

**DATE PRESENTING CLINICAL SIGNS**

On 10/6/21 vomiting, diarrhea, lethargic. H/O elevated liver values but had resolved. Temp 103.9 Painful on right side

10/9/21

Current Medications: LRS 150 ml/hr x 1 hr, then 50 ml/hr, TOTAL FLUID VOLUME 527.8 ml IV Cerenia 10 mg/ml: 0.7 ml IV 9:14 am

Conveinia 80 mg/ml: 0.7 ml SQ 9:14 am

Metronidazole 5 mg/ml: 20 ml IV slowly 9:14 am, 5:00 pm

Entyce 30 mg/ml: 0.7 ml PO 12:50 pm Buprenorphine 0.3 mg/ml: 0.5 ml IV 3:05 pm

RX: Denamarin Advanced small-medium: 0.5 tab sid po #60 ct, given 10:45 am

PATIENT

Rocky Singer

SPECIES

Lab Results:

10-6 CBC/Chem/Lytes: ALKP H 1410, ALT H 609, GGT H 22, GLOB H 4.6, LYM L, RBC H, HGB H, HC

Canine

10/7 LB: 2.3 ALKP 962 ALT 349 GGT 19 TBIL 1.5

10/8 ALB 2.1, ALKP 5.99, ALT 216, CREA 0.3, GGT 18, TBIL 1.8, TP 5.1

BREED

Dachshund

Date of Previous IntraPet Ultrasound: none

Sedation: Not indicated

SEX

Male Neutered

Stat Report: yes

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

2010

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is distended. A small to moderate amount of suspended, echogenic debris is observed within the lumen. 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.

WEIGHT

16.2 lbs.

The prostate is normal in size (0.78 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

INTERPRETED BY

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The left kidney is normal size (4.91 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.

HOSPITAL NAME

Banfield Westminster

The right kidney is normal size (4.04 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

REFERRING VET**Adrenal Glands**

The left adrenal gland is normal size (0.67 cm at cranial pole) (0.63 cm at caudal pole) (1.71 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.

INVOICE

11989kk

The right adrenal gland is normal size (0.74 cm at cranial pole) (0.61 cm at caudal pole) (2.29 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 (1.36 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

The liver is subjectively prominent in size with slightly swollen peripheral contours. A 2.35 x 1.51 cm irregular, hypoechoic to slightly heterogeneous avascular area is observed just cranial to the gall bladder, mid to right liver. The remaining parenchyma is relatively homogeneous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gall bladder is distended. The wall is severely thickened (up to 0.93 cm) and irregular. There is suspected loss of wall integrity near the gall bladder neck. A moderate amount of aggregated, echogenic debris is observed within the lumen. Reactive mesentery is surrounding the gall bladder and liver lobes and peri-gallbladder effusion is seen. The common bile duct is visible near the duodenal papilla and is mildly dilated (0.54 cm in diameter).

Gastrointestinal

The gastric lumen is mildly distended with fluid and gas. The gastric wall is normal in thickness with a normal layering pattern. 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 disease is noted.

Pancreas

The pancreas is partially obscured by the gall bladder pathology. In the visualized portion, no obvious abnormalities are seen.

Free Abdomen

The mesentery throughout the abdomen, particularly at the cranial aspect, is hyperechoic. A small amount of free fluid is visualized. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Suspected gall bladder rupture, possibly secondary to a mucocele or cholecystitis. Regional peritonitis is present.
- The hypoechoic hepatic lesion may represent an area of infarction, abscessation, or other. The diffuse hepatic parenchymal changes can be consistent with an inflammatory process or may be a normal variant for this patient.
- Gastric ileus, likely secondary to peritonitis.

Secondary Findings:

- Urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess cardiopulmonary status.
2. An abdominal exploratory with cholecystectomy is recommended as soon as possible. Referral to a board-certified veterinary surgeon would be ideal due to the potential for perioperative

complications, particularly if a septic abdomen is present.





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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