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Clinical Sonography & Telecytology
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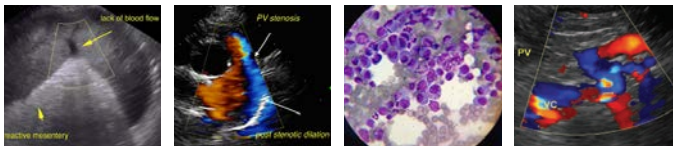


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Cooper Conti

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Intact Male

AGE

11 Years

WEIGHT

26 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Great Miami Vet Care

REFERRING VET

Dr. Susanne Bush

INVOICE NUMBER

34041

DATE

1/6/22

PRESENTING CLINICAL SIGNS

Cooper presented for diarrhea no 1/3/22. He had previously had one other episode one to two months earlier where he was also vomiting.
Abnormal PE/Chem/CBC/UA Results: BAR, grade II/VI left systolic murmur, moderate tartar and gingivitis, discharge and erythema AD, no pain on palpation of abdomen, 2 symmetric scrotal testicles, CBC - mild non-regenerative anemia (HCT 37%, HGB 13) Chem - increased globulins at 4.8 (2.4-4.0) and total protein 7.8 (5.5-7.5) T4 - 0.8 (1.0-4.0) SpecCPL normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The prostate is symmetrically enlarged with smooth margins that are well differentiated from surrounding tissue. Normal bilobed shape is maintained. Parenchyma is diffusely hyperechoic. Several small anechoic cysts are noted. No mineral is noted.

Right kidney is normal in size (6.3 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Left kidney is normal in size (4.8 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Right adrenal gland is normal in size (1.9 cm long x 0.64 cm at cranial pole and 0.52 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Left adrenal gland is normal in size (0.56 cm at cranial pole and 0.42 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

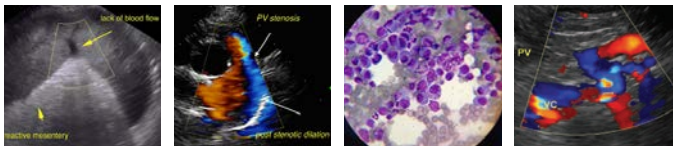
Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature appears subjectively distended.

The gallbladder is moderately distended with organized, aggregated and centralized non-gravity dependent sludge. Striations of sludge separated by anechoic areas are noted extending from the



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lumen to the luminal wall. The wall is smooth without visible thickening. There is no evidence of CBD dilation. There is no evidence of effusion.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

Pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

The hepatic veins and vena cava are subjectively distended.

ULTRASONOGRAPHIC FINDINGS

- Gallbladder mucocele – GB findings are most consistent with a mucocele.
- Benign prostatic hyperplasia with cysts – Prostatic findings are most consistent with benign prostatic hyperplasia and concurrent benign prostatic cysts.
- Subjective venous distention

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient does have a gallbladder mucocele. Treatment recommendations range from surgical cholecystectomy to avoid future problems such as a gallbladder rupture. However, gallbladder mucoceles can remain asymptomatic long-term, and a more conservative approach is medical management with Ursodiol and monitoring of the gallbladder for progressive changes and/or laboratory changes that indicate a need for surgery sooner, such as increased liver enzymes, increased total bilirubin, abdominal pain, vomiting, etc.

Other recommendations (especially if anesthesia is being considered) include thoracic radiographs, a blood pressure, as well as an echocardiogram due to the subjective venous distention to further assess the reported heart murmur.

The reported diarrhea may or may not be related to these problems. Therefore, further workup of the intermittent episodes of diarrhea can include a gastrointestinal malabsorption panel including TLI,

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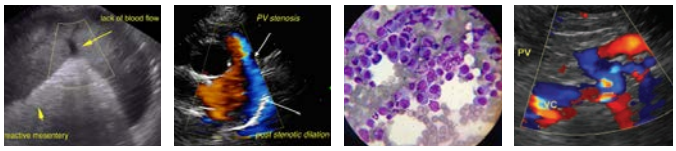

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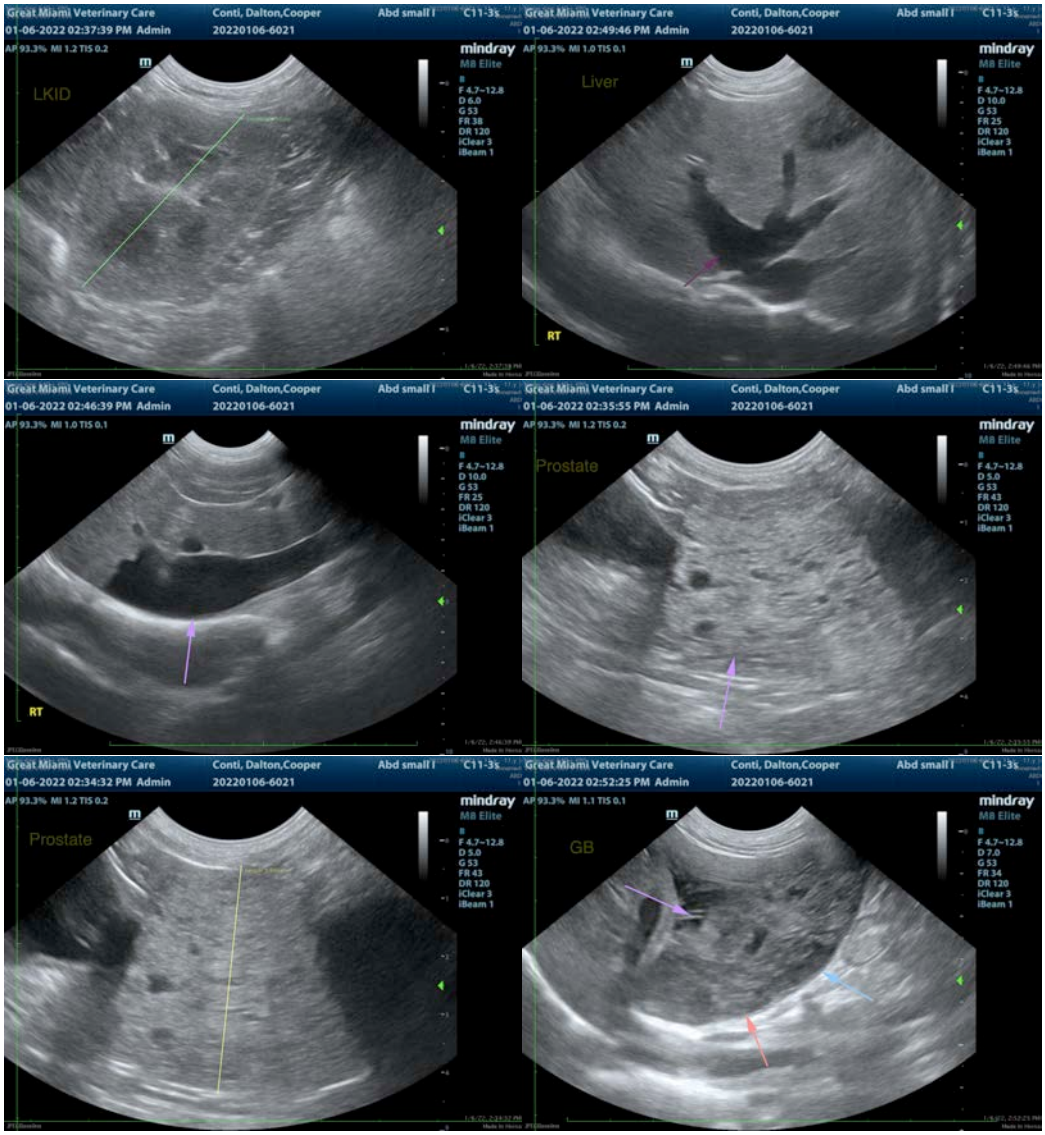
PLI, folate and cobalamin to Texas A&M GI laboratory. Empirical therapies could include empirical deworming with a 5 day course of Panacur, as well as a possible diet change to a novel or hydrolyzed protein diet.



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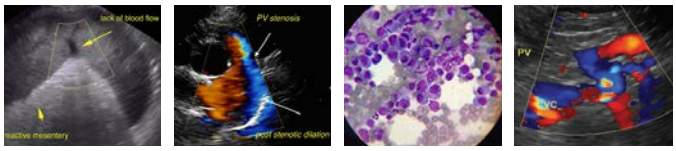

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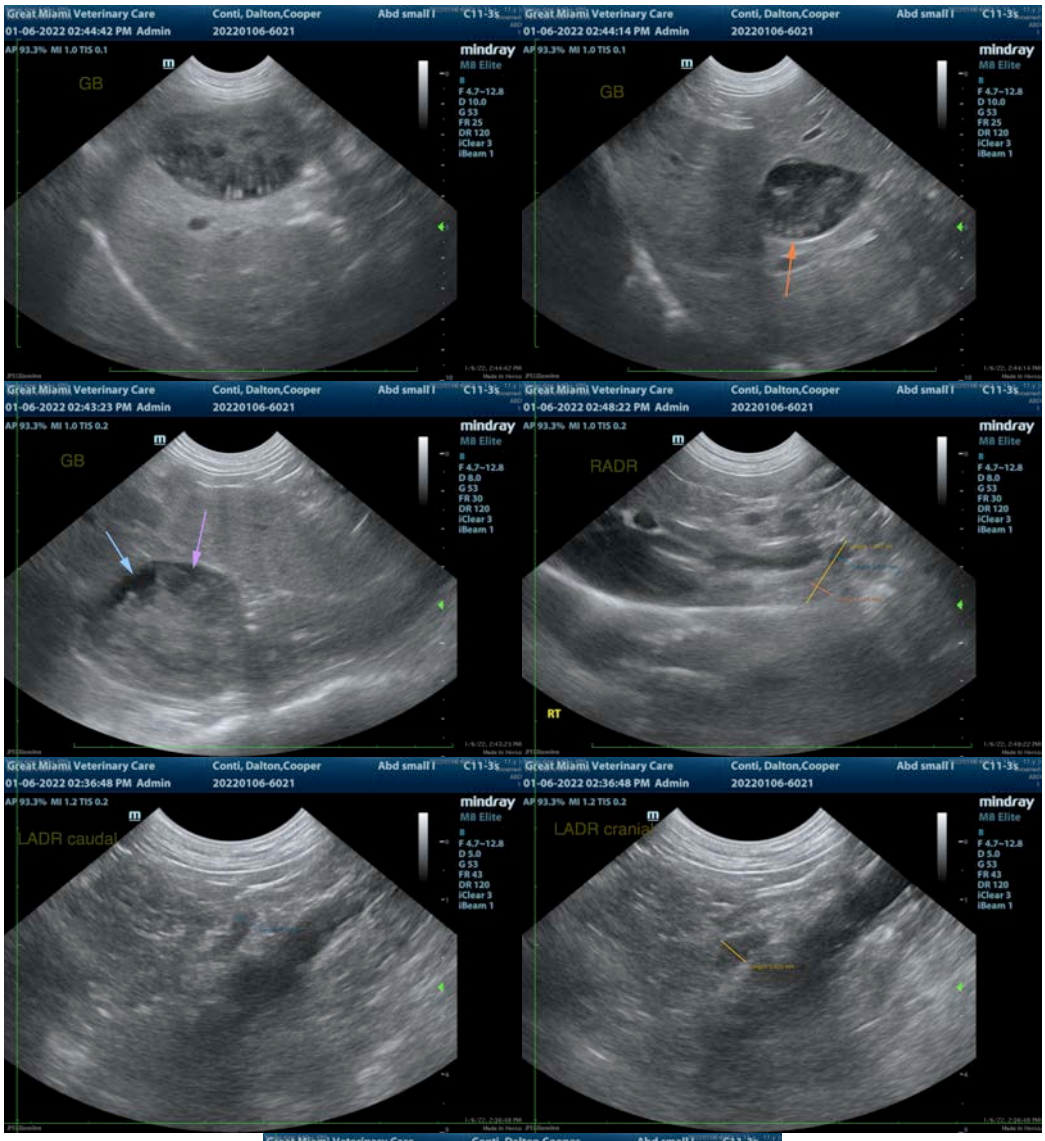

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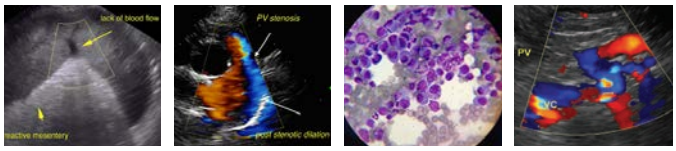

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com