**DATE PRESENTING CLINICAL SIGNS**

8/8/23

Presented to ER on Saturday for sudden onset abdominal bloat, pain, vomiting and diarrhea. BW showed low WBC with bands, high fever 104 and loss of detail on the abdominal rads. Concerned for sepsis/peritonitis. No improvement with supportive care. Pet fairly depressed.

PATIENT

Sophy Seabolt

Current Medications: Cerenia inj 0.45, Buprenex 0.6mg/mL 0.8cc BID, Baytril 22.7mg SID started Saturday
Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Approved/Requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Yorkie

Urinary System

The urinary bladder wall is moderately distended. The wall is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. A 0.72 cm cystic calculus is observed. In addition, a small to moderate amount of suspended echogenic debris is seen within the lumen. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Female, intact

The left kidney is normal size (4.06 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.

Several small non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

8/10/2009

The right kidney is normal size (3.60 cm in length) with an irregular shape at the caudal pole. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A few small non-obstructive nephroliths are visualized. Ill-defined cystic areas are observed at the caudal aspect. There is also a questionable cortical infarct at the caudal pole. There is no evidence of pyelectasia or hydronephrosis. Renal vasculature is normal.

WEIGHT

10.6 lbs.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is mildly enlarged (0.48 cm at cranial pole) (0.57 cm at caudal pole) (1.50 cm in length) with a prominent caudal pole. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Greenbriar VC

The right adrenal gland is normal size (0.42 cm at cranial pole) (0.44 cm at caudal pole) (1.73 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. Boccanfuso

Spleen

The spleen is normal in size (0.85 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

15187

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic partially dependent debris 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 mildly distended with ingesta. 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 wall of the descending colon is mildly thickened (up to 0.44 cm) with retention of the normal pattern. No obvious obstructive disease is noted.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic 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

The mesentery throughout the mid-abdominal region is hyperechoic. Trace ascites is suspected. A 0.69 x 0.37 cm mesenteric lymph node is visualized.

Other

The left ovary is subjectively normal in size (1.71 x 0.91 cm) with a normal shape. A few ill-defined anechoic areas are observed, the largest measuring 0.71 cm in its longest dimension. The right ovary is subjectively normal in size (1.47 x 0.98 cm) with a normal shape. A few ill-defined anechoic areas are observed, the largest measuring 0.71 cm in its longest dimension.

The uterine body and horns are diffusely dilated. The lumen contains ill-defined cystic areas throughout the uterus. The uterine wall is mildly thickened (up to 0.20 cm).

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

Several ring down lesions are also observed within the thorax. There is also a questionable pulmonary lesion on the left side, at the peripheral aspect.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The uterine changes are most consistent with cystic endometrial hyperplasia. This is typically associated with pyometra.
- Diffuse peritonitis is present, likely secondary to uterine pathology.
- Cystic calculus.

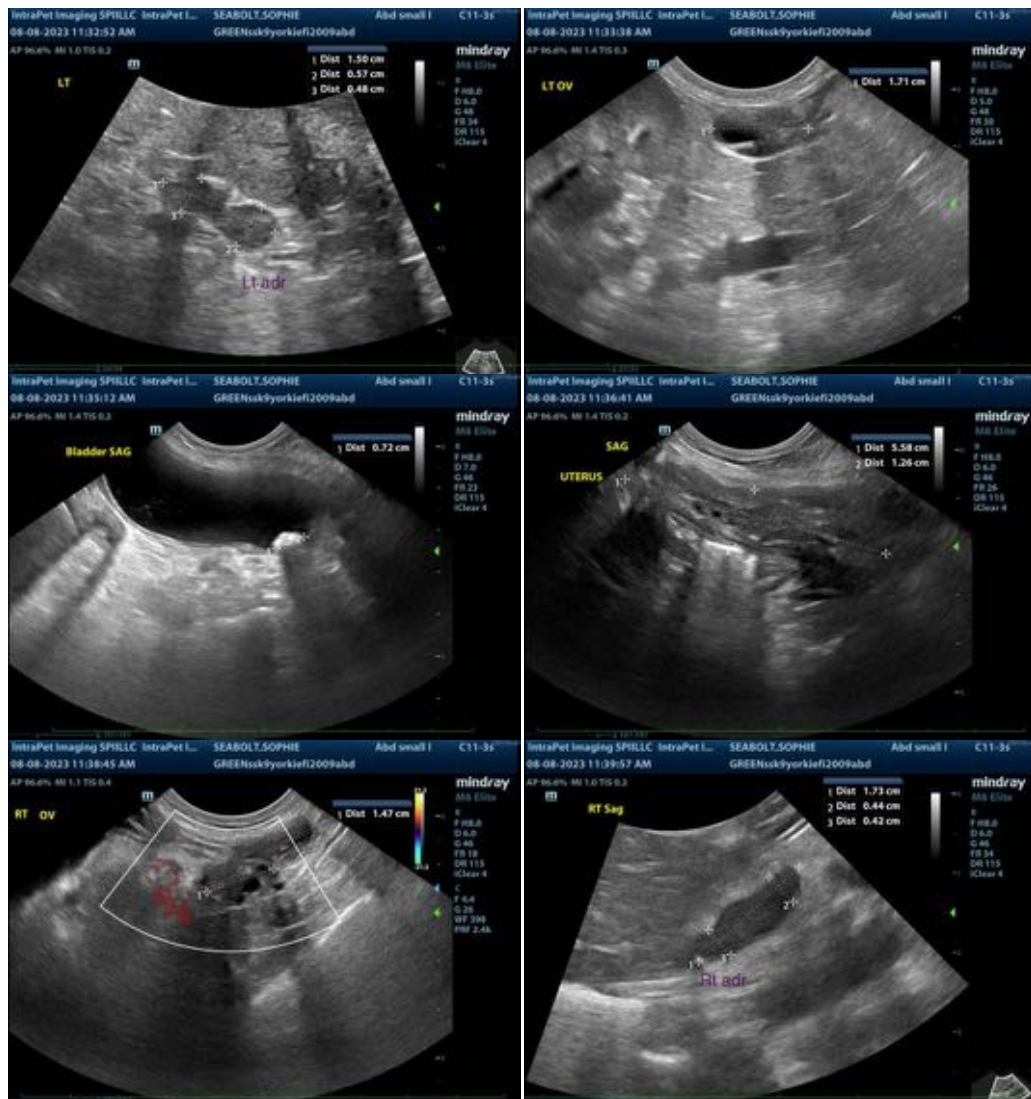
Secondary Findings:

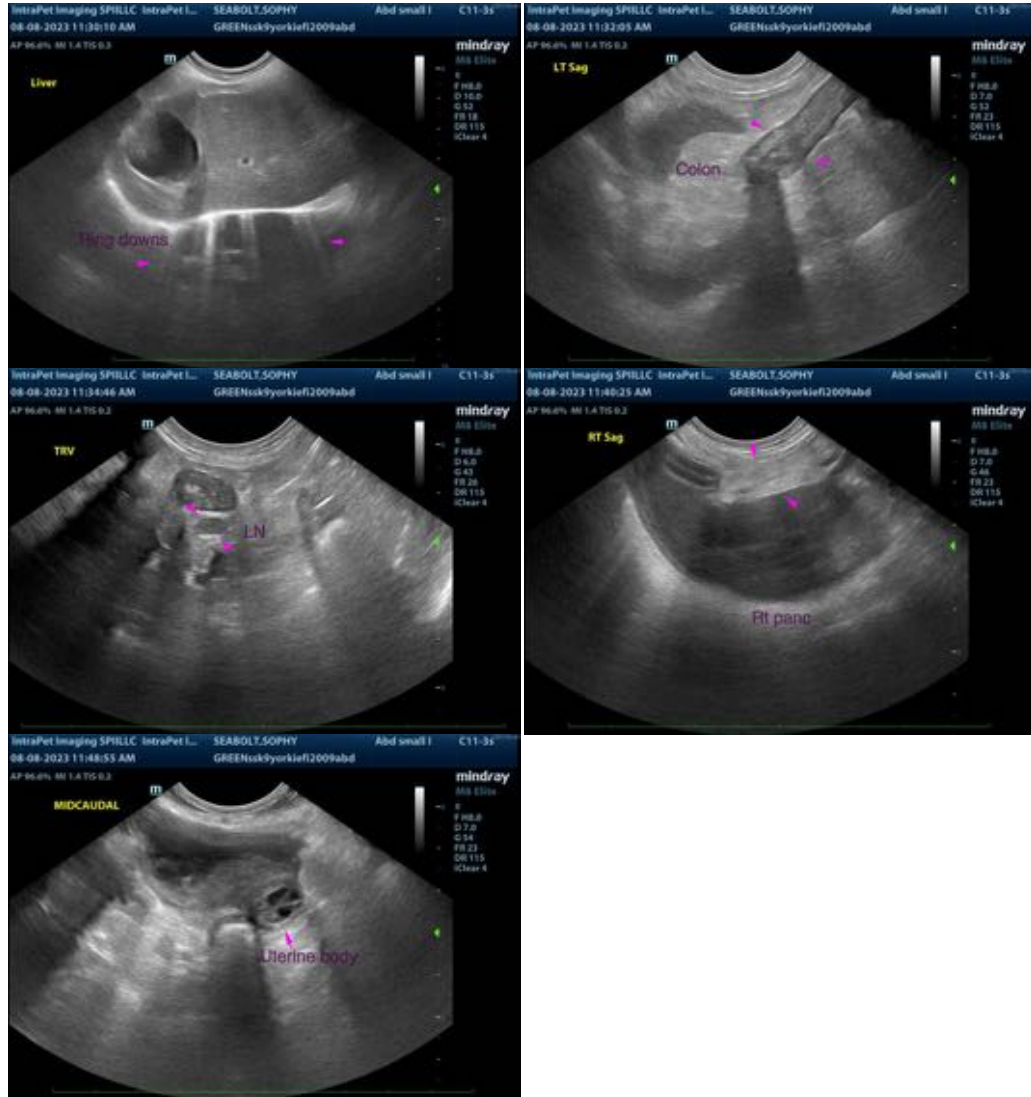
- The ring down lesions and the questionable left sided pulmonary lesion are most consistent with pulmonary parenchymal disease.
- Bilateral chronic renal changes with non-obstructive nephrolithiasis. Irregular caudal pole of the right kidney with cystic areas +/- infarction.
- Mild left adrenomegaly.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

- The colonic wall changes are most consistent with inflammation with a lower possibility of emerging neoplasia.
- The prominent mesenteric lymph node is likely reactive with a lower possibility of a neoplastic process.
- Cystic-appearing ovaries.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess cardiopulmonary status, particularly in light of the ring down lesions. If the patient is otherwise metabolically stable, an ovariectomy with submission of the uterus for histopathology and cultures is recommended. A cystotomy with stone removal, analysis and culture is also recommended at the time of surgery.





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.

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