



PATIENT

Bam Bam Ramos

PRESENTING CLINICAL SIGNS

History: Patient was presented 9/13/22 for having multiple episodes of vomiting 10 days before. Patient was taken to Banfield Hospital and found elevated liver enzymes and leukocytosis.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: lab-work 9/13/22: CBC: WBC - 22.23% (5.05-16.76) NEU - 19.02 K/uL (2.95-11.64) CHEM: ALKP - 295 U/L (23-212)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Poodle

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 2 cm, are normal.

SEX

Neutered Male

The **prostate** is normal in size (1.07 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

10 years

The **left kidney** is normal size (4.27 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. Trace pyelectasia is present. There is no evidence of infarcts or hydronephrosis.

WEIGHT

10.6 lbs

The **right kidney** is normal size (4.14 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. Trace pyelectasia is present (0.23 cm in the transverse plane). There is no evidence of infarcts or hydronephrosis.

INTERPRETED BY

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

Adrenal Glands

The **left adrenal gland** is normal size (0.38 cm at cranial pole) (0.43 cm at caudal pole); 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.

IMAGING PERFORMED BY

Dr. G. Ferrer, DVM

The **right adrenal gland** is normal size (0.56 cm at cranial pole) (0.35 cm at caudal pole); 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

Paseos VC

Spleen

The **spleen** is normal in size (1.11 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.

REFERRING VET

Dr. F. Ortiz Vidal,
DVM

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.

INVOICE

11670

The **gall bladder** lumen is distended. The wall is thickened (up to 0.38 cm) and irregular. Within the gall bladder lumen, a large amount of aggregated, echogenic to mineralized suspended sludge, in a stellate pattern, is observed. The sludge appears to extend into the gall bladder neck. The cystic and common bile

DATE

9.21.22

ducts are not definitively visualized. The mesentery surrounding the gall bladder is hyperechoic. There is questionable trace ascites in this region.

Gastrointestinal

The **stomach and intestine** are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally 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 ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The left 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

The mesentery surrounding the gall bladder is hyperechoic. There is questionable trace free fluid in this region. A 1.89 cm mesenteric **lymph node** is visualized.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

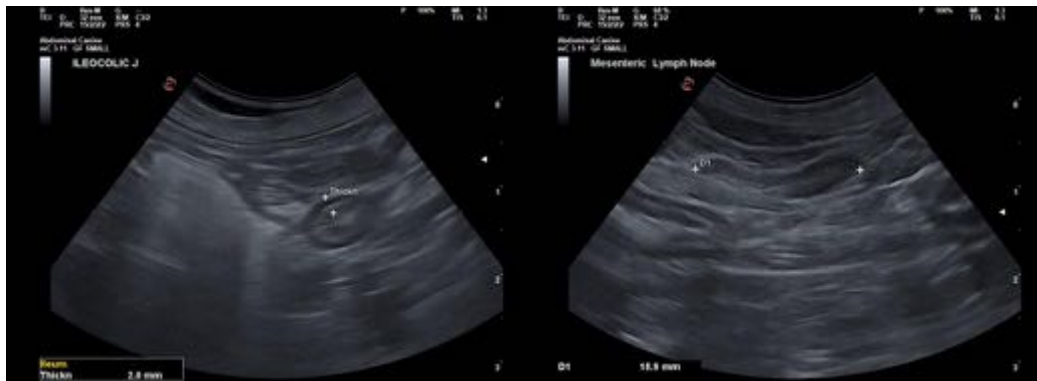
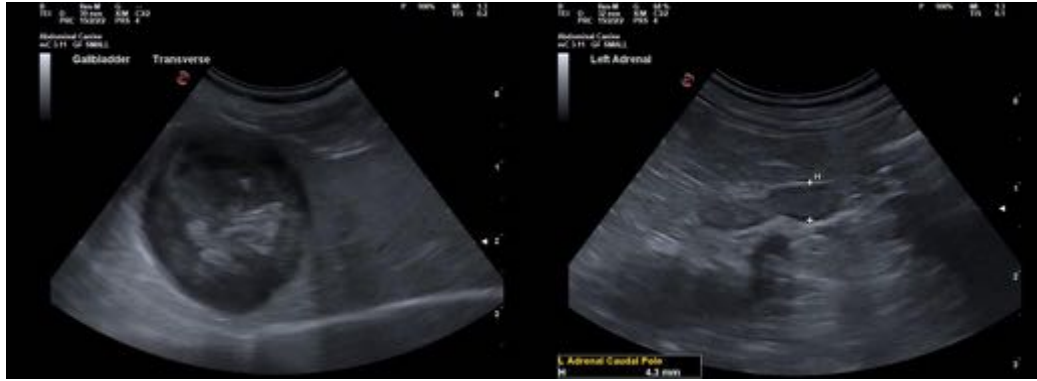
- The gall bladder changes are consistent with a fully formed mucocele with concurrent cholecystitis and adjacent peritonitis.

Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The prominent mesenteric lymph node is likely reactive
- Bilateral, degenerative renal changes with nonobstructive nephrolithiasis and trace pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A cholecystectomy with submission of the gall bladder for histopathology and cultures should be considered. If pursued, consider consultation with a board-certified surgeon due to the potential for perioperative complications. Prior to anesthesia, three-view thoracic radiographs and clotting times should be assessed. In the meantime, initiation of treatment for cholecystitis (i.e., broad-spectrum antibiotics, fluid therapy, and symptomatic care) is recommended.





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.

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