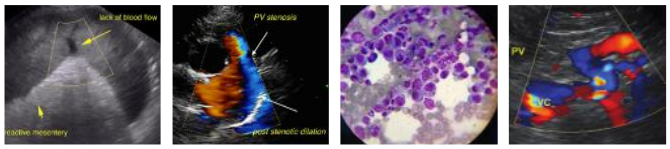
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Jayda Krecker

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

11 Years

WEIGHT

45 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Hayley Heindel, CVT

HOSPITAL NAME

Mason Dixon AEH

REFERRING VET

Dr. Parr

INVOICE

20478

DATE

1/8/23

PRESENTING CLINICAL SIGNS

History: partial cluster seizures diarrhea ate cat litter 1 wk ago

Abnormal PE/Chem/CBC/UA Results: Globulin 4.9 TP 10.2 Cholesterol >450 ALP 284 GGT 18 UA- cocci clusters/WBC/RBC

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents, as well as suspended echogenic debris and a large 2.5 cm shadowing cystolith. No masses are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia or infarcts observed. Multiple very small nonobstructive nephroliths noted bilaterally. The left kidney measures 8.08 cm. The right kidney measured 8.89 cm.

Adrenal Glands

Left adrenal gland is normal in size (1.64 cm long x 0.65 wide), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The area of the right adrenal gland is examined without evident adrenal gland pathology.

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 and biliary tree appear normal without distension or congestion.

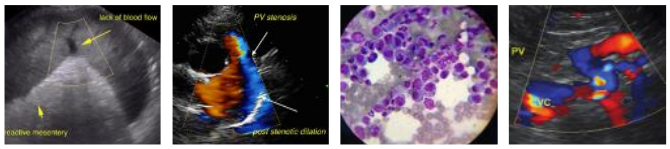
Gallbladder is markedly overdistended, measuring 8.0 cm x 13.0 cm in size with anechoic bile, as well as a large amount of suspended and gravity dependent echogenic/mineral/sand debris. The wall is smooth without visible thickening. There is no evidence of cystic or common bile duct dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly fluid distended.

The visible small intestines are normal in wall thickness and layering. Bowel is diffusely mildly fluid distended without evidence of an obstructive pattern, plication and/or visible foreign material. Small intestinal hyperperistalsis is noted.

The visible colon is normal in wall thickness and layering. The colon is fluid dilated.



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

PATIENT

Jayda Krecker

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

11 Years

WEIGHT

45 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Hayley Heindel, CVT

HOSPITAL NAME

Mason Dixon AEH

REFERRING VET

Dr. Parr

INVOICE

20478

DATE

1/8/23

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. 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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- A large urinary bladder cystolith
- The cholecystic debris in this patient is of unknown clinical significance, as it can be seen with biliary stasis from fasting or illness and is not necessarily related to hepatobiliary disease. It is often an incidental finding in dogs, however given the marked overdistention of the gallbladder, it is slightly more concerning in this patient and should be interpreted in combination with supporting clinical signs, such as nausea, inappetence, especially cranial abdominal discomfort and/or progressive laboratory changes, such as progressively increase in ALP and/or total bilirubin.
- Gastroenteritis – Consistent with irritation secondary to dietary indiscretion or intolerance, infection (bacterial, viral, other), parasitic or protozoal disease, toxin, other metabolic disease such as pancreatitis, other. An obstruction causing the diffuse bowel distention can't be definitively ruled out but is considered less likely given the diffuse dilation vs a typical obstructive pattern and the lack of visualization of any foreign material.

Secondary Findings

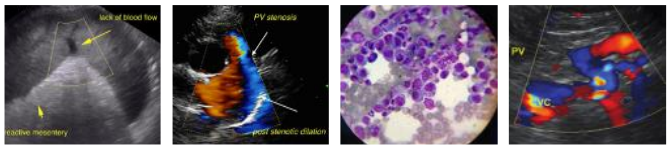
- Age-related kidney changes with multiple small nonobstructive nephroliths bilaterally

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the reported bacteriuria and presence of the cystolith, recommendations are a urine culture if not already evaluated, followed by potential dissolution of the cystolith, if believed to be an infection induced struvite, or potentially removal of the cystolith for stone identification, if not.

Given this patients reported dietary indiscretion, the bowel changes may be secondary to that, in which case supportive/symptomatic medical management of gastroenteritis with antiemetics, gastroprotectants, a probiotic, such as Visbiome or Proviable, empirical deworming with a 5-day course of Panacur, and a bland easy-to-digest diet, etc., may result in improvement of clinical signs. However, if clinical signs persist beyond medical management, recheck imaging of both x-rays and ultrasound would be recommended.

If physical exam findings, including cranial abdominal pain, and/or progressive laboratory changes, including increasing ALP or total bilirubin, etc., support biliary obstruction, ultimately, an exploratory laparotomy with planned cholecystectomy may be warranted. However, in the meantime, the medical management described above, in combination with hepatic nutraceuticals, including Ursodiol and broad-spectrum antibiotics with monitoring of those things for improvement vs progression could be



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

PATIENT

Jayda Krecker

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

11 Years

WEIGHT

45 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Hayley Heindel, CVT

HOSPITAL NAME

Mason Dixon AEH

REFERRING VET

Dr. Parr

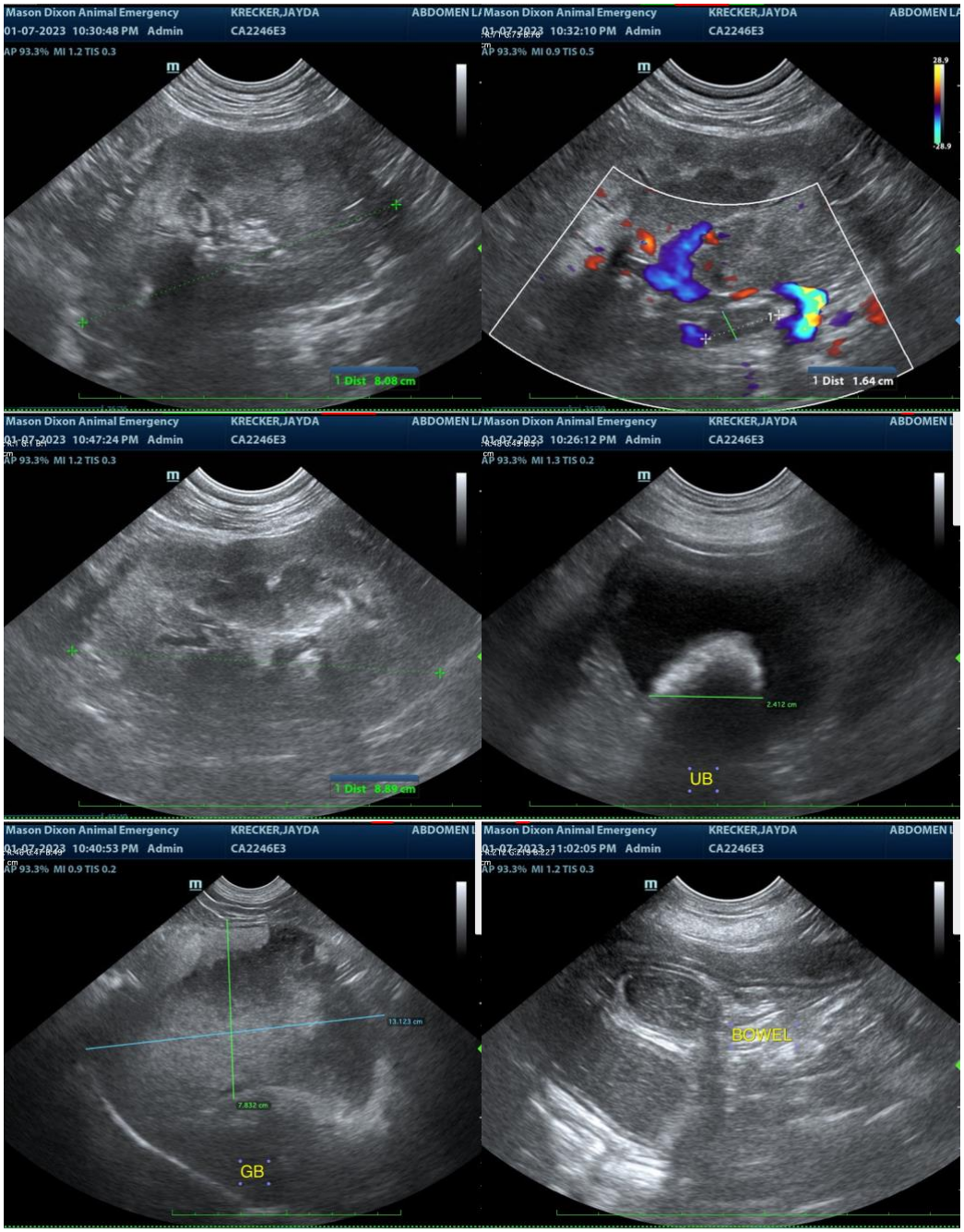
INVOICE

20478

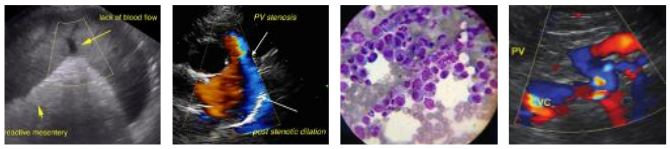
DATE

1/8/23

considered.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Jayda Krecker

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

11 Years

WEIGHT

45 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Hayley Heindel, CVT

HOSPITAL NAME

Mason Dixon AEH

REFERRING VET

Dr. Parr

INVOICE

20478

DATE

1/8/23

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