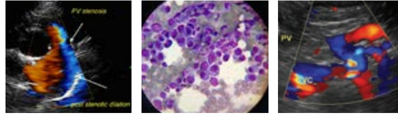
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE
12/2/22

PATIENT
Teddy Cunningham

SPECIES
Canine

BREED
Maltese X

SEX
Neutered Male

AGE
12/22/08

WEIGHT
7.4 Pounds

INTERPRETED BY
Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY
Rachel Brilhart RDMS

HOSPITAL NAME
Fountain Green VC

REFERRING VET
Dr. Lerner

INVOICE
43157

PRESENTING CLINICAL SIGNS

Recheck AUS from Emergency Hospital. Started vomiting on Friday 8/5 several times into Saturday 8/6 morning, yellow bile, no food, has not eaten since Thursday 8/4 or Friday 8/5, decreased drinking, more lethargic, small amount of diarrhea with straining. No C/S; hx of intermittent anorexia for 1-2 days then returns to eating for years
no hx of toxin or FB ingestion; no change in diet or treats

Current Medications: Amoxicillin (Biomox) Tablets 50mg BID,
Metronidazole Tablets 50mg BID, Omeprazole 10 mg (per ml) 3 GIVE 0.3ML BID, Sucralfate Tablets 1gm ¼ TID, Ursodiol 100 mg (per ml) 6.3 GIVE 0. 3ML SID, Proviable Kit - Feline/Small Dog 1 GIVE 1 ML PASTE BY MOUTH EVERY 8 HOURS FOR 3 DAYS GIVE 1 CAPSULE BY MOUTH OR OVER FOOD ONCE DAILY UNTIL GONE
Lab Results: PCV was 56 when highest value is 55 determined by the test, Monocytes was 1.88 when the highest value is 1.12
Date of Previous IntraPet Ultrasound: 8/9/22. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System
Urinary bladder is only mildly distended (empty). Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

The right kidney is normal in size (3.46 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.

The left kidney is normal in size (3.27 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
The right adrenal gland is normal in size (1.74 cm long x 0.59 cm at the cranial pole and 0.66 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (1.52 cm long x 0.42 cm at the cranial pole and 0.51 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen
The 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 enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is mildly overdistended with a moderate amount of non-dependent, mildly aggregated/inspissated sludge. Hypo to anechoic cystic areas are noted between the gallbladder sludge and luminal wall. The wall is otherwise smooth without visible thickening. There is no evidence of cystic or 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
The 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 free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- **Heterogenous Liver –** These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.

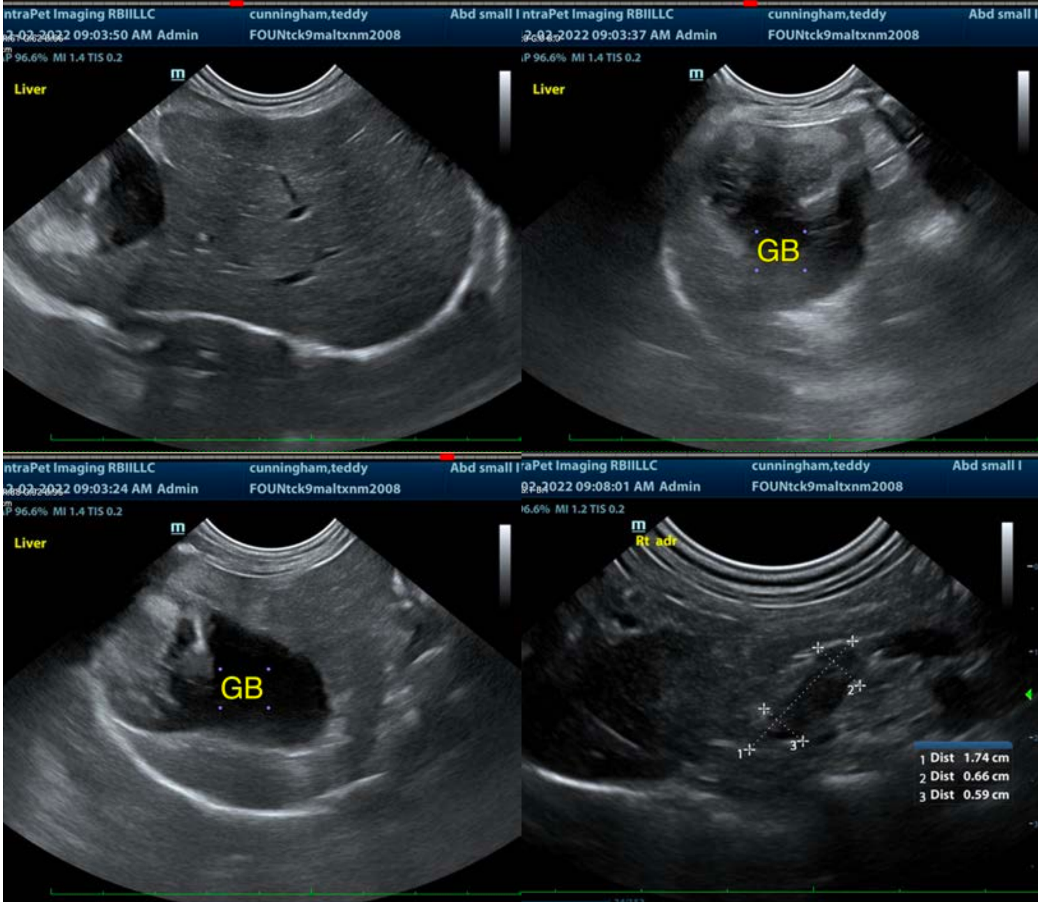
- **Emerging mucocele –** Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. The non-dependent nature of this sludge combined with the cystic areas are suggestive, however, of possible emerging cystic mucosal hyperplasia or early gallbladder mucocele.

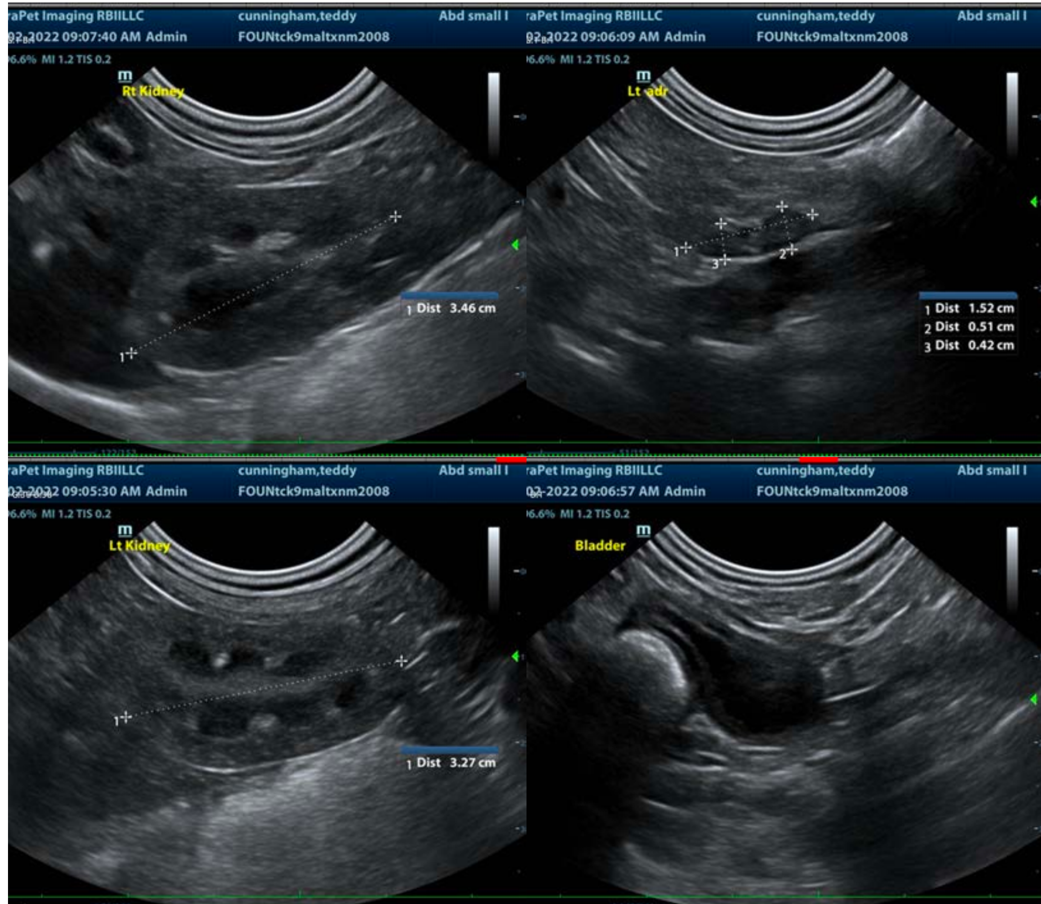
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This ultrasound is relatively static to slightly improved compared to the previous ultrasound, with less evidence of inflammation, no sign of pancreatitis, etc.

Recommendations, given the relatively static to slightly improved appearance of the ultrasound are dependent on patient's clinical status. If the patient is clinically doing well, then continued medical

management is warranted. However, if clinical signs including nausea, inappetence, especially cranial abdominal pain, etc. persist and/or return, a cholecystectomy may still be warranted in the future.





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.

Beth Johnson, DVM, DACVIM
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