



PATIENT

Cali Cosgrove

SPECIES

Canine

BREED

Retriever X

SEX

Spayed Female

AGE

11 Years

WEIGHT

80.7

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Marco Lichfield

HOSPITAL NAME

Sova Animal Hospital

REFERRING VET

Dr. Bott-Wentworth

INVOICE

45339

DATE

2/16/23

PRESENTING CLINICAL SIGNS

History of pancreatitis and eating squeaker toys in past years. per owner pet stopped eating on Wednesday night has been vomiting 6 times since, no stool for several days, pet has multiple masses and history of elevated liver enzymes. no stool on rectal exam, tachycardic, panting, pet is dehydrated panting on PE ictheric mucus membranes and skin, mm tacky

Abnormal PE/Chem/CBC/UA Results: GLOB 4.6, ALT and ALKP dilution was required, GGT 25, TBIL 9.0, CHOL 505, CI 103, MCV 58.5, WBC 18.34, NEU 14.11, MONO 2.44, EOS 0.02, PLT 657, PCT 0.68

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The 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, mineral or infarcts observed. The right kidney measures 7.41 cm. The left kidney measures 6.92 cm.

Adrenal Glands

The right adrenal gland is normal in size (2.24 cm long x 0.75 cm at the cranial pole and 0.86 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is plump/swollen in size. Normal shape and contour are maintained without evidence of capsular invasion. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The left adrenal gland measures 3.49 cm long x 1.78 cm at the cranial pole and 1.57 cm at the caudal pole.

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

The 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 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. Enhanced hyperechoic mesenteric fat and tissue is surrounding the gallbladder.



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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. 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.

PRIMARY FINDINGS

- Gallbladder mucocele with surrounding inflammatory changes, consistent with a focal peritonitis. There is no evidence of free fluid or rupture at this time.
- Left adrenomegaly – Rule outs include stress or normal patient variant versus potentially adrenal hyperplasia secondary to pituitary dependent hyperadrenocorticism or even an adrenal adenoma. Less likely but also possible differentials include early adenocarcinoma or early pheochromocytoma.

SECONDARY FINDINGS

- Urinary bladder debris

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.

An exploratory laparotomy for planned cholecystectomy and liver biopsy is recommended for this patient as soon as she is stable enough to undergo surgery (i.e., following rehydration, etc.).

Underlying hyperadrenocorticism may be a contributing factor to the development of a mucocele. However, further evaluation of hyperadrenocorticism isn't recommended unless there are supporting clinical signs and until patient has resolved from concurrent ongoing illnesses such as in this case the gallbladder mucocele.

Therefore, in the future following complete recovery from surgery, etc., if clinical signs are present, testing could be considered beginning with a low-dose Dexamethasone suppression test. Otherwise, testing isn't warranted until when and if clinical signs do develop. Having said that, if not recently



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evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

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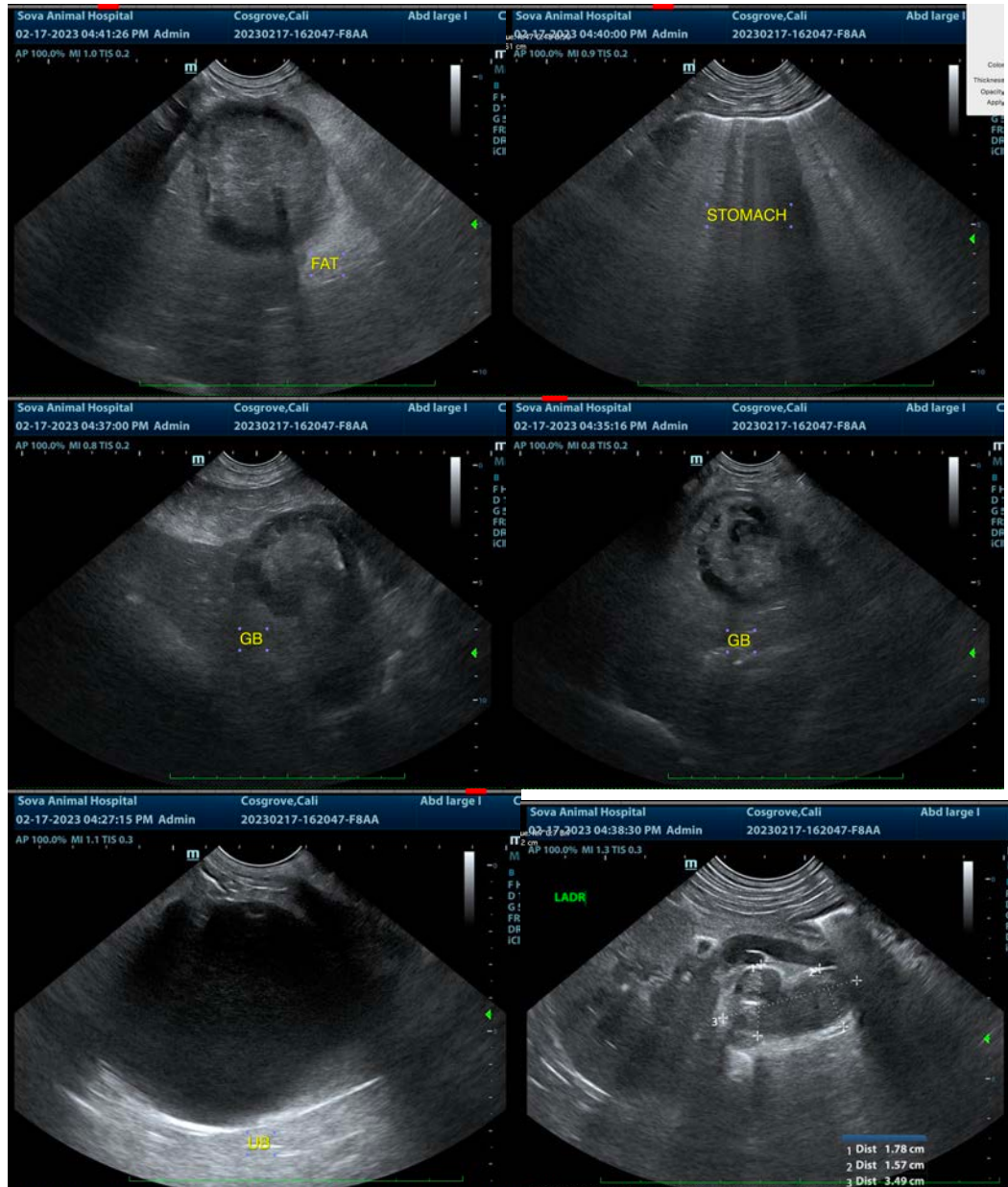
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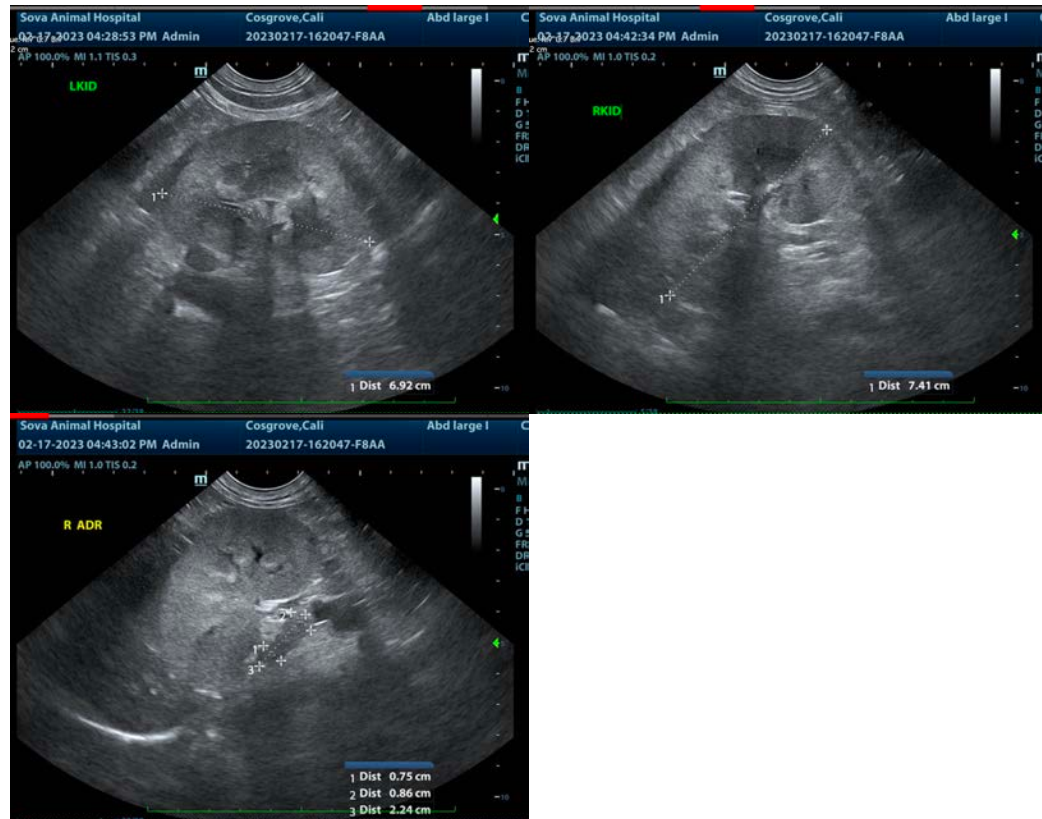
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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