

**DATE PRESENTING CLINICAL SIGNS**

1/14/22

PATIENT

Brian Wilson

History: Presenting Complaint: Referral – Vomiting. Date: 01-13-2022. Notes: Beginning yesterday started vomiting - initially food then continued and has become liquid. Owner did start giving new dental treat "Belly Bone" this past week - has gotten on every day. Current diet - Hill's science diet. No known toxic or foreign ingestions. Seen today - X-Rays abnormal - started with Barium series BW elevated liver values and WBC. Referral for continued care. BW ALT - off scale ALP >2000 GGT21 T-Bili 6.4 Cholesterol 402 WBC 34K Neut29K Monocytes 3.5.

SPECIES

Canine

Assessment: Admit into hospital IV fluids - supportive care for vomiting & liver elevations. Will repeat x-rays later today to see if barium passing. US scheduled for tomorrow. Recheck Liver values in 24 hours.

BREED

Pug

Current Medications: Vitamin B Complex, Ampicillin, Pantoprazole, Buprenex.

Lab Results: Attached separately.

Radiographs: Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

AGE

1/13/20

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex. The capsules were acceptably uniform without significant irregularities. Slight pyelectasia was noted in the left kidney. The left kidney measured 5.5 cm. The right kidney revealed slight mineralization. The right kidney measured 5.32 cm in length.

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 2.34 cm x 0.74 cm at the caudal pole and 0.75 cm at the cranial pole. The right adrenal gland measured 2.38 cm x 0.53 cm at the caudal pole and 0.73 cm at the cranial pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** revealed minor increased portal markings. The gallbladder was overdistended with "Kiwi-type" appearance and striating bile. Regional inflammation and localized free fluid were present. Slight lobar biliary duct dilation was noted. The common bile duct was dilated (0.67 cm).

Gastrointestinal**INTERPRETED BY**Eric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Animal Emergency H

REFERRING VET

Dr. Martinolli

INVOICE

13432

Gastric stasis was present. The caudal abdomen revealed a shadowing luminal intestinal structure. This may be a passing foreign matter and should be inspected at surgery. It appears to be in the jejunal region, however, may be entering into the colon.

Pancreas

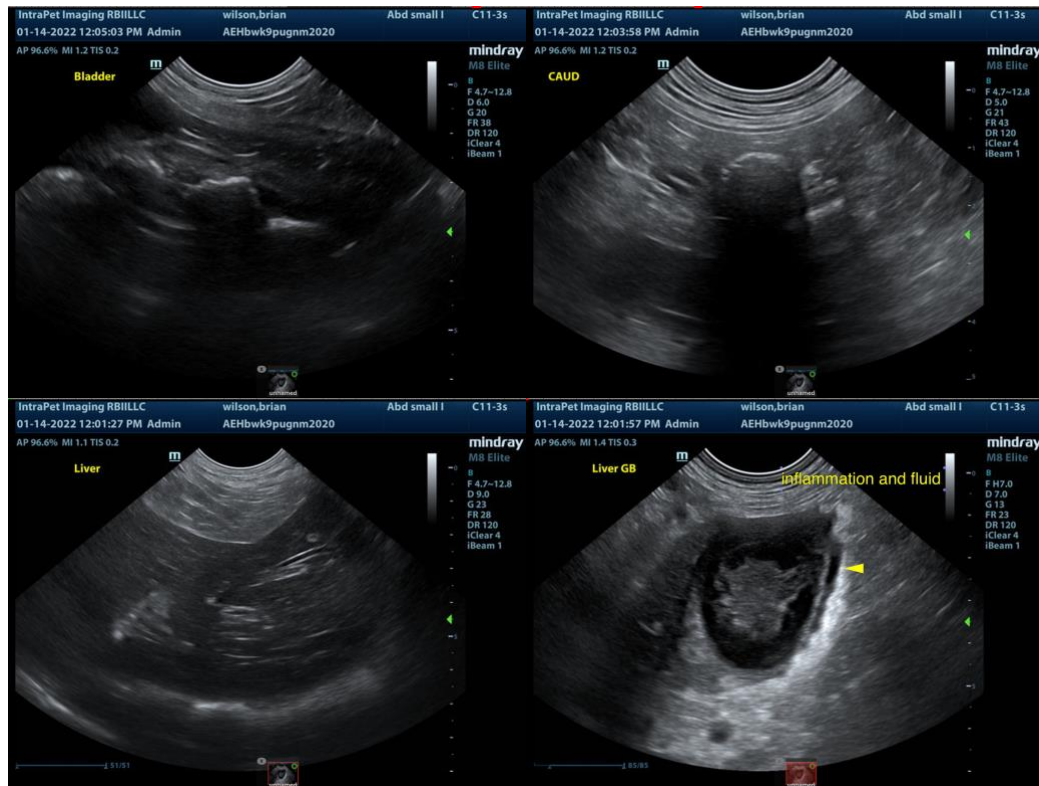
The right **pancreatic** limb was hypoechoic and irregular with enhanced surrounding mesentery, consistent with inflammation. This is a fairly mild change.

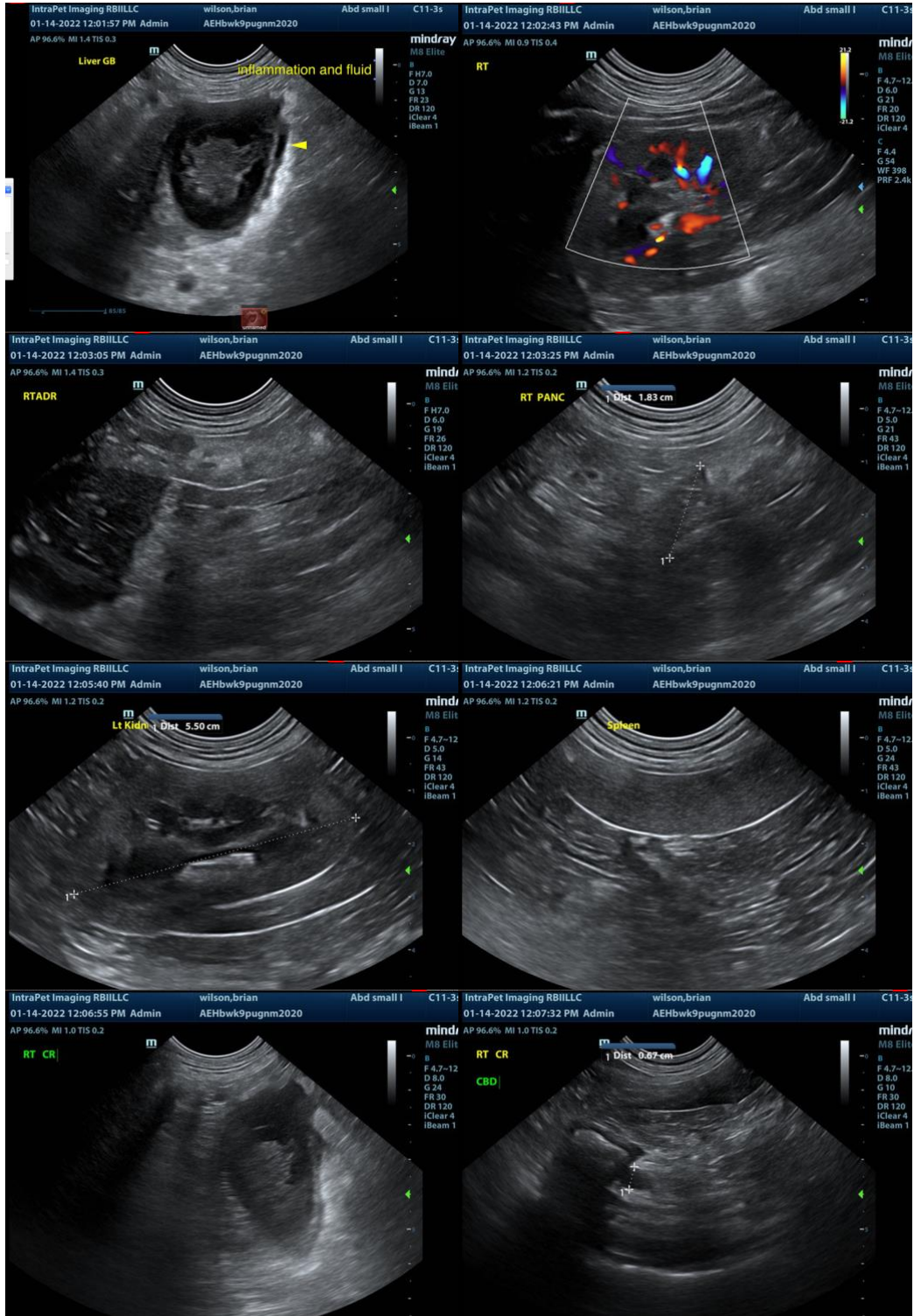
ULTRASONOGRAPHIC FINDINGS

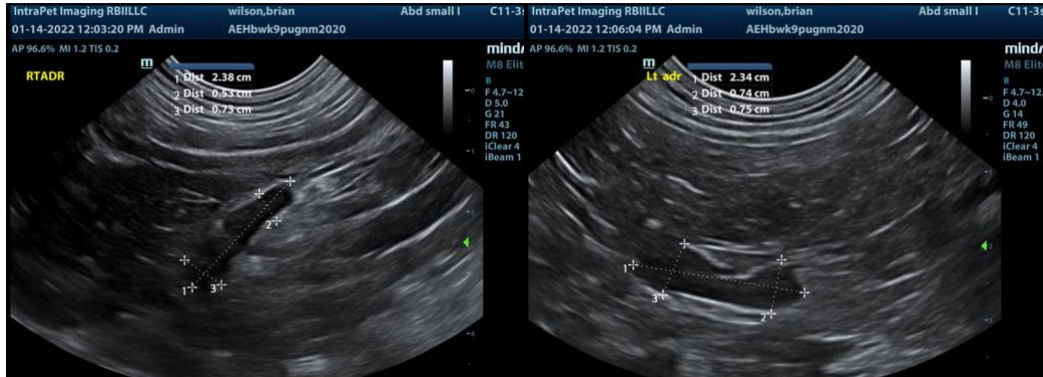
- Inflamed gallbladder mucocele with mucoduct and localized bile peritonitis
- Gastric stasis and possible transiting intestinal foreign body (may be entering into the colon).
- Concurrent pancreatitis
- Left kidney pyelectasia. Right kidney mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Inflamed gallbladder mucocele and possible transiting intestinal foreign body (may be entering into the colon), both of which should be addressed surgically. Cholecystectomy, common bile duct lavage and intestinal inspection recommended. This patient is exceedingly young for a mucocele formation, however, all criteria for mucocele, bile peritonitis and inflammation as well as mucoduct are all present. Surgical intervention is essential. This is a surgical emergency. Prognosis is guarded.







The information and recommendations provided are based on the images presented by the referring veterinarian. 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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