


PATIENT PRESENTING CLINICAL SIGNS

Halo McElhinney History: 3-day duration of inappetence and lethargy. On Vetprofen for CCL.

SPECIES Physical Examination: Cranial abdominal pain.

Canine Urinalysis: N/A.

CBC: Severe leukocytosis – neutrophilia, thrombocytopenia.

BREED Serum Biochemistry: Elevated liver enzyme activity and bilirubin.

Mixed Radiographic Findings: Streaking and decrease detail noted around liver in abdomen and in region of pancreas.

SEX

MN

AGE

5 years

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

Full urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

WEIGHT Normal trigone area, proximal urethra (0.5 cm), and iliac blood vessels.

21 # Normal iliac lymph nodes (1.3 cm). Ureters not visualized.

INTERPRETED BY

Normal renal size (left 4.5 cm, right 5.2 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

Reproductive System

Small hypoechogenic prostate (1 cm).

IMAGING PERFORMED BY
Adrenal Glands

Sonya Myers, DVM Normal shape, echogenic appearance, size, and position. Left 0.67/0.46 cm, right 0.5/0.58 cm.

HOSPITAL NAME
Spleen

SonoFlo Mobile Veterinary Sonography of Florida Normal size and echogenic appearance. Smooth homogenous parenchyma, regular capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

REFERRING VET
Liver

Dr Patel

Enlarged with rounded edges, diffuse mottled hypoechogenic appearance, some loss of portal markings, and normal curvilinear capsule. No nodules or masses evident. Full gall bladder containing moderate amount of adherent and non-adherent hyperechogenic sediment. Thickened (0.6 cm) and hyperechogenic appearance of the gall bladder wall with fluid accumulation around the gall bladder. Hyperechogenic appearance of the mesentery in the region of the gall bladder. Normal bile duct (0.2 cm). Visible hepatic lymph node (0.6 x 2 cm) with normal shape and echogenic appearance.

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PATIENT
Gastrointestinal

Halo McElhinney

Normal appearance of the stomach, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (jejunum 0.32 cm) and peristaltic activity, and no distension of the lumen. Thickening of the duodenum (0.61 cm) with no loss of layering or distension of the lumen.

SPECIES

Canine

Pancreas
BREED

Mixed

Enlarged right lobe (1.2 cm) with an irregular and hypoechogenic appearance. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

SEX

Normal mesenteric lymph nodes (3.4 cm).
Small amount of ascites.

MN
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Thorax

Normal appearance of the heart.
No pericardial effusion.
Small amount of pleural effusion.

WEIGHT

21 #

ULTRASONOGRAPHIC FINDINGS
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Primary Findings:

- Cholecystitis.
- Pancreatitis.
- Duodenitis.
- Hepatopathy.
- Bicavitary fluid accumulation.

Remo Lobetti, BVSc,
MMedVet (Med), PhD, Dipl.
ECVIM

IMAGING PERFORMED BY

Sonya Myers, DVM

Secondary Findings:

- None.

HOSPITAL NAME

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
REFERRING VET

Dr Patel

The appearance of the gall bladder is consistent with cholecystitis and appearance of the wall, hyperechogenic mesentery, and hepatic lymphadenomegaly perforation of the wall is most likely.

The appearance of the pancreas is consistent with pancreatitis.

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The duodenitis, hepatopathy, and bicavitary effusion can all be ascribed to the cholecystitis and pancreatitis.

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Based on the presenting clinical signs, blood work, and these findings cholecystectomy would be indicated. Initial supportive management would be fluid therapy, analgesics (opioid and NSAIDs), anti-emetics, and antibiotics.



PATIENT

Halo McElhinney

SPECIES

Canine

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WEIGHT

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IMAGES

Gall bladder





PATIENT Liver

Halo McElhinney

SPECIES

Canine

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Hepatic lymph node

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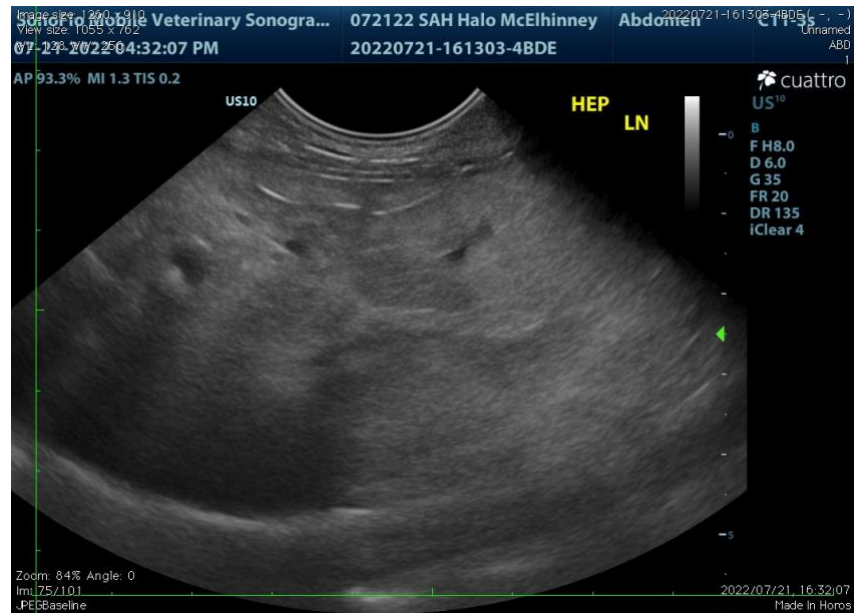
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PATIENT Pancreas

Halo McElhinney

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

5 years

WEIGHT

21 #



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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.

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