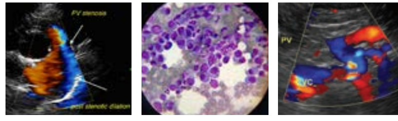
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

2/7/23

PATIENT

Max Gerber

SPECIES

Canine

BREED

Rottweiler

SEX

Neutered Male

AGE

2/5/16

WEIGHT

118.4 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Ruby

INVOICE

44824

PRESENTING CLINICAL SIGNS

Ate 1.5 grapes 3 days ago, then vomited later that evening and brought up the 3 halves of the grapes. ADR Vomiting the last 2 days, vomits right after he drinks. Can not keep water or food down Increased urination lately. Not wanting to eat. PH # 3512984.

Current Medications: Protonix, Ondansetron, Unasyn, Denamarin.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

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 (11.11 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 (9.46 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.

Adrenal Glands

The right adrenal gland is normal in size (4.35 cm long x 1.19 cm at the cranial pole and 1.13 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 (3.35 cm long x 1.06 cm at the cranial pole and 1.52 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with subtly scalloped or undulating capsular contour. Parenchyma is normal in echogenicity with a mildly coarse/heterogenous echotexture. 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.

The gallbladder is non-distended in size. The wall has a “halo sign”, characterized by a hypoechoic rim between two hyperechoic rims. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct 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 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.

There is enhanced hyperechoic mesenteric fat diffusely throughout the cranial abdomen, primarily surrounding the liver.

ULTRASONOGRAPHIC FINDINGS

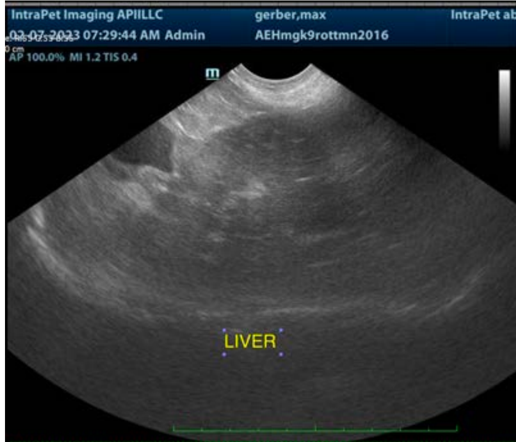
- **Scalloped spleen –** can be associated with benign or malignant infiltrative disease. Common causes include a reactive spleen secondary to immune stimulus or early infiltrative round cell neoplasia such as lymphoma or mast cell tumor.

- **Hypoechoic hepatomegaly** – This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.

- **"Halo sign" of the gallbladder wall –** This is a non-specific finding and can be seen with gallbladder wall edema secondary to cholecystitis, immune mediated disease, ascites for any reason, vasculitis secondary to pancreatitis, anaphylactic shock, etc. This finding should be interpreted in combination with other diagnoses.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient's clinical signs are most likely related to an ongoing hepatopathy or potentially infiltrative disease involving the spleen and liver. Recommendations include testing for Leptospirosis if not recently evaluated, followed by fine needle aspirates of both the spleen and liver if patient's coagulation status is appropriate. In the meantime, treatment recommendations include fluid therapy if necessary, antiemetics, gastroprotectants, hepatic nutraceuticals, and broad-spectrum antibiotics, as well as nutritional support such as an appetite stimulants or ultimately a feeding tube if necessary.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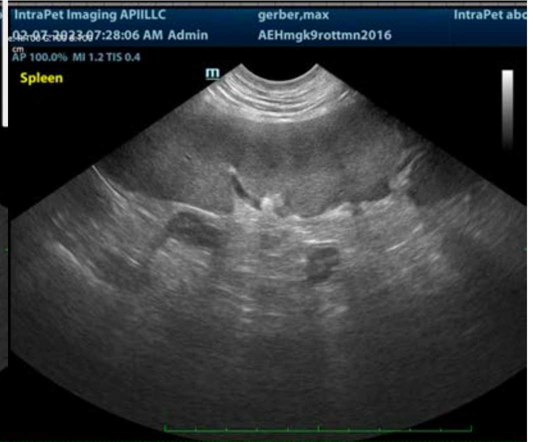
LIVER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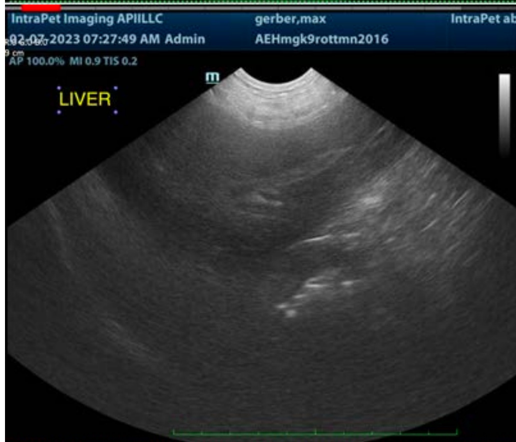
Spleen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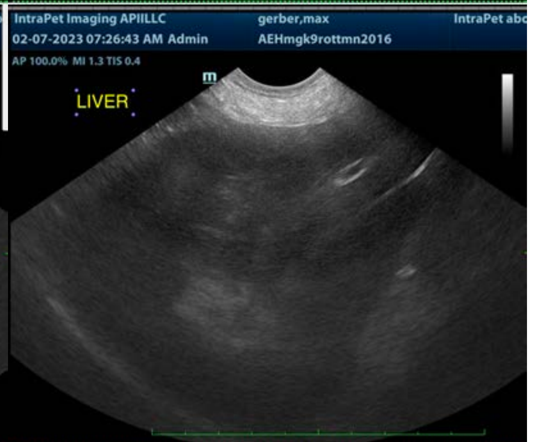
LIVER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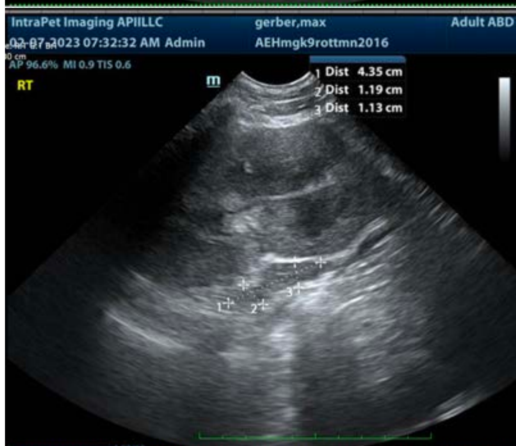
LIVER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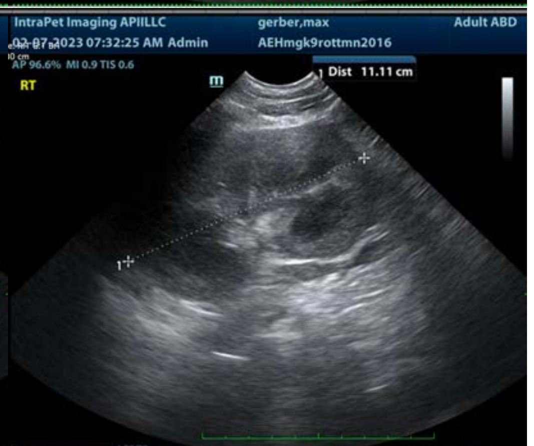
RT
1 Dist 4.35 cm
2 Dist 1.19 cm
3 Dist 1.13 cm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Adult ABD
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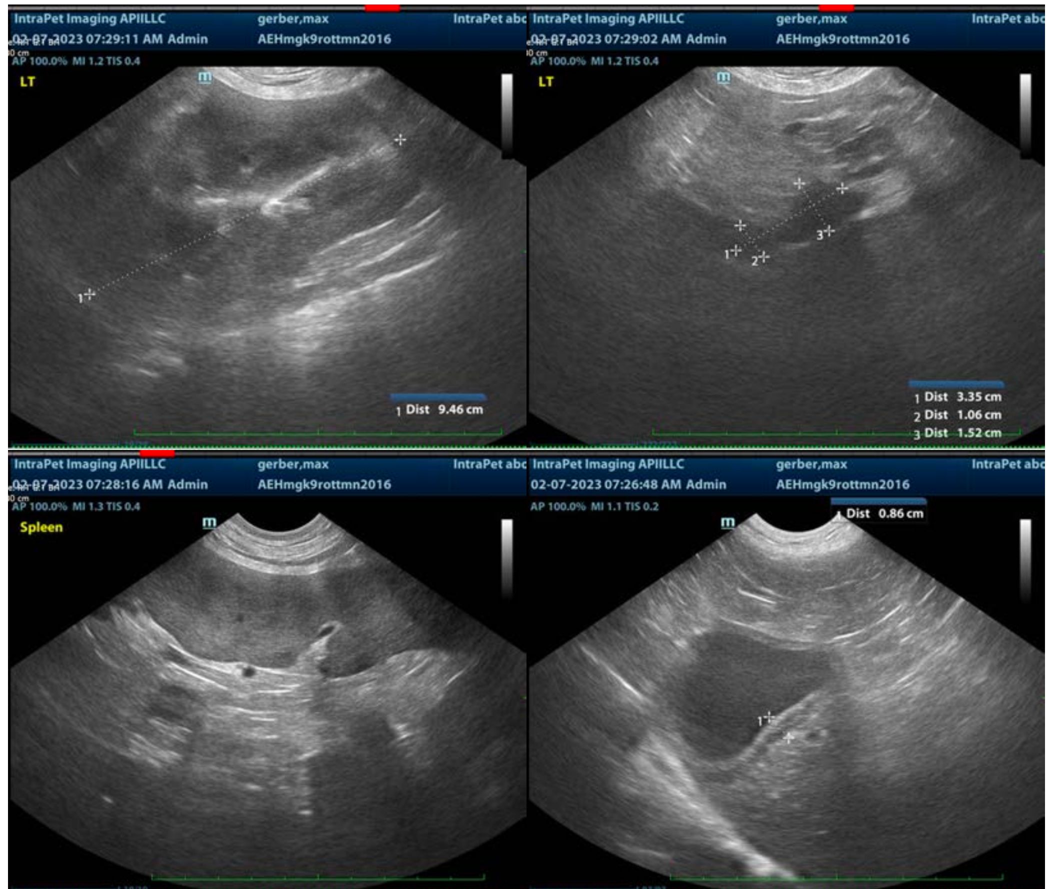
AP 96.6% MI 0.9 TIS 0.6
RT
1 Dist 11.11 cm



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