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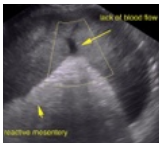
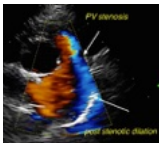
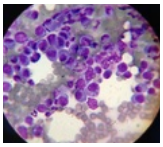
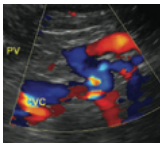

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1-800-838-4268 info@sonopath.com

PATIENT

Penny Karwandy

SPECIES

Canine

BREED

Maltese X

SEX

Spayed Female

AGE

10 years

WEIGHT

2.07 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Sarah Barthelemy

HOSPITAL NAME

Fish Creek Pet Hospital

REFERRING VET

Dr. Johnson

INVOICE

10439

DATE

8/24/2023

PRESENTING CLINICAL SIGNS

Acute onset vomiting and diarrhea with sone blood. On admission had cranial abdominal pain which has improved. Currently hospitalized on IVF, cerenia, pantoprazole and methadone.

Abnormal PE/Chem/CBC/UA Results: Marked ALT elevation 1679. Mild ALP elevation, moderate GGT elevation 44.

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 (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.

The left kidney is normal in size (3.06 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 (cranial 0.52 cm, caudal 0.43 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (cranial 0.45 cm, caudal 0.46 cm), 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

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. The cystic and proximal common bile duct are visibly dilated.

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 or foreign material. 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 or foreign material.

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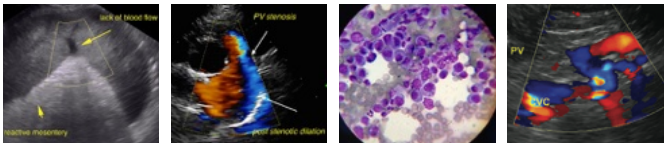

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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas is mildly prominent in size, as well mildly hypoechoic to surrounding tissue and mildly heterogenous/coarse in echo texture. No pancreatic duct dilation is appreciated. There is no significant peri pancreatic inflammatory change observed.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

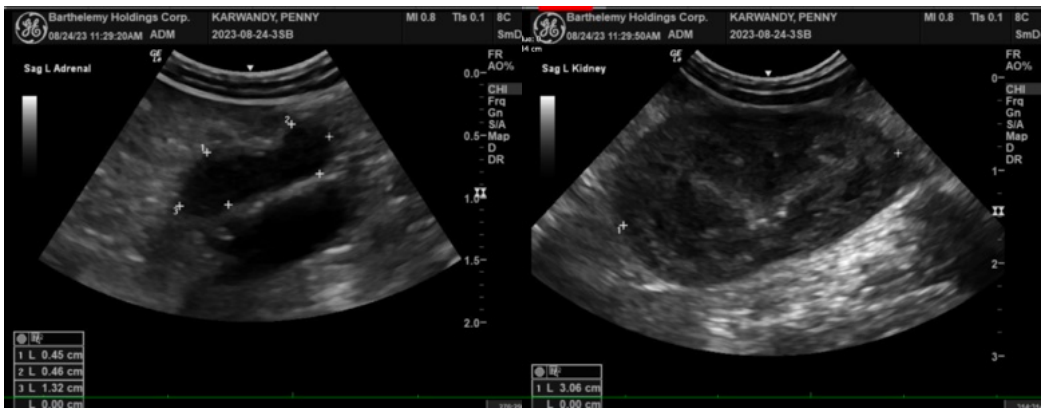
ULTRASONOGRAPHIC FINDINGS

- Gallbladder mucocele
- Mild or possibly emerging concurrent acute pancreatitis cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient does have a gallbladder mucocele and ultimately surgery for cholecystectomy is recommended. Having said that the liver enzyme changes are slightly atypical raising a concern for concurrent hepatopathy, possibly as well. Options include working up the increase ALT i.e., bile acids if total bilirubin is normal, ruling out leptospirosis, potentially a fine needle aspirate of the liver if coagulation status is appropriate, etc. While providing supportive/symptomatic medical management, hepatic nutraceuticals, Ursodiol, etc. therapy vs. proceeding directly to surgery for a cholecystectomy and liver biopsy with plans to continue medical management of concurrent liver disease post op.

Given the degree of gallbladder distention and cystic bile duct distention etc. combined with the risk for gallbladder rupture surgery sooner than later is the recommendation based on these images at this time.



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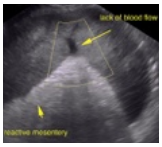
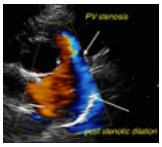
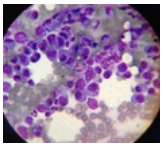
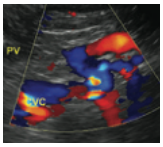

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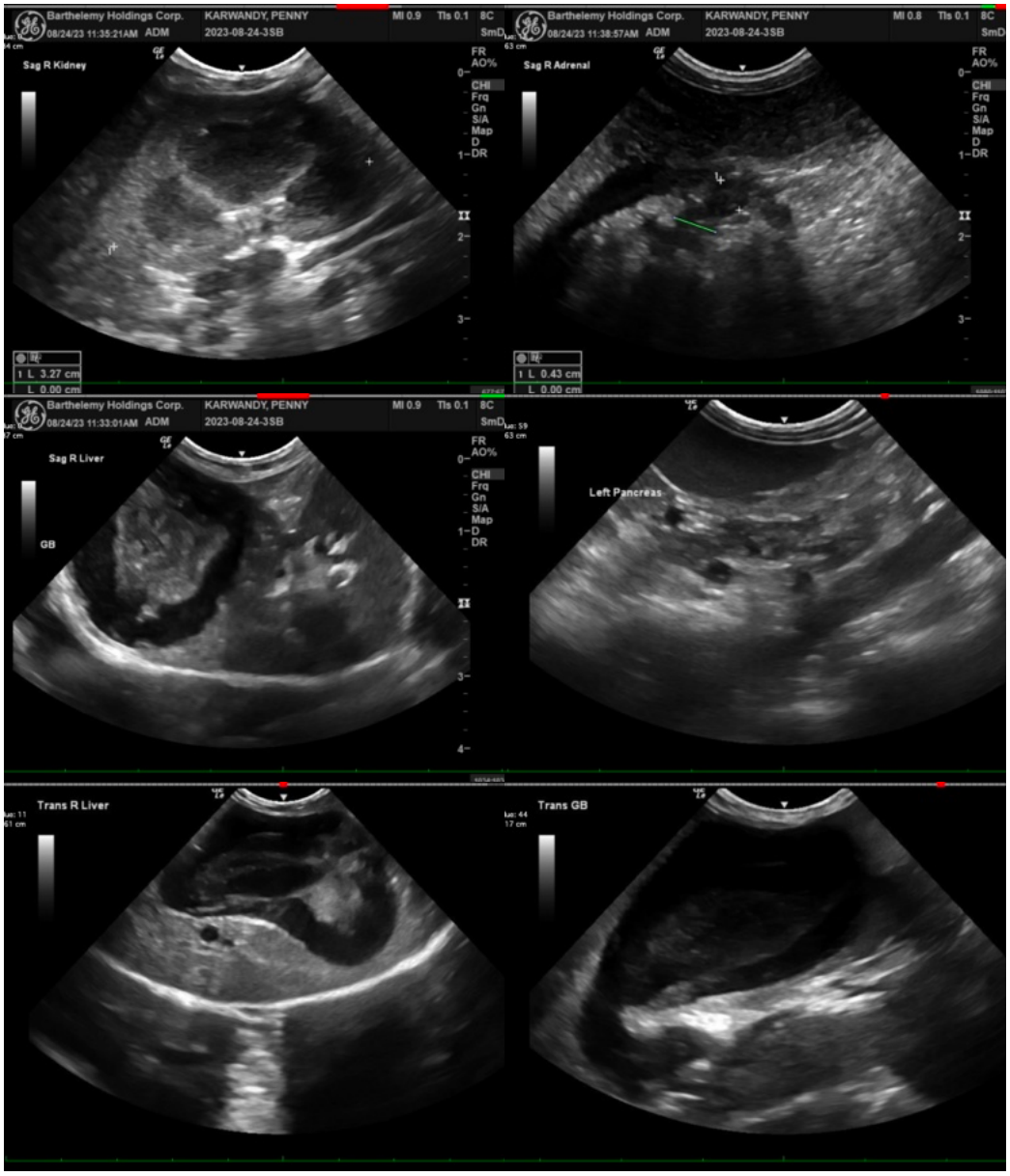

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com