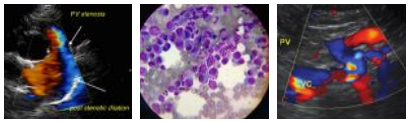
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

6.20.2022

PATIENT

Camden Rau

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

7/2/2014

WEIGHT

106.2 lbs

INTERPRETED BY

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

HOSPITAL NAME

Everhart VH

REFERRING VET

Dr. Kerr

INVOICE

11116

PRESENTING CLINICAL SIGNS

Camden presents for severe vomiting every few hours at home over the course of the past 24 hours. He has not been interested in food or water since the vomiting started. Owner reports he did not get into anything abnormal.

Current Medications: Cerenia 160 mg 1/2 tab PO SID, Cerenia 24 mg 1 tab PO SID
Lab Results: ALP 248 (23-212), ALT 184 (10-125), TP 8.3 (5.2-8.2), GLOB (4.8 - 2.5-4.5)
Radiographs: reveal a mass effect in the mid to caudoventral abdomen that was further assessed via brief ultrasound. Ultrasound found very enlarged gall bladder with abnormally hyperechoic contents -- concern for gall bladder mucocele vs sludge Large 8 cm x 10 cm well circumscribed soft tissue opacity mid abdomen -- cannot tell what it is attached to.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

PRESENTING CLINICAL SIGNS

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 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 normal in size (1.01 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (8.25 cm in length); with a 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. Renal vasculature is normal.

The right kidney is normal size (7.91 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.96 cm at cranial pole) (0.82 cm at caudal pole) (3.57 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 (0.91 cm at cranial pole) (0.73 cm at caudal pole) (3.18 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.66 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is severely distended. The wall appears to be normal in thickness. The integrity is difficult to discern due to the reactive mesentery surrounding the gall bladder. A large amount of aggregated, echogenic suspended sludge in a stellate pattern, is observed within the lumen. 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. There is no evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

A small amount of echogenic free fluid is observed adjacent to spleen. In addition, trace free fluid is seen adjacent to the gall bladder. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

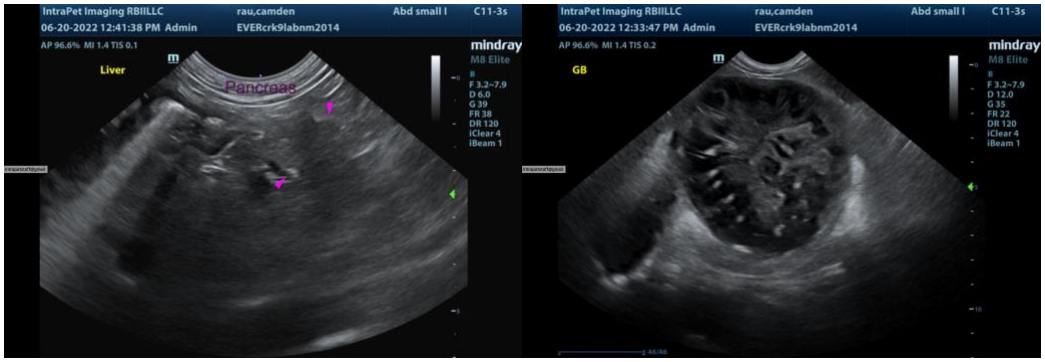
- The gall bladder changes consistent with a fully formed mucocele with adjacent peritonitis. Rupture or impending rupture are possible given the degree of inflammation surrounding the gall bladder.
- The hepatic parenchymal changes are nonspecific and may be secondary to an inflammatory process (i.e., bacterial cholangiohepatitis, chronic active hepatitis), hepatotoxicosis (i.e., copper) or other hepatopathy.
- The pancreatic changes could be consistent with mild pancreatitis +/- age-related remodeling.

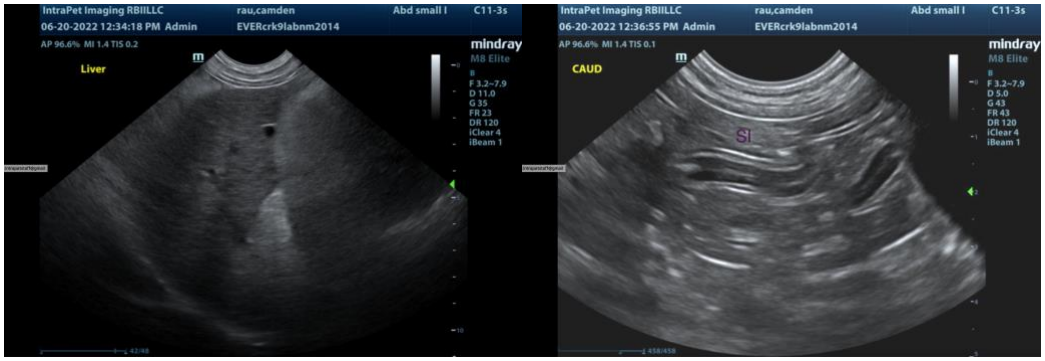
Secondary Findings

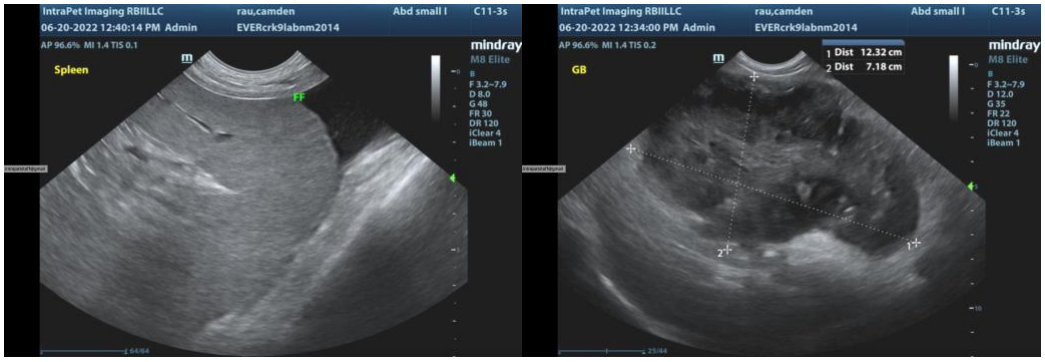
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

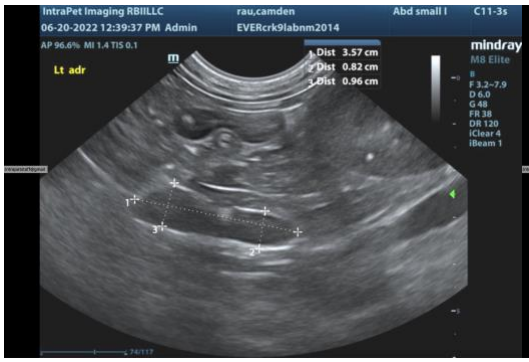
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

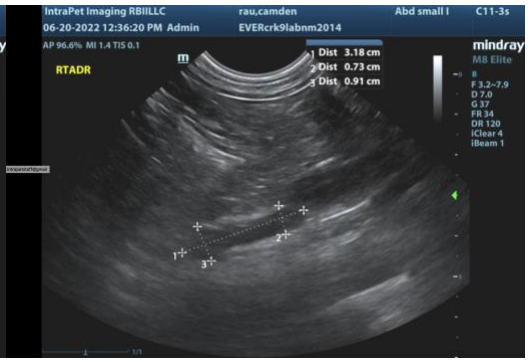
Given the gall bladder appearance, an emergency cholecystectomy is recommended. Prior to anesthesia, clotting times and thoracic radiographs should be considered. A liver biopsy should also be obtained at the time of surgery. If surgery is pursued, referral to a board-certified surgeon is recommended due to the potential for perioperative complications.

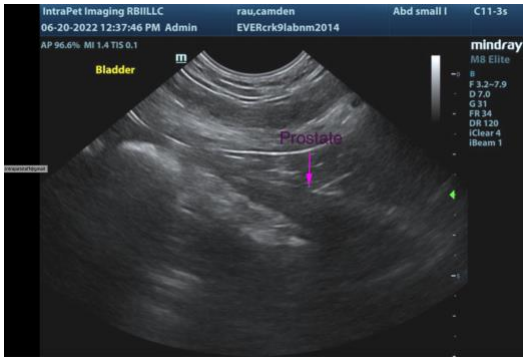












The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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