



PATIENT

Hamilton Humane Society Guaynabo

SPECIES

Canine

BREED

Rottweiler mix

SEX

Neutered male

AGE

3 years

WEIGHT

54.6 lbs

PRESENTING CLINICAL SIGNS

History: The patient presented today for an abdominal ultrasound. Pt was diagnosed with elevated hepatic enzymes but didn't receive any treatment. The patient is vaccinated. On PE QAR, with mildly jaundiced mucous membrane, and mild abdominal tenderness.

Abnormal PE/Chem/CBC/UA Results: CBC HCT: 35.2 % (37.3 - 61.7) HGB: 12.8 g/dL (13.1 - 20.5) MCV: 52.1 fL (61.6 - 73.5) MCH: 19.0 pg (21.2 - 25.9) RDW: 22.0 % (13.6 - 21.7) RETIC - HGB: 18.4 pg (22.3 - 29.6) WBC: 21.05 K/ μ L (5.05 - 16.76) NEU: 18.80 K/ μ L (2.95 - 11.64) PLT: 136 K/ μ L (148 - 484) CHEM ALKP: > 2000 U/L (23 - 212) GGT: 14 U/L (0 - 11) TBIL: 1.8 mg/dL (0.0 - 0.9) Fecal: Round and hookworms Radiographs: Full of ingesta and fecal material. Spondylosis observed 4DX: All Negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio (cortex 1/3 of medulla). Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The right kidney measured 7.24 cm. The left kidney measured 6.74 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.72 cm in length and 0.49 cm at the cranial pole and 0.53 cm at the caudal pole. The right adrenal gland measured 3.19 cm in length and 0.57 cm at the cranial pole and 0.57 cm at the caudal pole.

Spleen

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed though color flow images of the portal hilus were obtained to differentiate vessels from possible lymph nodes. Gall Bladder contains a heterogenous irregular mass extending from the caudal wall into the lumen.

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Ferrer

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Biello

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Gastrointestinal

The stomach contains minimal luminal contents. It appears of normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

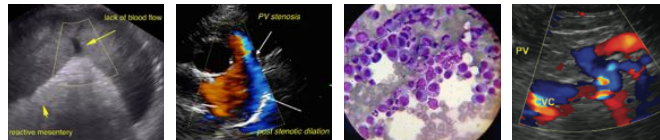
ULTRASONOGRAPHIC FINDINGS

Primary Findings

1. Gall bladder mass

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mass present in the gall bladder lumen is suspected to be of gall bladder wall origin and is the likely explanation for severely elevated ALKP and bilirubin in this patient. While there is no evidence of hepatic invasion, an abdominal CT would be off use to further define the extent of the mass and for surgical planning. Thoracic radiographs or thoracic CT are recommended to screen for metastasis. Ultimately cholecystectomy may be both diagnostic and curative.



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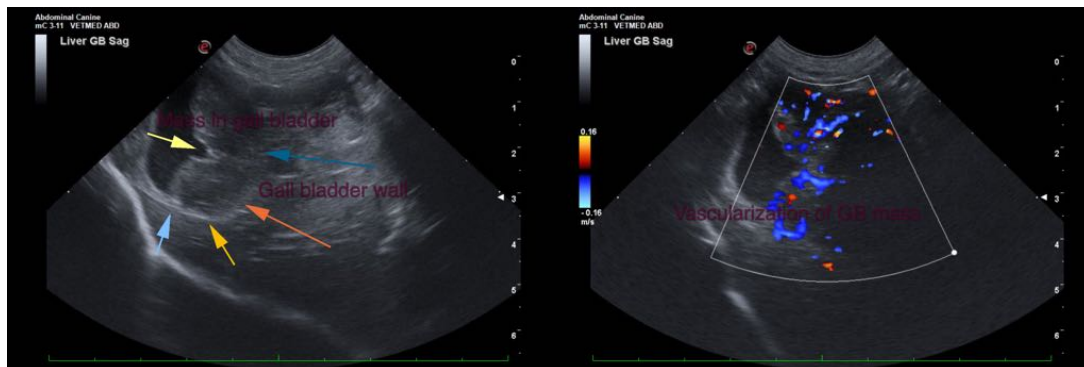
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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