SonoPath
Clinical Sonography & Telecytology
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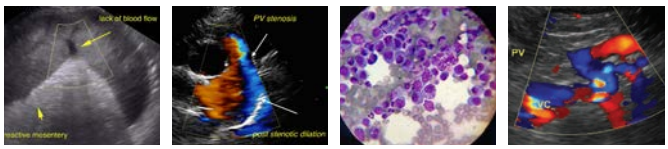

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1-800-838-4268 info@sonopath.com

PATIENT
Kylie Sytz

SPECIES
Canine

BREED
Labrador

SEX
Spayed Female

AGE
12 Years 5 Months

WEIGHT
66.4 Pounds

INTERPRETED BY
Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY
Dr. Ashley Whitesell

HOSPITAL NAME
Dickson Animal Clinic

REFERRING VET
Dr. Ashley Whitesell

INVOICE
43621

DATE
12/22/22

PRESENTING CLINICAL SIGNS

Acute vomiting/diarrhea low energy 2 days duration

Abnormal PE/Chem/CBC/UA Results: AST 704(15-66), ALT 3242 (12-118), ALk phos 2754 (5-131), GGT 52(1-12) WBC 16.6 (4-15.5) Neutrophils 14940 (2060-10600)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The 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 right kidney is normal in size (8.6 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 (7.4 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 (0.70 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. The caudal pole is not fully visualized in these images. Visible surrounding vasculature appears normal.

The adrenal gland is enlarged (2.2 cm long x 1.5 cm thick) with mild heterogenous parenchymal changes. Swollen capsular expansion is noted without evident capsular escape or vascular invasion.

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

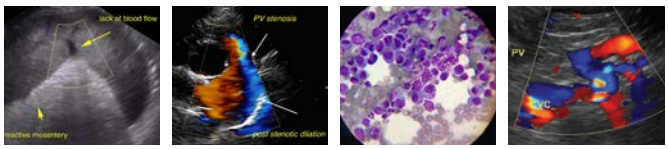
Liver is subjectively enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately overdistended with organized, aggregated and centralized non-gravity dependent sludge. Striations of sludge separated by anechoic areas are noted extending from the lumen to the luminal wall. The wall is mildly thick, irregular and hyperechoic. There is no evidence of CBD dilation.

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



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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 apparent lymphadenopathy noted in these images.

Markedly enhanced hyperechoic mesenteric fat and a small amount of anechoic free fluid between liver lobes and primarily surrounding the gallbladder.

ULTRASONOGRAPHIC FINDINGS

- The gallbladder appearance is consistent with a gallbladder mucocele. Given the marked amount of inflammatory change and free fluid surrounding the gallbladder, fully intact wall cannot be guaranteed, with rupture possible.
- **Hypoechoic hepatomegaly** – This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.
- **Left adrenal mass –** consistent with adenoma or possibly hyperplasia. Early pheochromocytoma cannot be ruled out. Interpret in combination with clinical signs of hyperadrenocorticism or other adrenal disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Given the appearance of the gallbladder and the inflammatory changes surrounding it, recommendations are to proceed once patient is stable to surgery for planned cholecystectomy and liver biopsy.

Ideally, further evaluation of the left adrenal gland including hormone testing, potentially an abdominal CT scan, etc. could be completed prior to surgery in case a concurrent adrenalectomy is elected. However, this patient's gallbladder does not appear stable enough to delay a cholecystectomy.

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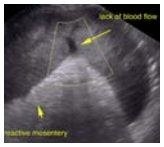
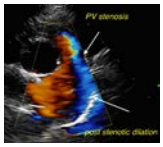
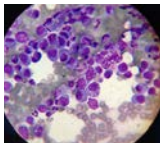
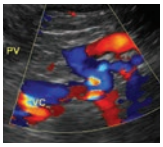

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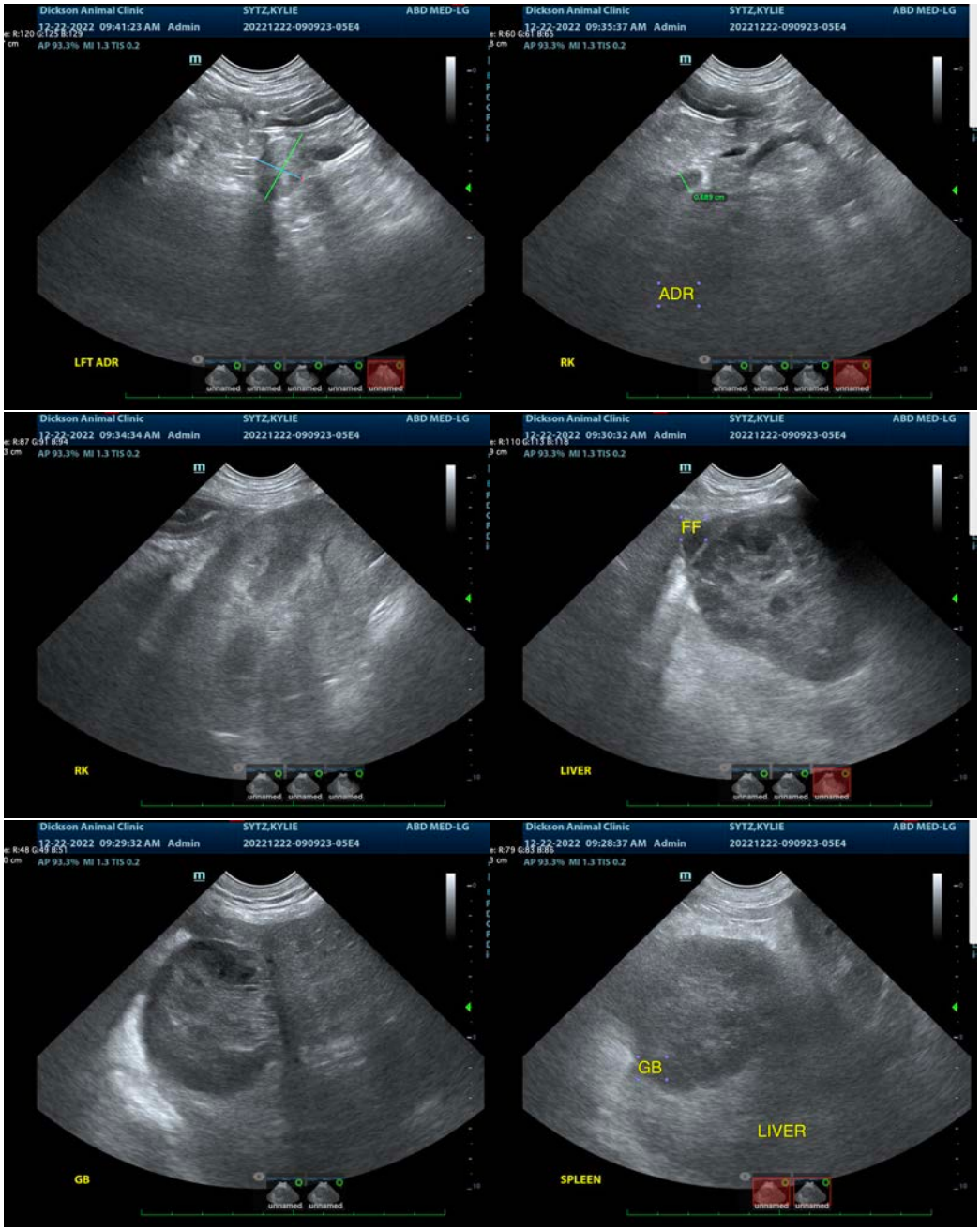

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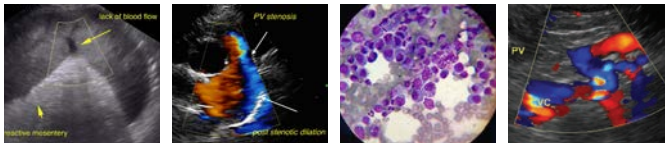

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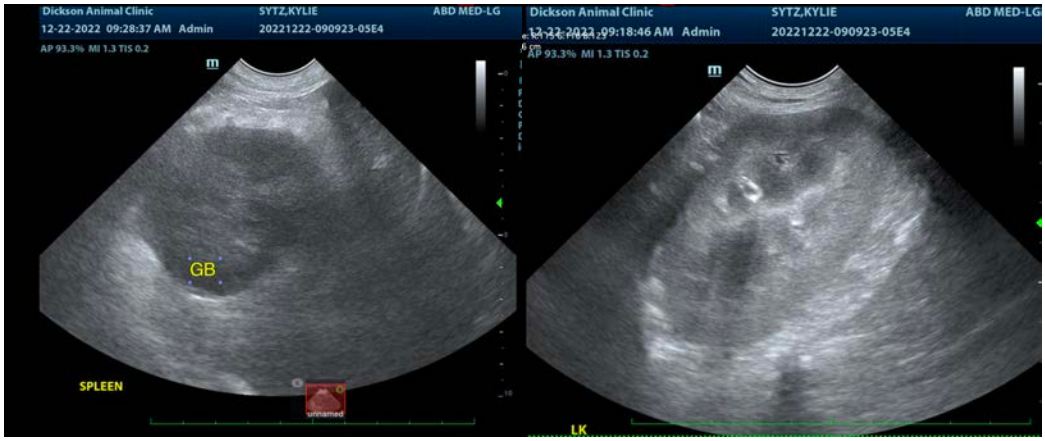

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Beth.Johnson@sonopath.com