



PATIENT

Cinnamon Brown

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

9 Years

WEIGHT

35.6

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Abbey Jones

HOSPITAL NAME

Schultzville AH

REFERRING VET

Dr. Abbey Jones

INVOICE

44525

DATE

1/26/23

PRESENTING CLINICAL SIGNS

Patient initially presented Monday with a history of vomiting, restlessness and not eating well. Radiographs had been performed- there are two uroliths present within bladder (patient had previously had struvite stones and a cystotomy a few years prior). NO evidence of FB obstruction. She was initially sent home with supportive care: amoxicillin, metronidazole and cerenia. There has been no vomiting since Monday. Today she represented for not eating or drinking. She seems painful in her abdomen. On exam she was painful on abdominal palpation.

Abnormal PE/Chem/CBC/UA Results: Painful on abdominal palpation, CRT=2secs, 5%dehydration, temp 103.1 GHP: ALT 259u/L, ALKP 1089u/L, Cl 108mmol/l, all other values normal CBC: RBC 9.06m/ul, HGB 20.8g/dl, WBC 32.17 k/ul, Neu 27.63k/ul, Mno 2.25k/ul, all other values normal. Radiographs performed- there is on the right lateral a ground glass appearance in area of caudal liver/pancreas, two uroliths in bladder, intestinal tract appears normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

****4 jpeg and multiple AVI images submitted. Significant over gaining noted.**

Urinary System

The **urinary bladder** presented a shadowing calculus measuring approximately 8.0 mm.

The **kidneys** 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. The kidneys measured approximately 5.0 cm each.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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** was irregular in contour with increased portal markings and coarse architecture. The gallbladder was severely dilated with inspissated striating bile. Pericapsular inflammation noted. The gallbladder measured approximately 10 cm. Gallbladder wall was double layered.

Gastrointestinal

The visible **gastrointestinal tract** was unremarkable. No evidence of foreign bodies.

Pancreas

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



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Free Abdomen

Significant inflammation noted throughout the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Inflamed, perforating gallbladder mucocele with significant inflammation
- Secondary pancreatitis likely
- Shadowing bladder calculus
- Age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate surgical intervention recommended. Cholecystectomy, liver biopsy, and cystotomy all recommended in this patient. Prognosis is guarded.



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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