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Clinical Sonography & Telecytology
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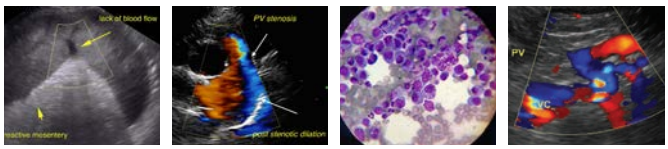

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1-800-838-4268 info@sonopath.com

PATIENT
Sasha Jover

SPECIES
Canine

BREED
Shih Tzu

SEX
Spayed Female

AGE
10 Years

WEIGHT
14 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
Saddle Brook VH

REFERRING VET
Dr. Aronovici

INVOICE
34303

DATE
1/17/22

PRESENTING CLINICAL SIGNS

Anorexic, lethargic, jaundice. Started V+ a few days ago and then became anorexic and continued to V+. Hx of Bladder stones and elevated LE. Had Denamarin and course of Clavamox. Current meds: IVF, Baytril iv, Cerenia iv, Ampicillin iv, Buprenex iv, Famotidine iv.
Abnormal PE/Chem/CBC/UA Results: ALT 341, AKLP 837, Chol 341, Glu 70 (npo?)

Ventral radiographic revealed ground glass appearance in the cranial abdomen and minor excessive small intestinal gas.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a minor amount of sand. The deep pelvic urethra revealed a 1.06 cm calculus. The pelvic urethra was dilated to the point of the urethral calculus. Localized approximately 3.5 cm distal from the cystourethral junction.

The **right kidney** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralization noted in both kidneys, non-obstructive. The right kidney measured 4.83 cm.

The **left kidney** was swollen with irregular contour and enhanced surrounding pericapsular fat. Slight free fluid noted. The left renal pelvis revealed a calculus measuring 0.62 cm, non-obstructive. The left kidney measured 4.71 cm with mild to moderate cortical irregularities noted, consistent with degenerative disease. Mineralization noted. It is likely that this patient recently passed a calculus from the left kidney into the bladder and deep pelvic urethra.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The right adrenal gland measured 1.68 cm x 0.93 cm at the cranial pole and 0.56 cm at the caudal pole. The left adrenal gland measured 1.69 cm x 0.64 cm at the cranial pole and 0.41 cm at the caudal 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 **hepatic** parenchyma is largely unremarkable with minor increased portal markings. No evidence of neoplasia. The gallbladder was overdistended with double layered wall and regional free fluid and inflammation. Immobile bile present, consistent with inflamed and possibly ruptured mucocele.

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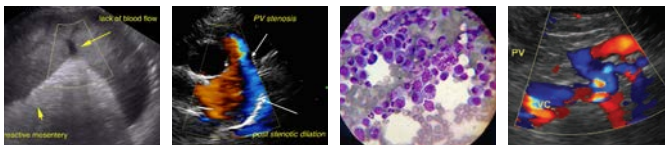

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Gastrointestinal

The **gastrointestinal tract** was largely unremarkable, yet deviated by the gallbladder. Adjacent inflammation ay be affecting the GI tract.

Pancreas

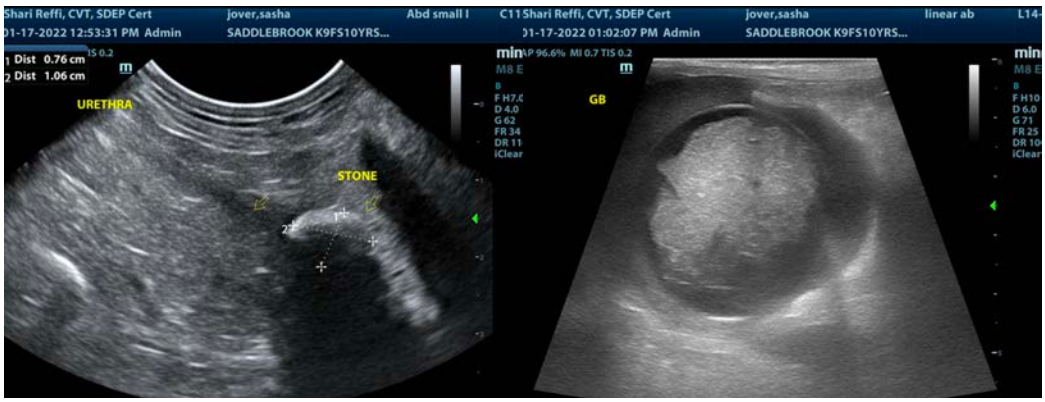
The right limb of the pancreas is inflamed, hypoechoic, irregular and edematous. Inflammation deriving from the biliary pathology extended into the right limb of the pancreas. The common bile duct was largely obscured by regional inflammation. However, the visible duct measured approximately 4.0 mm with echogenic debris, consistent with mucoduct.

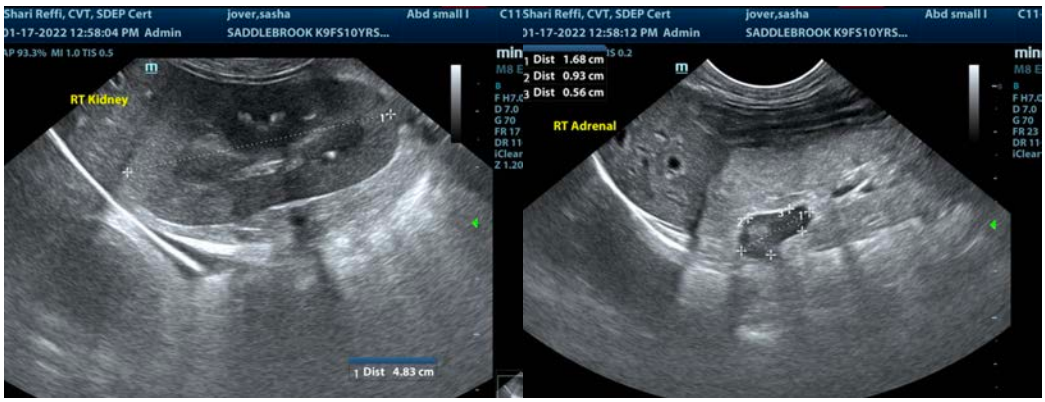
ULTRASONOGRAPHIC FINDINGS

- Inflamed and ruptured gallbladder mucocele with bile peritonitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are two separate issues in this patient. Severe inflamed gallbladder mucocele with bile peritonitis. Immediate cholecystectomy and common bile duct lavage warranted. Concurrent mucoduct present. the second issue is likely passage of recent renal calculus into the pelvic urethra, and is currently lodge 3.5 cm distal from the cystourethral junction. Surgical intervention both on the gallbladder with cholecystectomy as well as the deep pelvic urethra warranted. Very guarded prognosis.





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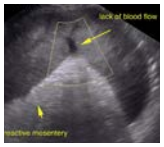
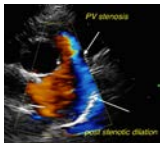
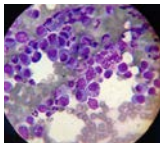
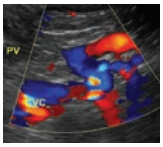

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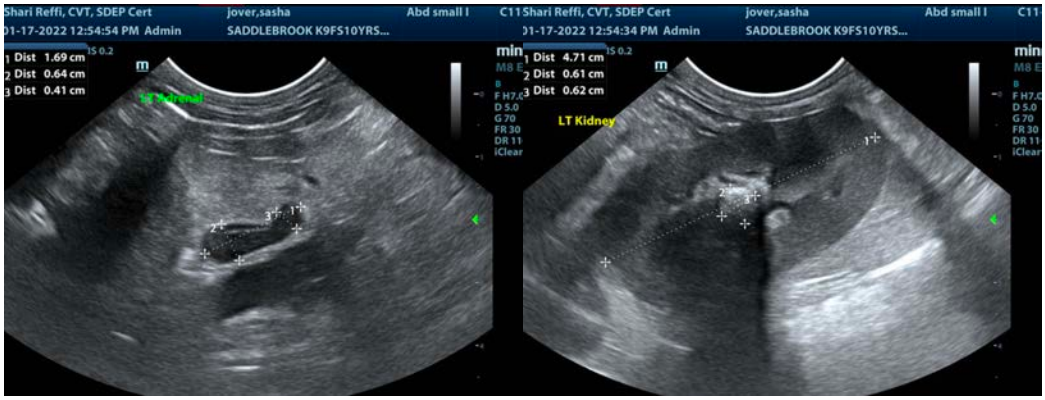

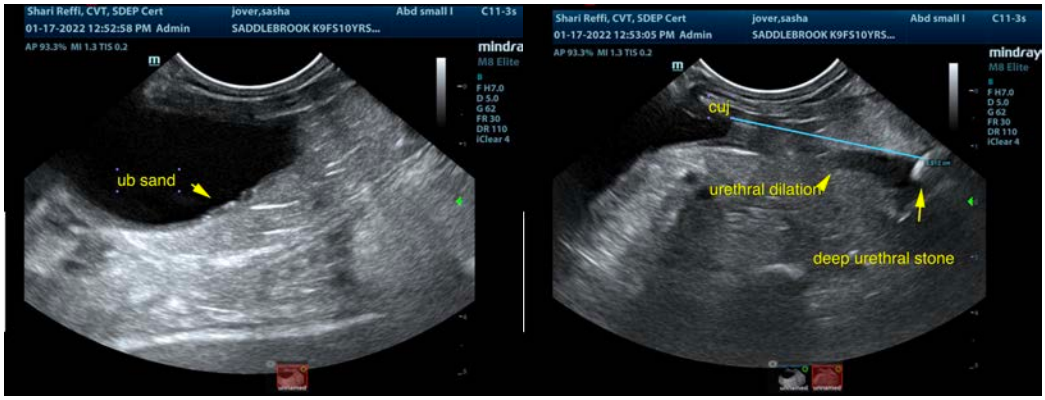

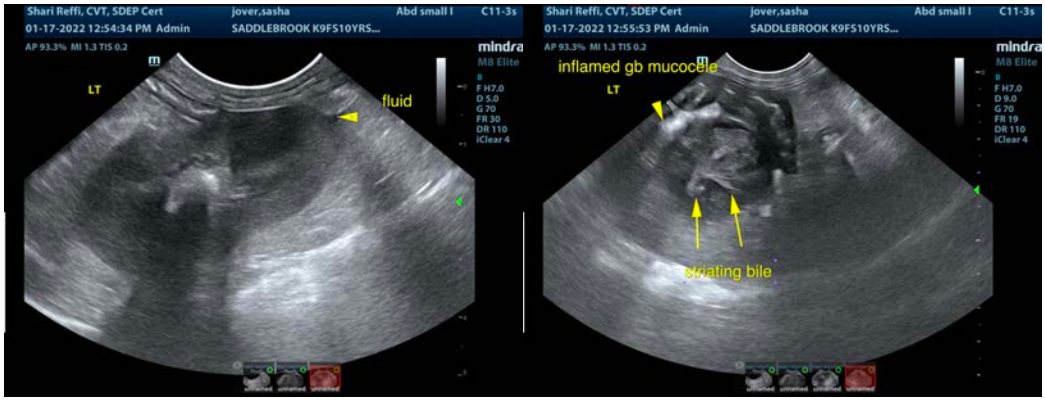

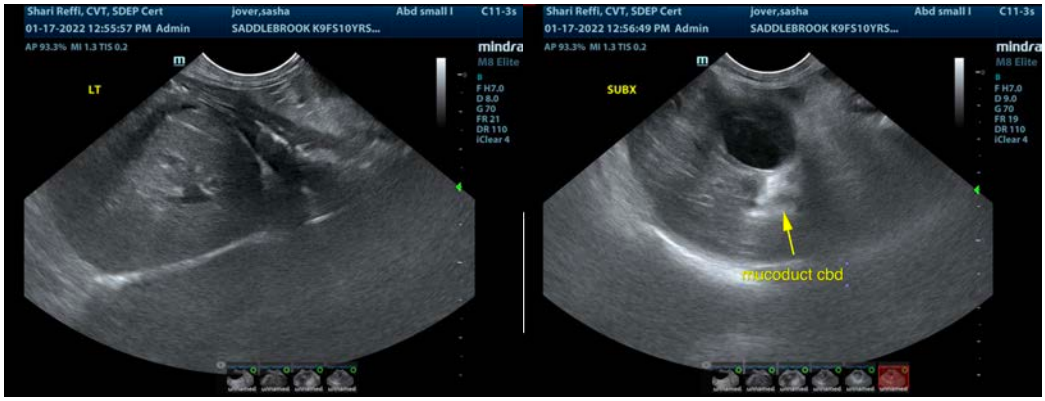

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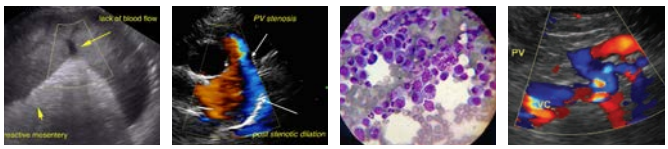

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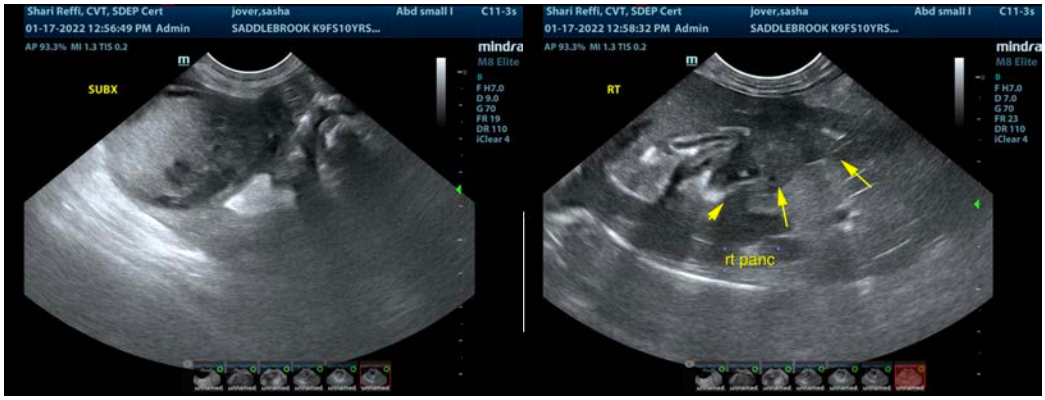

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com