



PATIENT PRESENTING CLINICAL SIGNS

Baxter Seager vomiting, trouble walking. On deramaxx and miralax.
Abnormal PE/Chem/CBC/UA Results: ALT 1112, ALKP 1466, GGT 54, WBC 31.38 with neutrophilia 29.47

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Shih Tzu

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.

SEX

Neutered Male

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

The right kidney is normal in size (4.57 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.

AGE

12 Years

The left kidney is normal in size (4.14 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.

WEIGHT

15.6 Pounds

Adrenal Glands

The right adrenal gland is normal in size (1.4 cm long x 1.23 cm at the cranial pole and 0.45 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The left adrenal gland is normal in size (2.6 long x 0.72 cm at the cranial pole and 0.75 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

IMAGING PERFORMED BY

Diane McFadden

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.

HOSPITAL NAME

Newton Vet Hospital

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.

REFERRING VET

Dr. Barron

GB is moderately distended 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 smooth without visible thickening. There is no evidence of free fluid in the area of the gallbladder. There is no evidence of CBD dilation.

INVOICE

37051

Gastrointestinal

DATE

4/21/22

Gastric fundic mucosal hypertrophy with hyperechoic mucosa and some mucosal remodeling is noted. There is no loss of mural detail. Layering is normal. There is mild luminal fluid accumulation. No evidence of masses/nodules or foreign material present.



PATIENT

Baxter Seager

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 except for in the small bowel, where there is one focal loop that is mildly distended with echogenic granular contents. This is likely normal ingesta. Foreign material cannot be ruled out, but there is no obstructive pattern or plication to indicate obstruction.

SPECIES

Canine

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

BREED

Shih Tzu

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.

SEX

Neutered Male

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy. No evidence of pericardial effusion.

AGE

12 Years

ULTRASONOGRAPHIC FINDINGS

- Gallbladder mucocele – GB findings are most consistent with a mucocele.
- Gastritis – Microulceration cannot be ruled out.
- There is one proximal small bowel loop that is mildly distended with echogenic contents – most consistent with normal ingesta. However, foreign material cannot be ruled out. There is no obstructive pattern or plication to indicate obstruction.

WEIGHT

15.6 Pounds

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Beth Johnson, DVM
DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient's clinical signs, ultrasound findings and liver enzyme pattern are all consistent with a clinically significant gallbladder mucocele. Concurrent pancreatitis not evident on ultrasound and/or microulceration combined with gastritis, possibly from nonsteroidals, could be co-contributors to the cranial abdominal pain.

IMAGING PERFORMED BY

Diane McFadden

Therefore, therapeutic recommendations are dependent on whether or not a more conservative approach is elected or a more aggressive approach is elected by patient's owners, with the conservative approach being medical management of the gastrointestinal signs, possible microulceration and the mucocele with antiemetics, gastroprotectants including sucralfate, broad-spectrum antibiotics, pain management, Ursodiol, and fluid therapy, with very close monitoring of laboratory values and gallbladder for signs of progression, at which time a surgical cholecystectomy would be recommended. The more aggressive approach would be an immediate cholecystectomy to prevent potential gallbladder rupture.

HOSPITAL NAME

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REFERRING VET

Dr. Barron

If surgery is pursued at any time, a concurrent liver biopsy is recommended. If total bilirubin is increased or starts to increase, a cholecystectomy would be recommended over conservative management.

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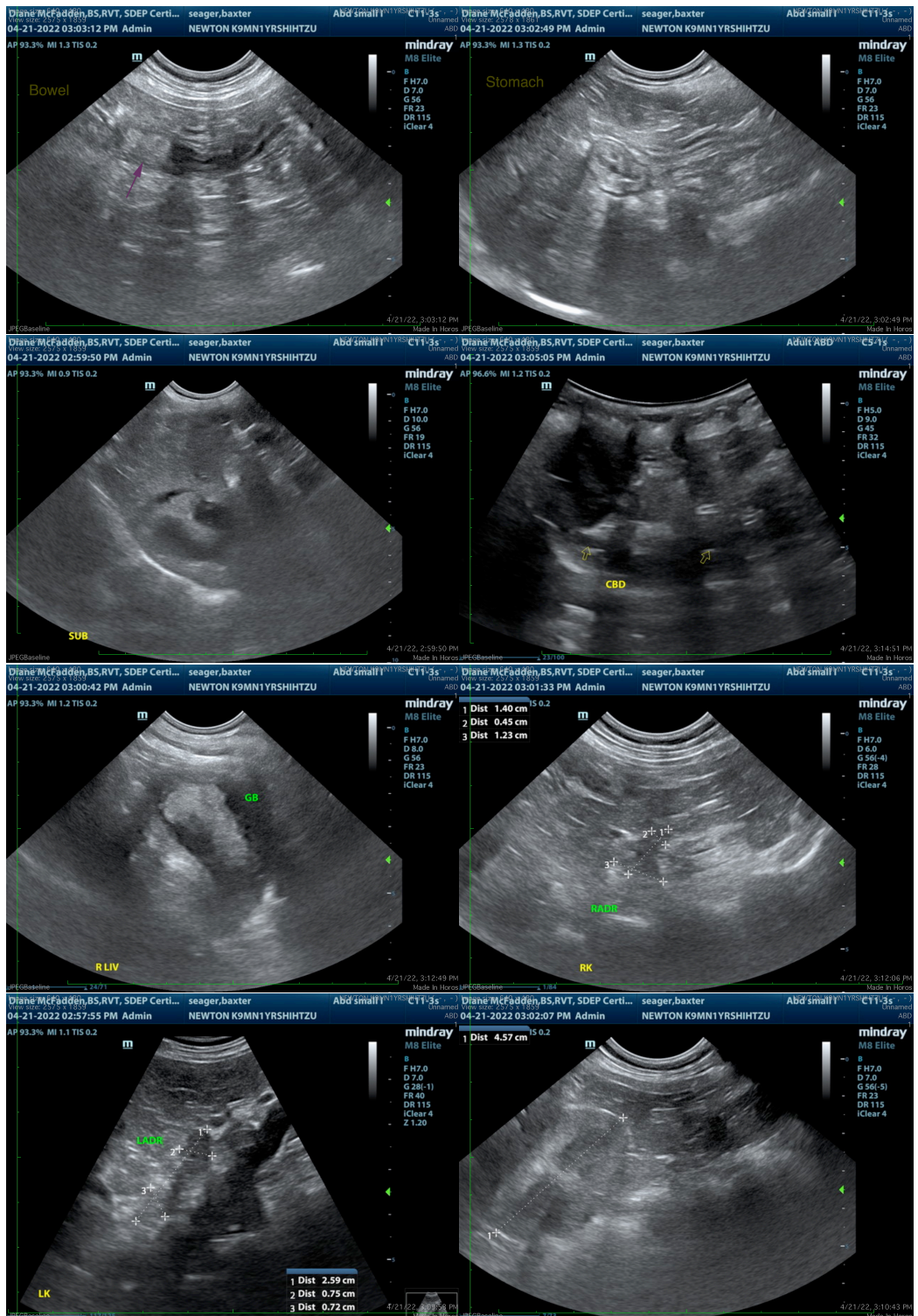
Dr. Barron

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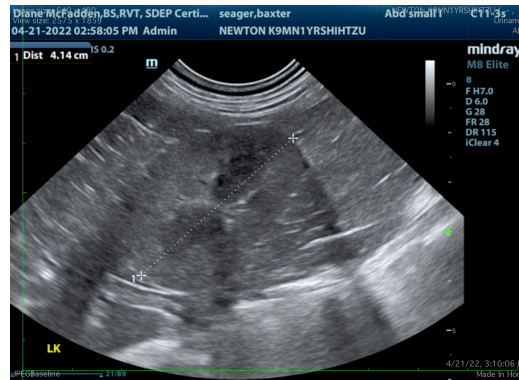
Dr. Barron

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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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