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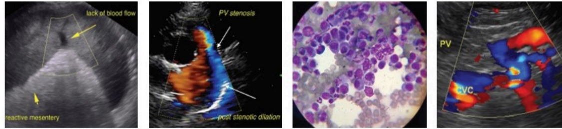


IMAGING PERFORMED BY
MobileVeterinaryImaging.net 772-8881553

PATIENT
Tyler James Ehrlich

SPECIES
Canine

BREED
Collie

SEX
MN

AGE
10 years

WEIGHT
69 #

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

IMAGING PERFORMED BY
Lara Wiseman, DVM

HOSPITAL NAME
Calusa Veterinary Center

REFERRING VET

INVOICE
302532

DATE
8/30/21

PRESENTING CLINICAL SIGNS

History: Three-day duration vomiting. Liver and gall bladder issues on previous assessment. On famotidine.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: N/A.

Radiographic Findings: N/A.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a thickened (0.59 cm) and hyperechogenic appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal trigone area, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (both 6.7 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule. Mineralized areas within the pelvis (up to 2.3 cm).

Reproductive System

Small hypoechogenic prostate.

Adrenal Glands

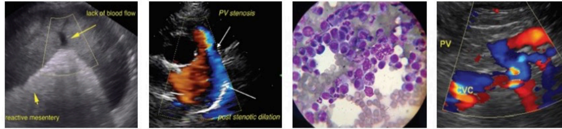
Normal shape, echogenic appearance, position, and size. Left 0.55 cm, right 0.47 cm.

Spleen

Normal size (1.5 cm) and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Enlarged with rounded edges, diffuse mottled echogenic appearance, and some loss of portal markings. Diffuse hypoechogenic parenchymal nodules (up to 0.87 cm). Distended gall bladder containing adherent hyperechogenic sediment and multiple choleliths. Thickened and hyperechoic appearance of the gall bladder wall. Focal region of cellular fluid cranial to the gallbladder. Dilated bile ducts (up to 0.65 cm) containing small liths. Normal size of the common bile duct (0.26 cm).



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Gastrointestinal

Normal appearance of the pylorus, stomach, duodenum, small intestine, ileo-cecal junction, and colon with normal thickness (stomach 0.37 cm, duodenum 0.34 cm, colon 0.19 cm), layering, and peristaltic activity.

Pancreas

Enlarged (right 1.6 cm) and irregular with a hypoechogenic appearance. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

No mesenteric lymphadenomegaly.
Mild ascites cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Nodular hepatopathy.
- Pancreatitis.
- Cholecystitis/choleliths.
- Small amount of ascites.

Secondary findings:

- Thickened urinary bladder wall.
- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

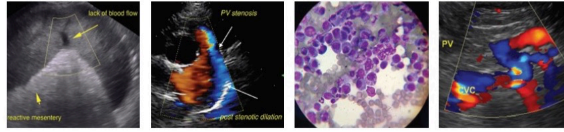
Etiologies for the nodular hepatopathy would be nodular regeneration, granulomatous disease, hematomas, organized abscessation, chronic hepatitis, and neoplasia.

The appearance of the pancreas is typical for pancreatitis.

The appearance of the gall bladder is indicative of cholecystitis and with the cellular fluid associated with it, perforation of the wall is highly likely.

The ascites can be ascribed to the intra-abdominal pathology – hemorrhage, inflammation, peritonitis.

Although the appearance of the urinary bladder wall may be an incidental finding, chronic cystitis needs to be considered.



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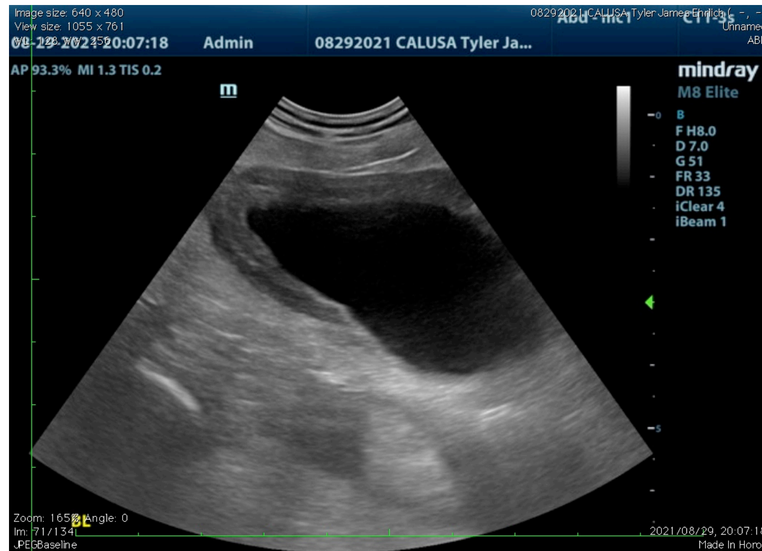
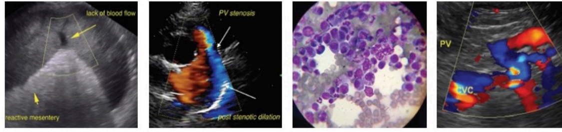
Further assessment would urinalysis, urine culture, 3-view thoracic radiographs, CBC, cPL/PSL assay, FNA cytology of the liver, and effusion analysis. With the appearance of the gall bladder, laparotomy needs to be considered, which would address the possible gall bladder leakage and obtaining full thickness biopsies of the liver and possibly the pancreas.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management would be fluid therapy, anti-emetics (metoclopramide), analgesics (opioids and/or NSAIDs), gastric protectants (omeprazole, sucralfate), and antibiotics.

IMAGES

Urinary bladder





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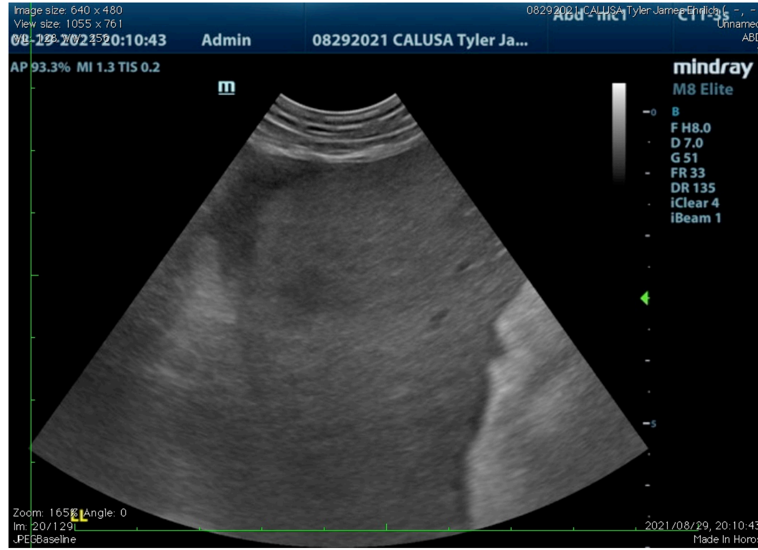
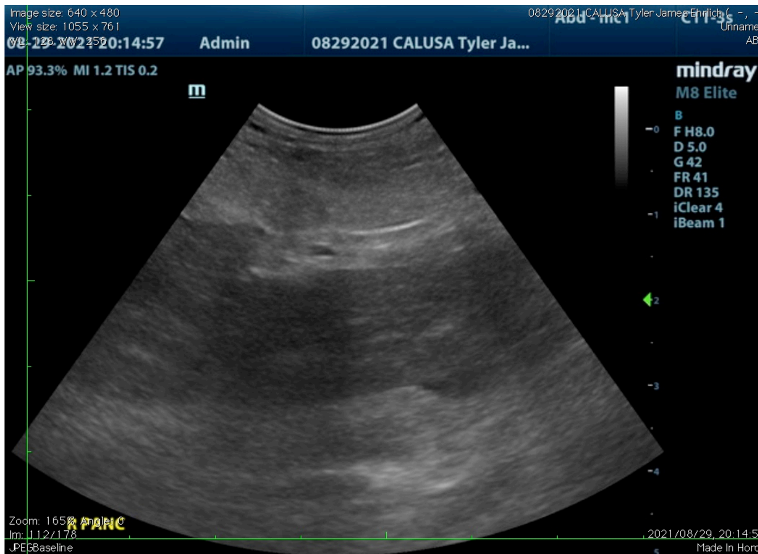
Liver



Pancreas



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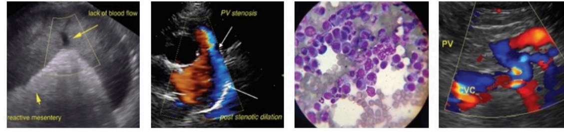

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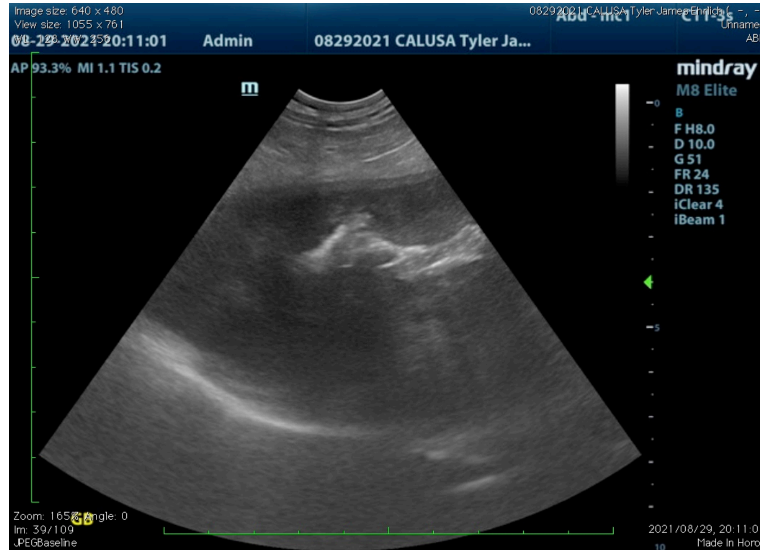
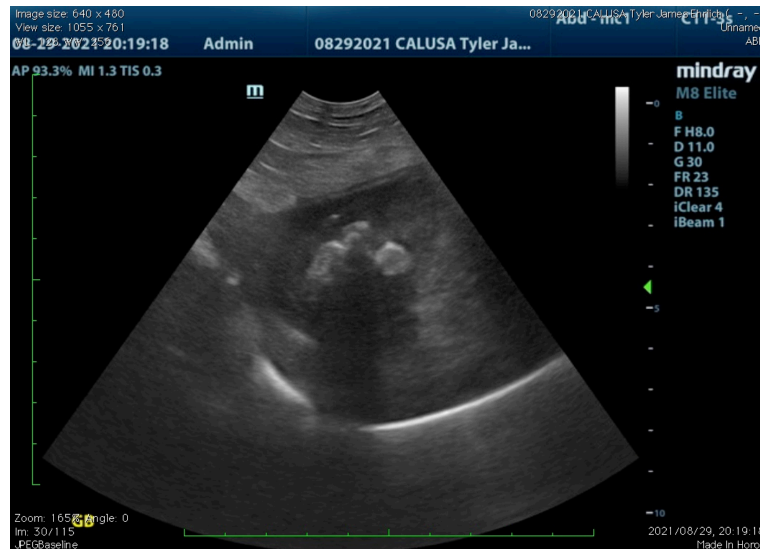
Gall bladder





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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
rlobetti@mweb.co.za