

**DATE PRESENTING CLINICAL SIGNS**

4/12/22

Patient vomiting and lethargic. Guarding abdomen. Injected mucous membranes. Remainder of physical unremarkable.

**PATIENT**

Fiona Wacker

Current Medications: IV fluids, Naxcel and Cerenia.  
Lab Results: Elevated ALT, SAP, GGT, white count.  
Radiographs: Poor abdominal serosal detail and hepatomegaly.  
Date of Previous IntraPet Ultrasound: No previous.

**SPECIES**

Canine

Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.  
Imaging Performed By: Andi Parkinson, RDMS.

**BREED**

Border Terrier

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Female, spayed

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1 cm, are normal.

**AGE**

8/7/2009

The left kidney is normal size (4.79 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**WEIGHT**

19 lbs.

The right kidney is normal size (4.92 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal size (0.57 cm at cranial pole) (0.67 cm at caudal pole) (1.86 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.

**HOSPITAL NAME**

Madonna VC

The right adrenal gland is normal size (0.65 cm at cranial pole) (0.65 cm at caudal pole) (2.35 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.

**REFERRING VET**

Dr. Brockett

**Spleen**

The spleen is normal in size (1.56 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.

**INVOICE**

13186

**Liver**

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is distended. The wall is normal in thickness. There is a questionable loss of wall integrity. A large amount of aggregated echogenic suspended sludge is observed within the lumen along with a mucous rim at the periphery. The mesentery surrounding the gallbladder is hyperechoic and adhered to the wall in some regions. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. 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 disease is noted.

### ***Pancreas***

A portion of the pancreas is obscured by the cranial peritonitis. In the visualized portions, no obvious abnormalities are seen.

### ***Free Abdomen***

A moderate amount of echogenic free fluid is present within the abdomen. The mesentery in the cranial abdomen is hyperechoic. The abdominal lymph nodes are normal/not visible.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

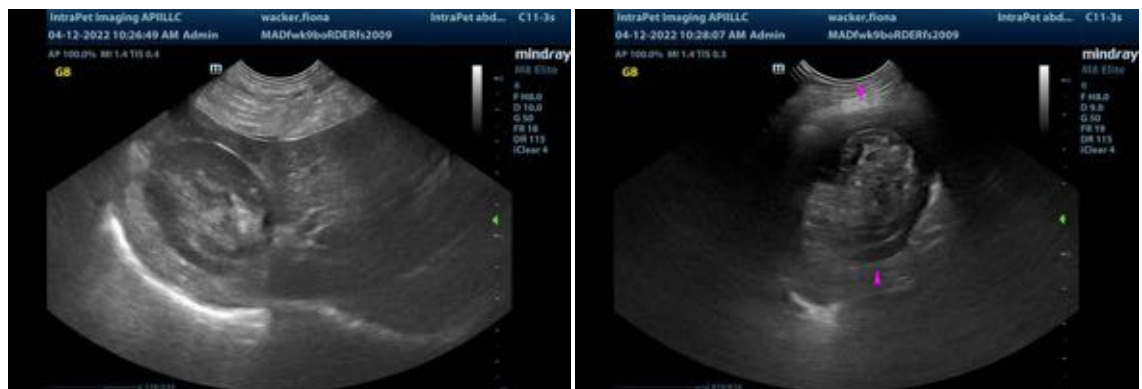
- Fully formed gallbladder mucocele with probable rupture and cranial peritonitis.
- The hepatic parenchymal changes are non-specific and may be secondary to inflammatory disease, age-related change (i.e., regenerative nodular hyperplasia, vacuolar hepatopathy) or other hepatopathy.

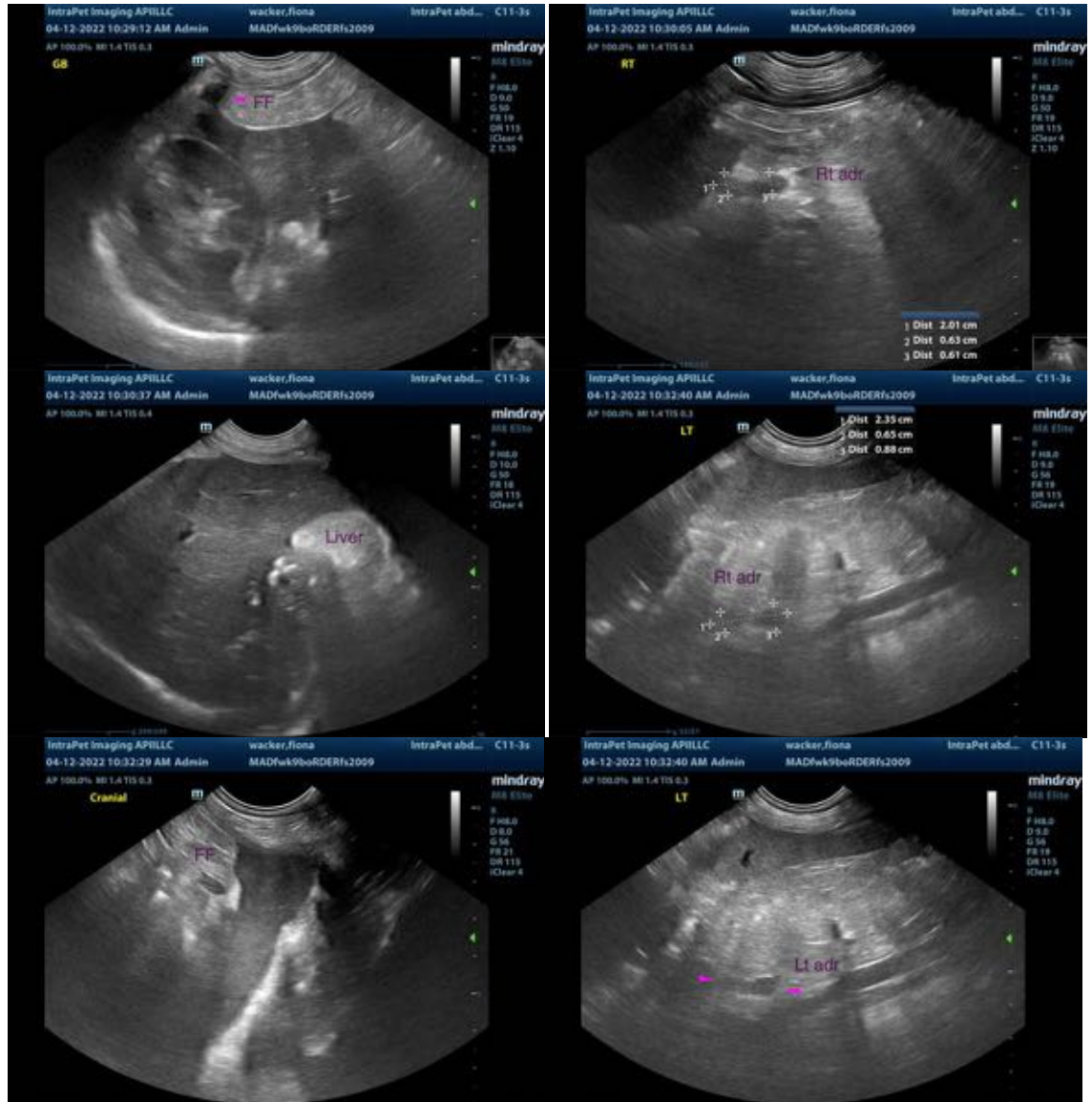
### **Secondary Findings:**

- Minor non-specific age-related renal changes.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

An emergency abdominal exploratory with a cholecystectomy and liver biopsies is recommended. Thoracic radiographs (three-view) and clotting times should be assessed prior to surgery. If surgery is pursued, referral to a board certified surgeon is recommended due to the potential for perioperative complications, which is high in cases of septic peritonitis.





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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