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Clinical Sonography & Telecytology
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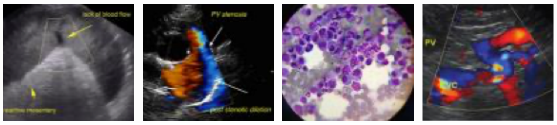

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Koko Looney

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

13 years

WEIGHT

9.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Vet. Hospital

REFERRING VET

Dr Berman

DATE

8.25.22

INVOICE

11483

PRESENTING CLINICAL SIGNS

History: Acute pain/inappetence last night, vomiting this evening Patient presents with abdominal distention/tension on palpation in cranial abdomen

Abnormal PE/Chem/CBC/UA Results: Cholangiohepatopathy (ALP 263, ALT >1000, AST 247, GGT 32, T. Bili 1.0) Mild elevated TP (7.9) Mild hyperglycemia (GLU 156) Mild hypochloremia (Cl 99) Current Medications None

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall is 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 1-2 cm, are normal.

The **left kidney** is normal size (4.04 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there poor corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (4.81 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there poor corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is mildly enlarged (0.46 cm at cranial pole) (0.49 cm at caudal pole) (1.57 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 mildly enlarged (1.56 cm at cranial pole) (0.58 cm at caudal pole) (1.97 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 (0.92 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 enlarged with swollen peripheral contours. The parenchyma is isoechoic to hyperechoic relative to the spleen with several, varying-sized hypoechoic nodules throughout the parenchyma. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The **gall bladder** is distended. The wall is normal in thickness. A moderate to large amount of aggregated, echogenic suspended sludge in a partially stellate pattern is observed within the lumen. The mesentery effacing the serosal surface is slightly hyperechoic. Trace ascites is observed adjacent to the gall bladder wall.

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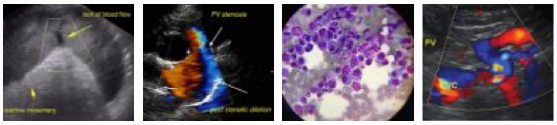

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Gastrointestinal

The **gastric lumen** is distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The proximal duodenal lumen contains a mild amount of ingesta. The remaining 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

A portion of the **pancreas** is obscured by the gastric distention. In the visualized portions, no obvious pathology is observed.

Free Abdomen

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

Other

A **brief echocardiogram** reveals no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

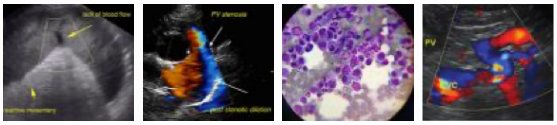
- The gall bladder changes are consistent with a fully-formed mucocele with suspected cholecystitis and adjacent peritonitis.
- The hepatic parenchymal changes are nonspecific and may be secondary to an inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, chronic active hepatitis), hepatotoxicosis (i.e., copper), Leptospirosis (less likely), infiltrative neoplasia (i.e., lymphoma), +/- concurrent benign age-related change (i.e., vacuolar hepatopathy and/or regenerative nodular hyperplasia).

Secondary Findings

- Bilateral age-related degenerative renal changes.
- The mild right adrenomegaly may be a normal variant for this patient or may represent early hyperplastic change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the gall bladder changes, a cholecystectomy and liver biopsy are recommended. If surgery is pursued, referral to a board-certified surgeon should be considered due to the potential for perioperative complications. Prior to anesthesia, three-view thoracic radiographs and clotting times (PT/PTT) are recommended. If surgery is not pursued, empirical treatment for cholecystitis/bacterial cholangiohepatitis (i.e., broad-spectrum antibiotics, Denamarin, Ursodiol) is recommended along with close sonographic monitoring of the gall bladder to assess for potential rupture, which could occur at any point, resulting in bile/septic peritonitis.



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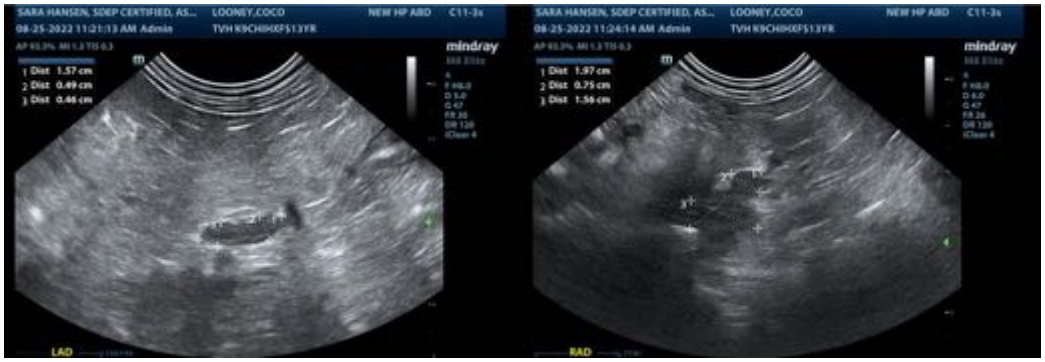
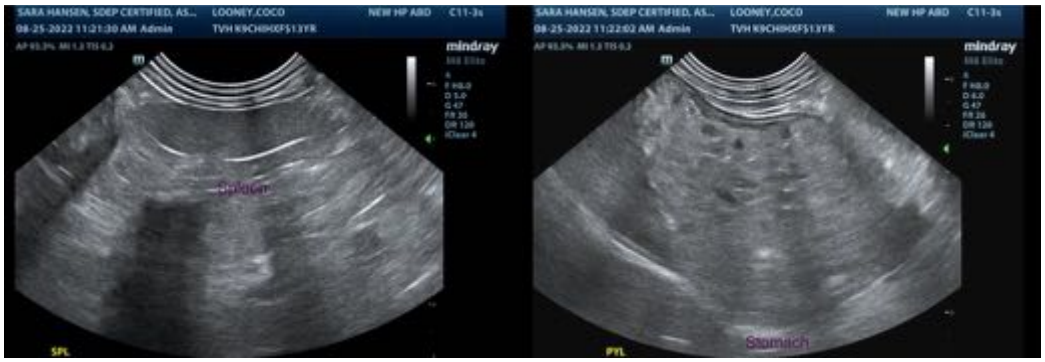
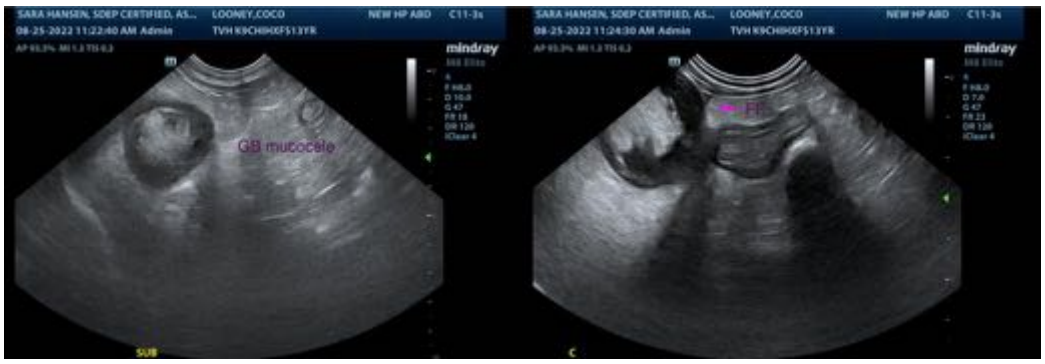
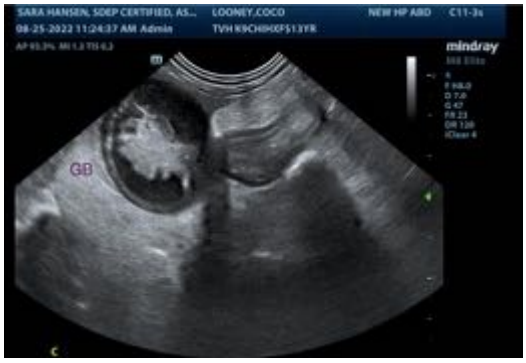
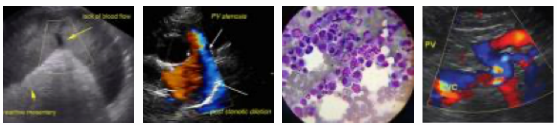








The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com