

PATIENT

Shelby DeGroot

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Spayed female

AGE

15 years

WEIGHT

11.4 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Beattie Pet Hospital of
Burlington

REFERRING VET

Dr. Ruggieri

INVOICE

31550

DATE

7/8/22

PRESENTING CLINICAL SIGNS

History: QAR, CRT<2S, MM icteric, pale Not eating since Thursday. Vomited ~3-4 times, just bile since Thurs. O said noticed eyes were yellow colour today No diarrhea Drinking ok Has a hx of pancreatitis No known toxin ingestions

Abnormal PE/Chem/CBC/UA Results: AMYL 1958 HIGH 500-1500 U/L UREA 17 HIGH 2.5-9.6 mmol/L GLOB 56 HIGH 25-45 g/L LIPA 5662 HIGH 200-1800 U/L TP 84 HIGH 52-82 g/L ALKP > 4000 > 23-212 U/L

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, very small, echogenic, non-shadowing mineral densities/cystoliths were noted settled against the dependent wall. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Left kidney is normal is size (5.35 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.

Right kidney is normal is size (5.25 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

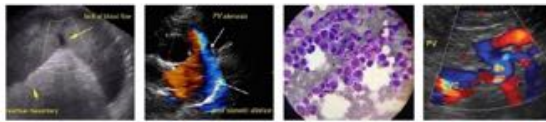
Adrenal glands are largely normal in size, shape and contour. Some parenchymal heterogeneity is present without concerning capsular distortion. These changes are likely normal for this age but should be monitored if there is any suspicion of adrenal disease. The left adrenal gland measured 2.34 cm long, 0.53 cm at the cranial pole and 0.89 cm at the caudal pole. The right adrenal gland measured 1.83 cm long, 1.6 cm at the cranial pole and 1.47 cm at the caudal pole.

Spleen

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 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.



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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.

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The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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The visible small intestines are normal in wall thickness and layering. 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.

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Pancreas

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The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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Free Abdomen

There is no evidence of peritoneal effusion or apparent lymphadenopathy noted in these images.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

1. Gallbladder mucocele.

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Secondary Findings

1. Age related adrenal changes.
2. Urinary bladder including small, non-shadowing cystoliths.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

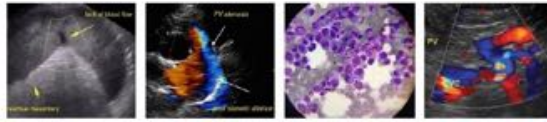
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- Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.
- Given this patient's clinical presentation combined with classic gallbladder mucocele appearance. Exploratory laparotomy for cholecystectomy is recommended. If surgery is not possible then aggressive medical management with IV fluids, broad spectrum antibiotics,

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Ursodiol, etc. could be considered; however, there is a risk for progression/gallbladder rupture/leakage.

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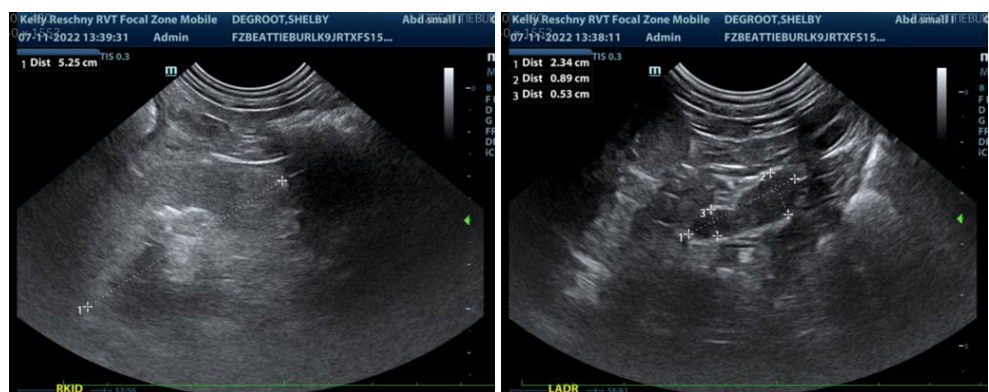
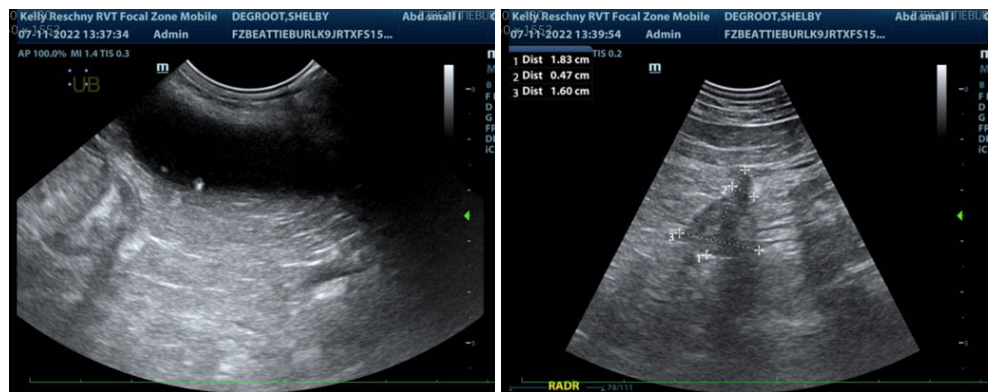
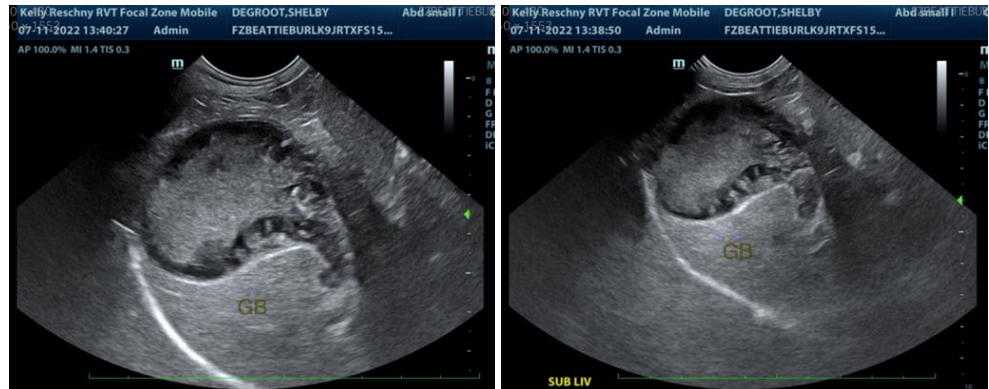
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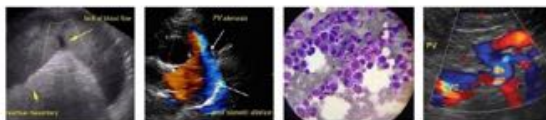
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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