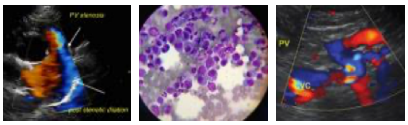
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

9/10/21

PATIENT

Daisy Orfanos

SPECIES

Canine

BREED

Chihuahua

SEX

Female, spayed

AGE

9/9/2008

WEIGHT

15.1 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. King

INVOICE

12060

PRESENTING CLINICAL SIGNS

History: Presenting Complaint: Dog Fight / Attack, vomiting. In Pain/Discomfort. 09-09-2021 Notes: was fighting with other dog it was more of mouthing/growling, not bite/attack started vomiting later in night, owner unsure if it was related no other changes. Assessment:
do not think related to another dog. Rads taken-- NSF beside spinal arthritis, plump liver. Lab work-- shows increase in ALT and hemoconcentration. Discussed with owner -- increase LE, a little plump liver - could be pancreatitis, hepatitis, infection, cancer vs normal older pet changes with that elevation and hemoconcentration, recommend we treat in hospital if not better-- consider US. Plan: IVF, Maropitant Adenosyl, Protonix pain meds, repeat liver panel at 24 hours

Current Medications: Metronidazole, Ampicillin, Denamarin, Omeprazole, Maropitant.
Lab Results: shows increase in ALT and hemoconcentration. Attached separately.
Radiographs: NSF beside spinal arthritis, plump liver. Narrowed disk in lumbar abdomen - no obvious mass/fb uniform bowels.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Sedation not required for scan.
Stat Report: STAT report not requested by the veterinarian.

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 distended. A small amount of suspended echogenic debris, some of which is aggregated, is observed within the lumen. 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 left kidney is normal size (4.72 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.

The right kidney is normal in size (4.71 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.49 cm at cranial pole) (0.51 cm at caudal pole) (1.58 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 (0.60 cm at cranial pole) (0.52 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.

Spleen

The spleen is normal in size (1.52 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 prominent in size with swollen, undulating peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly heterogeneous in appearance with 1-2 tiny hyperechoic nodules. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder is over-distended. The wall is thickened (up to 0.42 cm) and irregular. A large amount of aggregated echogenic suspended

sludge in a stellate pattern is observed within the lumen. A small amount of free fluid is observed adjacent to the gallbladder wall. Surrounding mesentery is hyperechoic to saponified. The distal common bile duct is dilated (0.62 cm in diameter) and is visible at its entry point at the duodenal papilla. Luminal contents are anechoic.

Gastrointestinal

The gastric lumen is distended with ingesta, fluid and gas. The gastric wall is normal in thickness with a normal layering pattern. 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

The right limb of the pancreas is prominent with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. Surrounding mesentery is hyperechoic.

Free Abdomen

The mesentery in the cranial abdomen is hyperechoic to saponified. Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

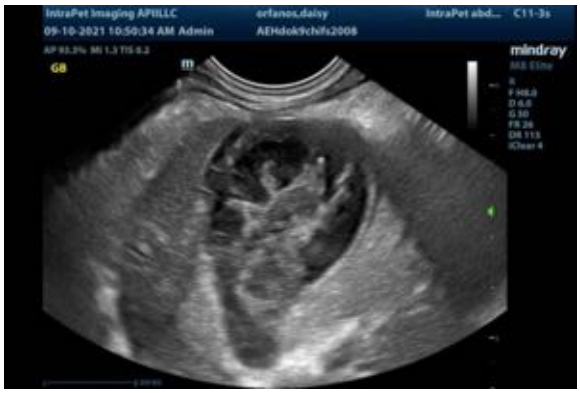
- Fully formed gallbladder mucocele with concern for rupture or impending rupture. Cranial abdominal peritonitis is present, secondary to gallbladder inflammation.
- Mild pancreatitis, likely secondary to gallbladder pathology.
- Non-specific diffuse hepatopathy. Differentials include inflammatory disease, benign age-related change, infiltrative neoplasia (unlikely), other hepatopathy.

Secondary Findings:

- Bilateral age-related renal changes with dystrophic mineralization.
- Urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An emergency cholecystectomy is recommended. Referral to a board-certified veterinary surgeon should be considered due to the potential for perioperative complications. Three-view thoracic radiographs are recommended prior to anesthesia.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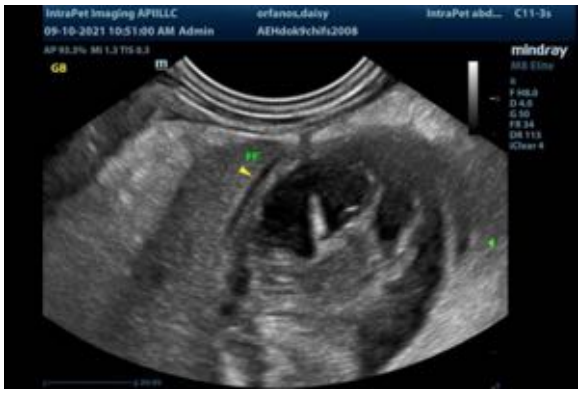
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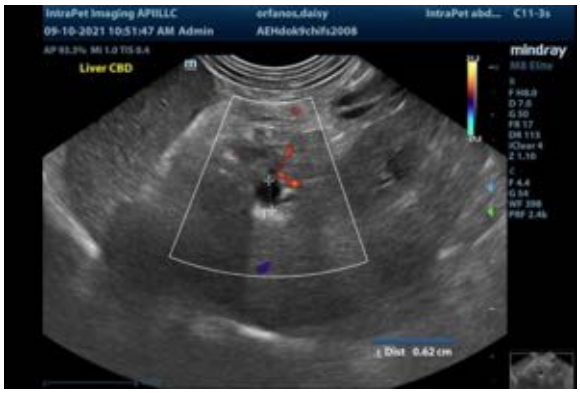
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Liver CBD
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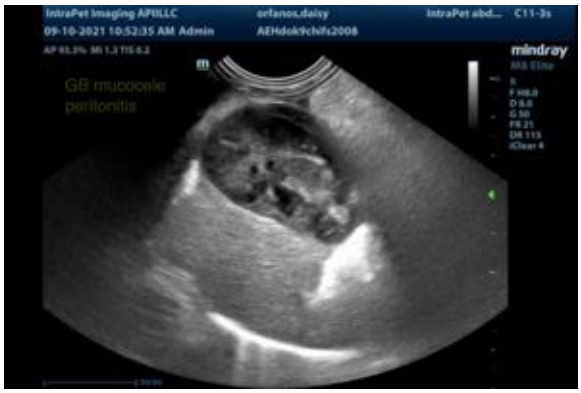
Dist 0.62 cm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GB mucocele
peritonitis
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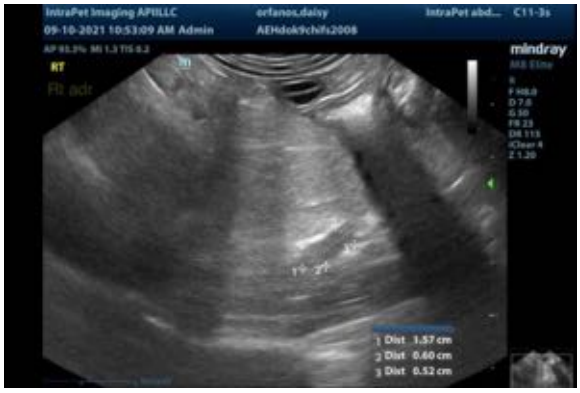
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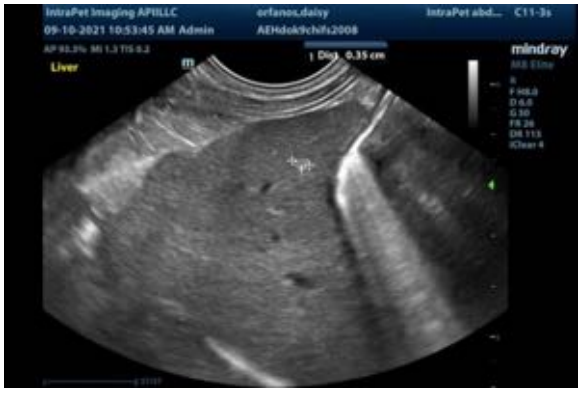
Dist 1.57 cm
Dist 0.60 cm
Dist 0.52 cm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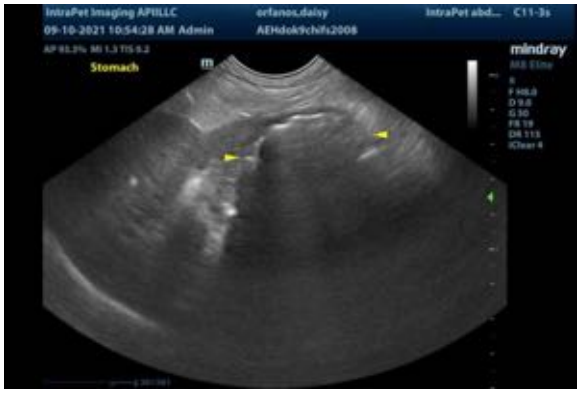
Liver
Dist 0.35 cm
mindray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Stomach
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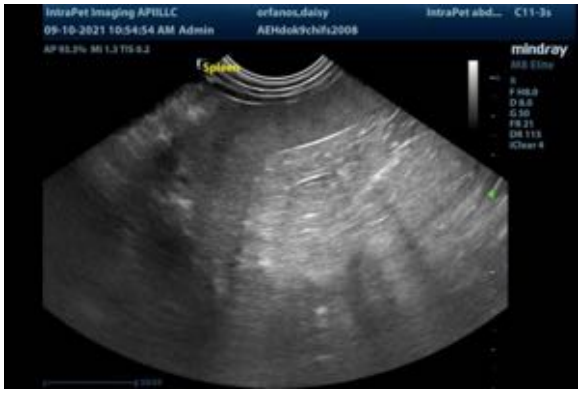
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Spleen
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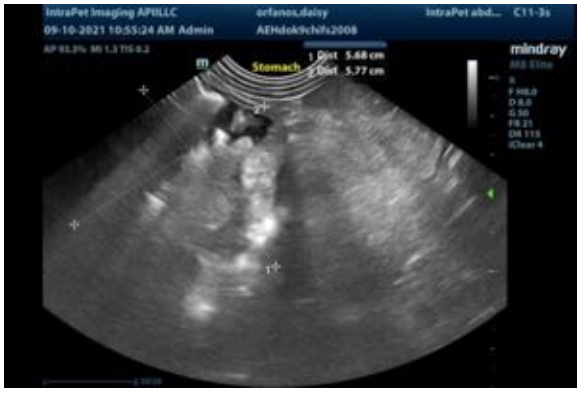

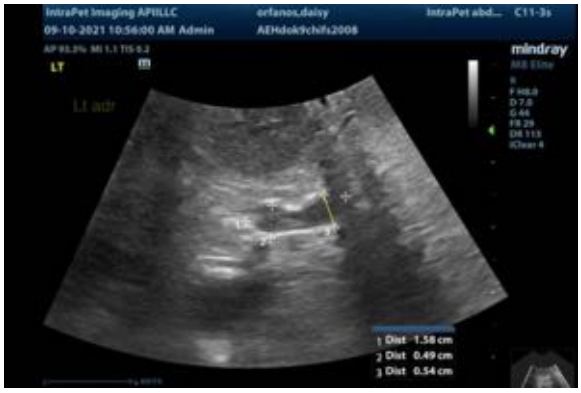

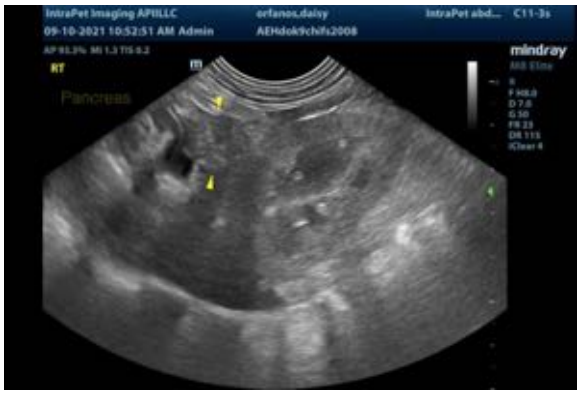

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com