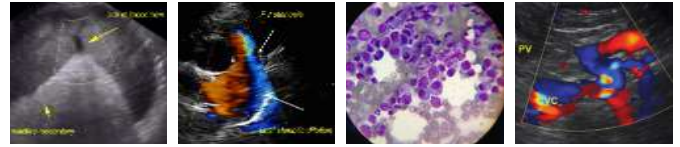




<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Hurly Shelton	Anorexic and lethargic vomiting and diarrhea for 2 days previous but now lethargic with a focal area of pain on the caudal aspect of the last rib on the right side 1/3rd of the distance up from the xyphoid attachment. The pain is just caudal to the gallbladder. Patient is neutropenic
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	The submitted study contained 4 videos and 35 still images for review. Primarily video is preferred.
<b>BREED</b>	<i>Urinary System</i>
West Highland White Terrier	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 were noted.
<b>SEX</b>	
Male Neuter	The area of the residual prostate appeared normal and free of pathology.
<b>AGE</b>	No evidence of pathology in the area of the aortic trifurcation.
11	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 5.3 cm in length. The right kidney measured 5.1 cm in length.
<b>WEIGHT</b>	<i>Adrenal Glands</i>
9.6 kg	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width at the caudal pole and 0.43 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width at the caudal pole and 0.42 cm width at the cranial pole.
<b>INTERPRETED BY</b>	<i>Spleen</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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. No overt splenic masses noted.
<b>IMAGING PERFORMED BY</b>	<i>Liver/ Gallbladder</i>
Dr. Belan	The liver exhibited subjective potential for mild generalized enlargement and generalized decreased hepatic parenchyma echogenicity with mild to moderate coarse echotexture. No hepatic or overt hepatobiliary masses were noted. The hepatic and portal vasculature were normal in appearance without signs of congestion.
<b>HOSPITAL NAME</b>	
McKnight 24 Hr AH	
<b>REFERRING VET</b>	<i>Gastrointestinal</i>
Dr. Gruffydd	The gallbladder was intact and sonographically normal in size. The gallbladder walls were mildly prominent yet isoechoic measuring 0.35 cm width. Mild suspended non-organized echogenic luminal debris was present. No evidence of cholecystolithiasis. The common bile duct was non-distended in appearance.
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<b>PATIENT</b>	The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The pylorus wall measured 0.44 cm width. Mild gastric distension with minor retained echogenic non-shadowing ingesta/chyme was present.
Hurly Shelton	
<b>SPECIES</b>	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. The duodenum wall measured 0.44 cm width.
Canine	
<b>BREED</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
West Highland White Terrier	
<b>SEX</b>	<b><i>Pancreas</i></b>
Male Neuter	The pancreas was normal in size and contour with heterogeneous to subtly hypoechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
<b>AGE</b>	<b><i>Free Abdomen</i></b>
11	Several mildly prominent pancreatoduodenal and gastric lymph 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 a lymph node measured 0.67 cm diameter.
<b>WEIGHT</b>	Primarily cranial abdominal echogenic mesentery along with mild subjectively cellular peritoneal free fluid was present.
9.6 kg	
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Primary</b>
<b>IMAGING PERFORMED BY</b>	<ul style="list-style-type: none"> <li>Intact gallbladder with suspect cholecystitis and mild nondependent luminal debris - potential atypical mucocele cannot be excluded.</li> <li>Heterogeneous to subtle hypoechoic pancreas - no overtly consistent with active pancreatitis or neoplasia. Lower grade inflammation i.e., chronic or chronic active pancreatitis possible.</li> <li>Right cranial abdominal primarily pericholecystic peritonitis including mild cellular free fluid.</li> <li>Gastroenteritis pattern.</li> <li>Subjective hypoechoic liver - nonspecific, reactive hepatopathy, acute inflammation, congestion, less likely occult neoplasia, possible.</li> </ul>
Dr. Belan	<b>Secondary</b>
<b>HOSPITAL NAME</b>	<ul style="list-style-type: none"> <li>Age related kidneys.</li> </ul>
McKnight 24 Hr AH	
<b>REFERRING VET</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Dr. Gruffydd	Although not definitive, concern for peritonitis secondary to gallbladder disease/inflammation given the pattern of inflammation primarily around the gallbladder, cellular free fluid, hypoechoic liver, and reported positive Murphy's sign (pain) in this area is warranted. However, given the lack of reported hepatic enzyme elevation, other causes of peritonitis or effusion are possible.
<b>INVOICE</b>	Continuing effusion analysis, cytology, and culture and sensitivity recommended. If confirmed bacteria in peritoneal effusion, immediate exploratory laparotomy with gross inspection of the gallbladder, pancreas, and GI tract indicated with potential for cholecystectomy +/- hepatic / GI biopsies.
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**PATIENT**

Hurly Shelton

**SPECIES**

Canine

**BREED**

West Highland White Terrier

**SEX**

Male Neuter

**AGE**

11

**WEIGHT**

9.6 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

McKnight 24 Hr AH

**REFERRING VET**

Dr. Gruffydd

**Peritonitis Protocol  
Colloids/Hetastarch**

10 to 20 mL per kilogram per hour and dogs  
10 to 15 mL per kilogram per hour cats  
(Can bolus first 1/3 of dose over 15 minutes)

**Plasma** 10 mL / kilogram IV over 4 hours

**Buprenorphine** 0.02 mg/kg IV IM SC q4-6 hours **Or CRI Lidocaine** 30-50 ug/kg/min

**Dolasetron** for nausea: 0.6-1 mg/kg/day Iv or PO

**Famotidine** 1 mg/kg IV IM p.o. dc s.i.d. /b.i.d.

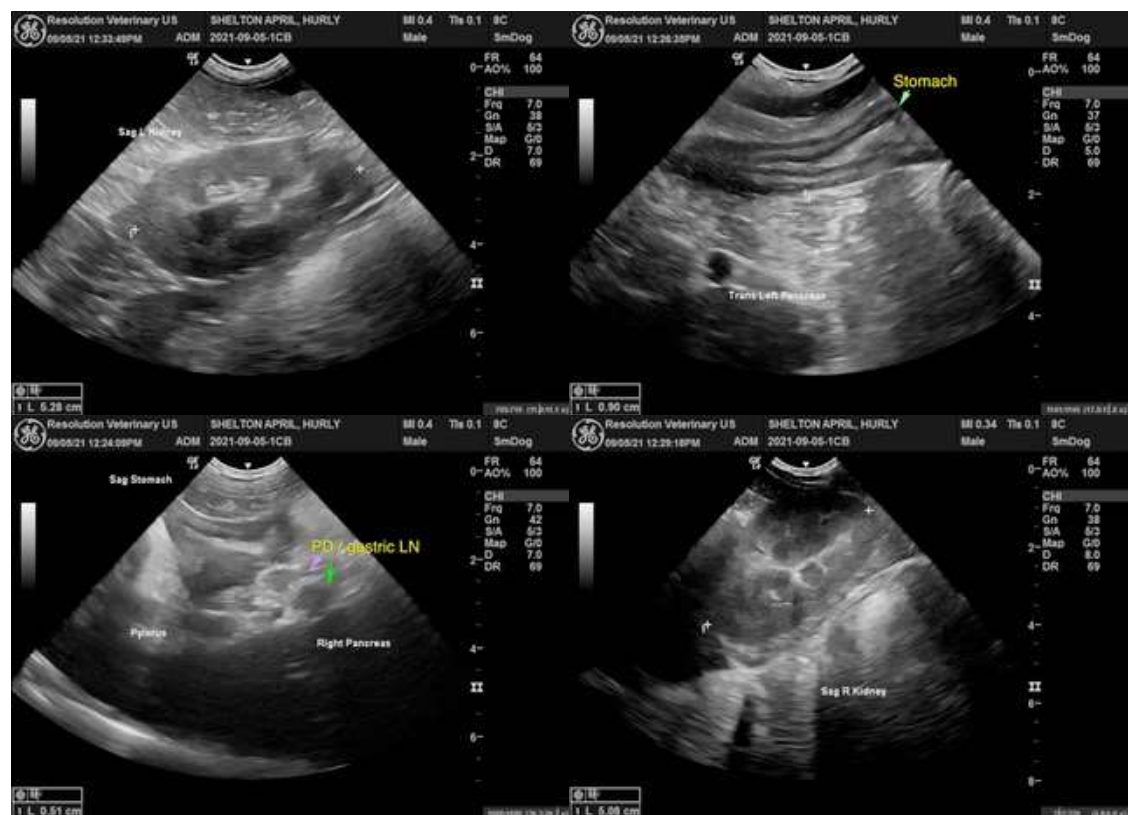
**Sucralfate** 0.5-1 g p.o. t.i.d. dogs, 0.5 g bid cats in slurry **Or Misoprostol** 1-5 ug/kg po tid

**Clindamycin** 10mg/kg IV p.o. bid

**Enrofloxacin** 10-15 mg/kg IV p.o. s.i.d. dogs, 5 mg/kg Iv po Sid cats

**Metronidazole** 10-20 mg/kg IV p.o. b.i.d.

**Dexamethasone** physiological 1 mg/kg to treat adrenal burnout if long standing sickness, shock dose 4-10 mg/kg.

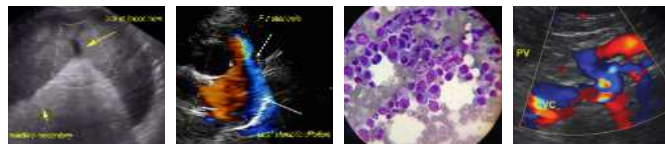


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**DATE**

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**PATIENT**

Hurly Shelton

**SPECIES**

Canine

**BREED**

West Highland White Terrier

**SEX**

Male Neuter

**AGE**

11

**WEIGHT**

9.6 kg

**INTERPRETED BY**

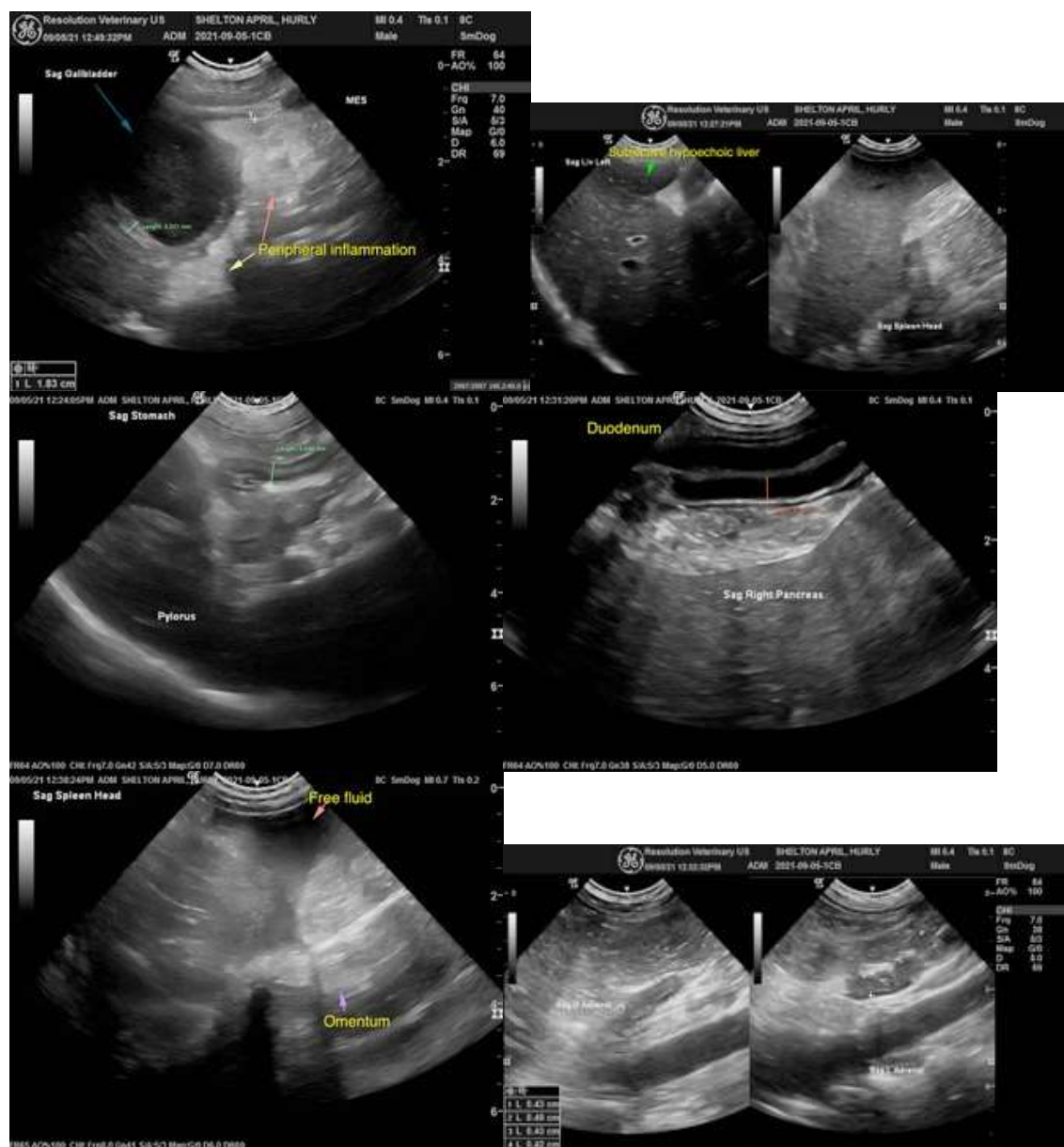
R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

McKnight 24 Hr AH



**REFERRING VET**

Dr. Gruffydd

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**DATE**

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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)  
info@SonoPath.com