SonoPath
Clinical Sonography & Telecytology
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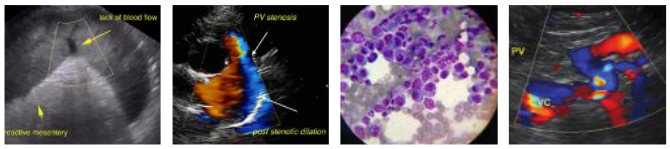

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Buddy Couch

SPECIES
Canine

BREED
Mixed

SEX
Neutered Male

AGE
11 Years

WEIGHT
8.2 Lbs.

INTERPRETED BY
Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY
Dr. Saum Hadi

HOSPITAL NAME
Bethany Family PC

REFERRING VET
Dr. Mark Norman

INVOICE
13633

DATE
1/25/22

PRESENTING CLINICAL SIGNS

History: P presented for weight loss, lethargy, and hyporexia on 1/19. Weight loss from 11 lbs on 6/3/21 to 8.0 pounds on 1/19/22. Prior to BW that was performed on 1/19/22, last lab work (CBC, Chem 27, UA) was on 5/22/21 and revealed NSF. ALT: 70 U/L on 1/19/22.

Abnormal PE/Chem/CBC/UA Results: CBC: Mild to moderate neutrophilia (16.7 K/uL), Mild to moderate monocytosis (2.4 K/uL) Chemistry: Mild hypocalcemia (8.2 mg/dL), Mild hypoalbuminemia (2.2 g/dL), Mild to moderate hyperglobulinemia (5.1 g/dL), Decreased albumin:globulin ratio (0.4), Marked ALT increase (731 U/L), Moderate AST increase (112 U/L), Moderate ALP increase (468 U/L). GGT, tBili, cholesterol, amylase, cPL WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is subjectively prominent in size (1.09 cm in width) with normal curvilinear peripheral contours. The parenchyma is subtly heterogeneous in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney presented normal size (3.08 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney presented normal size (3.64 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. A small cortical cyst is observed at the caudomedial aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.42 cm at cranial pole) (0.47 cm at caudal pole) (1.40 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.71 cm at cranial pole) (0.43 cm at caudal pole) (1.27 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.99 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

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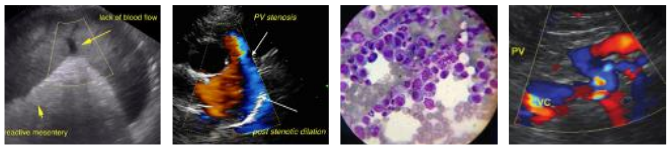

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The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the surrounding omental fat. No focal lesions are observed. There is a subtle increase in portal markings. Hepatic vasculature is of normal volume with no evidence of congestion.

The gall bladder is moderately distended. The wall is variable thickened (up to 0.37 cm), hyperechoic and irregular. Mineralized debris as well as small choleliths are observed within the lumen. The cystic and common bile ducts are normal. The common bile duct measured 0.26 cm in diameter at the distal aspect. The mesentery effacing the serosal surface of the gallbladder is hyperechoic.

Gastrointestinal
The gastric lumen contains hard shadowing material. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen
Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

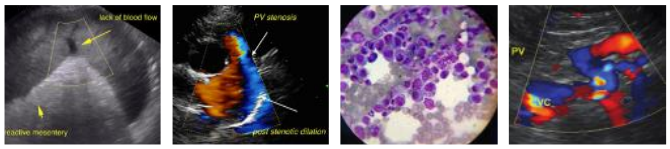
- The gallbladder changes are most consistent with severe cholecystitis with non-obstructive choleliths and mineralized sand. Regional peritonitis is present.
- The increase in hepatic portal marking is suggestive of inflammatory disease (i.e., bacterial cholangiohepatitis).

Secondary Findings

- The shadowing structures within the gastric lumen are consistent with foreign material, which appears non-obstructive at this time.
- The prostate changes are suspected to be associated with age-related remodeling. However, emerging neoplasia cannot be completely excluded. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Supportive care for acute cholecystitis/cholangiohepatitis is recommended, including fluid therapy, broad spectrum antibiotics, gastric protectants, pain medications and antiemetics as needed.
- Serial sonographic monitoring of the gallbladder is recommended to assess for worsening/rupture. Liver values should also be closely monitored.



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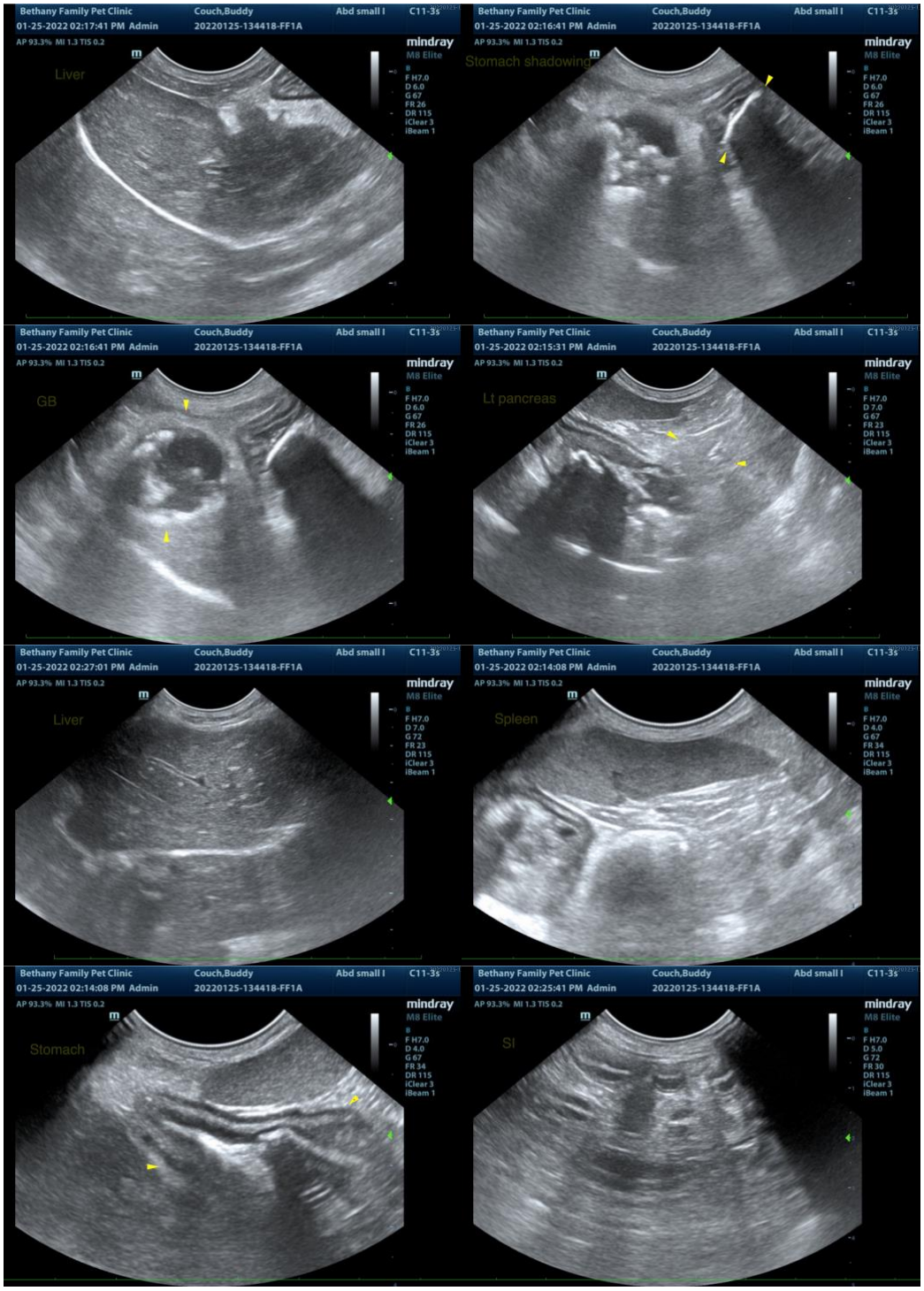
- If the patient does not improve within 3-5 days of supportive care, an abdominal exploratory with cholecystectomy and liver biopsies should be considered. Three-view thoracic radiographs should be performed prior to any anesthetic event. If surgery is pursued, referral to a board-certified surgeon is recommended, due to the potential for perioperative complications.



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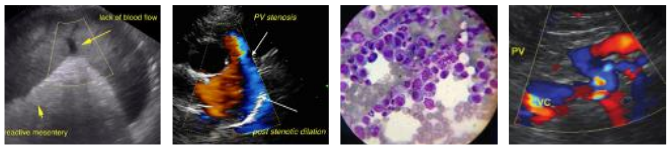

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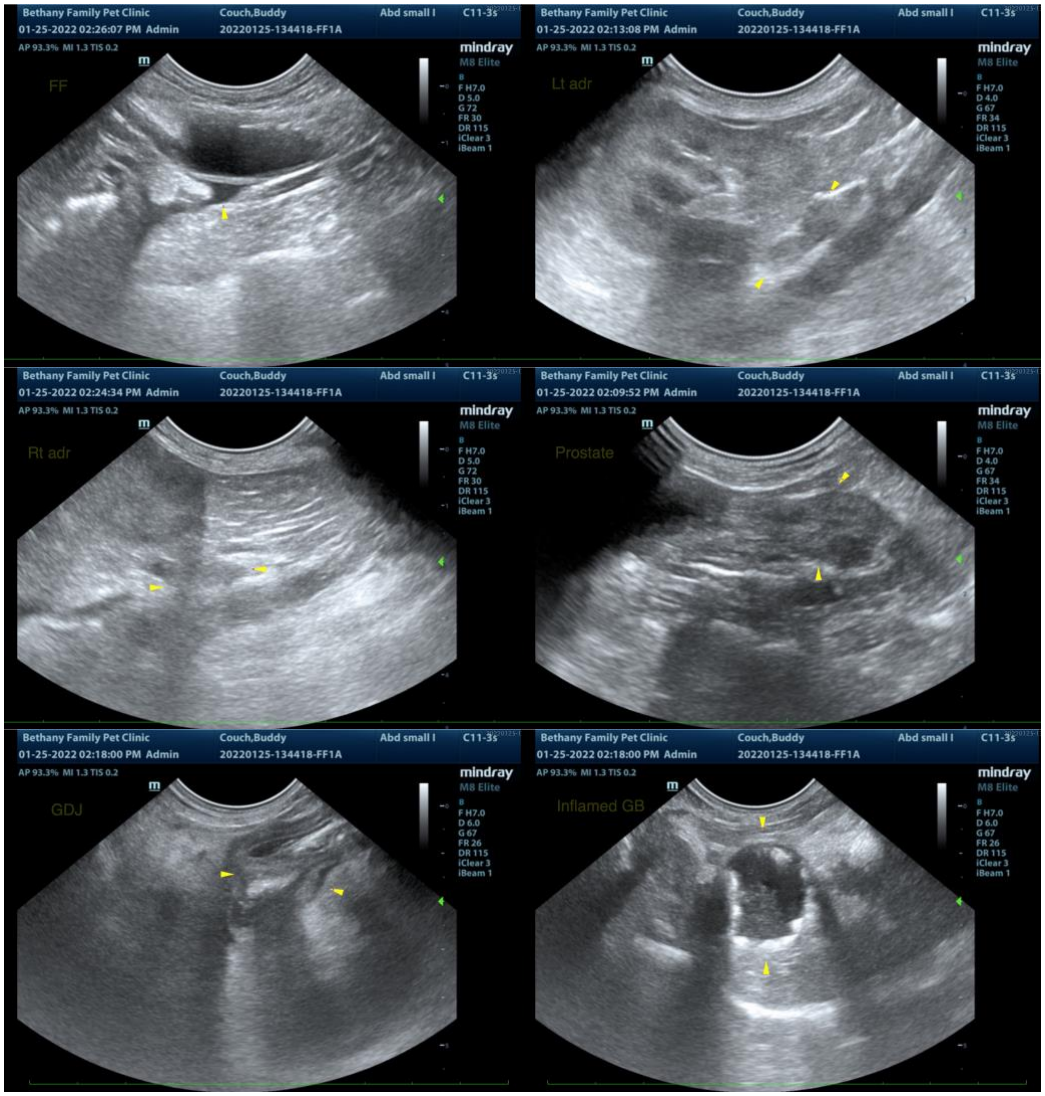

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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