TP 8.8, ALB 4.9, Glob 3.9, Chol >450, ALT 289, ALP 363, GGT 48, AMYL 1973, LIP 615, Mag 2.6, Trigl 224, NaCl 137, Chloride 90

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder was subnormal in size. Full evaluation of the urinary bladder walls was limited owing to lack of urine distention, yet generalized urinary bladder wall thickening with mild nonhomogeneous echotexture was present. No evidence of mural mineralization was noted. The urinary bladder wall measured 0.89 cm. The urethra was normal to a depth of 3.0 cm.

The prostate was mildly enlarged in size with asymmetrical margination. Generalized nonhomogeneous to mixed echogenic parenchyma was present. The prostate measured 4.7 cm x 2.4 cm.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. Small cortical cysts were present in both kidneys with minor dystrophic medullary mineralization. No evidence of pelvic dilation was present. The left kidney measured 7.5 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 3.5 cm length x 1.0 width in the caudal pole. The right adrenal gland measured 3.4 cm length x 1.0 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

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. A focal, thinly walled parenchyma cyst noted adjacent to the gallbladder

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was present. 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 non-distended in size with nondependent to inspissated ovoid-appearing luminal debris. The debris extended into the mildly dilated cystic bile duct. Potential generalized yet variable common bile duct dilation was present, extending caudally towards the duodenum. Common bile duct dilation measured 0.64 cm in diameter. No evidence of ductal calculi with potential for mild mucoduct.

Gastrointestinal

The visualized gastric walls were sonographically unremarkable. The gastric body wall width measured 0.50 cm. A strongly shadowing gastric luminal echo measuring approximately 3.0-4.0 cm in diameter was present, extending into the area of the pylorus.

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. Suspected focal concurrent intestinal shadowing echo measuring approximately 2.0-3.0 cm in diameter was present. The duodenum wall width measured 0.40 cm. The jejunum wall width measured 0.40 cm.

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

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 were evident.

Free Abdomen

Subtle peri-intestinal to perigastric reactive mesentery was present. No evidence of concurrent effusion or overt lymphadenopathy was noted.

ULTRASONOGRAPHIC FINDINGS***Primary Findings***

- Subjectively thickened urinary bladder - possible chronic cystitis
- Mild asymmetrical prostatomegaly with nonhomogeneous parenchyma - benign prostatic hyperplasia or potential prostatitis possible
- Shadowing gastric and potential intestinal luminal echoes with segmental duodenojejunal ileus pattern - strongly suggestive of gastric and potential focal intestinal foreign bodies
- Hepatopathy with focal parenchymal cyst
- Inspissated to ovoid-appearing gallbladder luminal debris with concurrent mild to moderate common bile duct dilation - cholecystitis / cholangitis with emerging organized luminal debris, atypical mucocele, cholangitis with potential emerging post hepatic obstruction, potential for gallbladder luminal mass cannot be excluded



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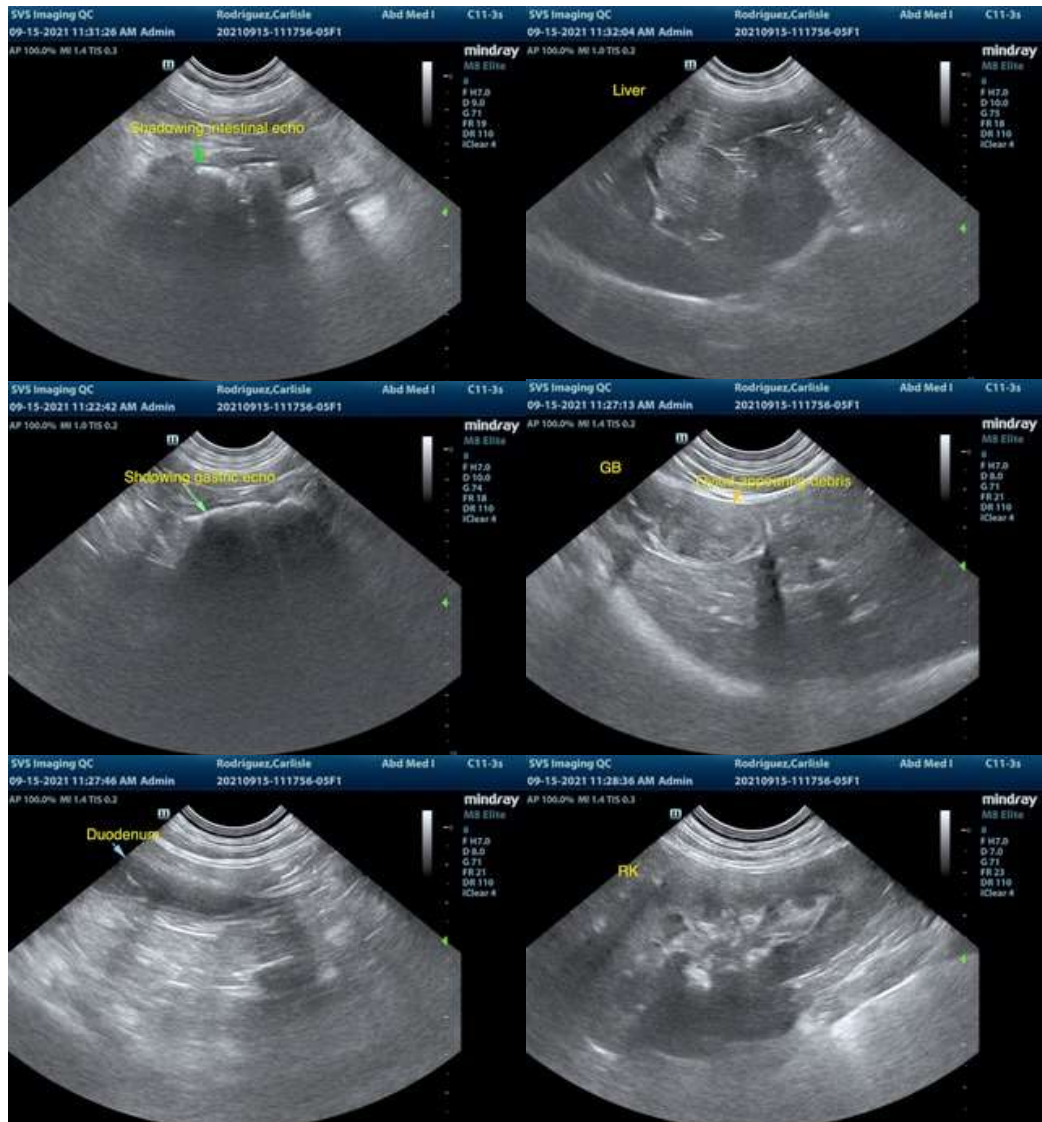
DATE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinalysis is recommended to correlate prerenal vs. renal azotemia. If needed, hospitalization with IV fluid therapy with a reassessment of renal parameters In correction of dehydration is recommended.

Given the strong concern for gastric and potential focal intestinal foreign material, exploratory laparotomy with expectation towards gastrotomy, potential enterotomy, as well as gross inspection of the gallbladder and common bile duct are recommended. Potential concurrent cholecystectomy depending on gross inspection of the gallbladder and common bile duct and /or common bile duct flush, as well as hepatic biopsies, may be indicated. A coagulation panel, three view chest radiographs, and appropriate perioperative antibiotics are recommended prior to surgery.





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The information and recommendations provided are based on the images presented by the referring veterinarian. 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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