

**DATE PRESENTING CLINICAL SIGNS**

8/22/22

Vomit, dehydration, pancreatitis, elevated Bilirubin, Gallbladder mucocele, scant free fluid in the abdomen. Severely elevated ALP and ALT. GGT 27, T-bili 13, creat 2.5, snap cPL 1305.

PATIENT

Babette Suntha

Current Medications: Metronidazole IV, Cerenia IV, Famotidine IV, Enrofloxacin IV, IV fluid bolus.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

SPECIES

CAnine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Dachshund

Urinary System

The urinary bladder is contracted. The wall is of appropriate thickness for the level of repletion. No cystic calculi are observed.

SEX

Female, spayed

The left kidney is normal size (4.20 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

AGE

8/22/2002

The right kidney is normal size (5.23 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

11.3 lbs.

Adrenal Glands

One still image of the left adrenal gland is available for interpretation. The left adrenal gland is mildly enlarged (0.73 cm at cranial pole) (0.67 cm at caudal pole) (2.09 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.

INTERPRETED BY

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

The right adrenal gland is mildly enlarged (0.85 cm at cranial pole) (0.63 cm at caudal pole) (2.08 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

Timonium AH

Spleen

The spleen is normal in size (1.24 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly heterogeneous in appearance. A 0.83 x 0.57 cm heterogeneous nodule is observed at the caudal aspect. Splenic vasculature is normal.

REFERRING VET

Dr. Gernhart

Liver

The liver is normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogeneous in appearance. There is a subtle increase in portal markings. Vascular is of normal volume with no evidence of congestion. The gall bladder lumen is distended. The gallbladder wall is of normal thickness. The integrity of the wall is questionable. A large amount of aggregated/organized suspended sludge in a stellate pattern is observed within the lumen. The common bile duct is dilated (up to 0.58 cm) and can be seen entering the duodenal papilla which is thickened (0.66 cm). The mesentery surrounding the gallbladder is hyperechoic and a small amount of effusion is seen in this region.

INVOICE

13856

Gastrointestinal

The gastric lumen is mildly fluid distended. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. The proximal duodenal lumen is mildly fluid distended.

The remaining small intestinal segments are empty. 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 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

A small amount of free fluid is observed adjacent to the gallbladder. In addition, a pocket of echogenic free fluid is visualized near the urinary bladder. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The gallbladder changes are consistent with a fully formed mucocele with questionable loss of integrity of the gallbladder wall. Adjacent peritonitis is present.
- The increase in hepatic portal markings is suggestive of an inflammatory process (i.e., bacterial cholangiohepatitis, chronic active hepatitis).

Secondary Findings:

- The splenic nodule may represent an emerging tumor or a benign process (i.e., focus of lymphoid hyperplasia, extramedullary hematopoiesis or similar). The diffuse splenic parenchymal changes trend toward the benign with a lower possibility of emerging neoplasia.
- Bilateral degenerative renal changes.
- The mild bilateral adrenomegaly is most consistent with hyperplastic change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If therapy is to be pursued, a cholecystectomy is recommended. A splenectomy can also be considered at the time of surgery if the patient is stable. Three-view thoracic radiographs and clotting times should be performed prior to anesthesia. If the gallbladder is ruptured, the prognosis with surgery is guarded.



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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