

**DATE**

3/26/23

PATIENT

Louie Dillon

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

2011

WEIGHT

20 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency
Hospital**REFERRING VET**

Dr. Kalwa

INVOICE

46183

PRESENTING CLINICAL SIGNS

Presenting Complaint: Referral. History: Date: 03-24-2023: vomiting, lethargy, anorexia, no defecation, elevated WBC ct, Elevated liver values. Referral Hx: right hindlimb painful, limping, yelps when picked up - please support under back end rDVM record: 2 d hx of acute lethargy, vomiting yellow bile, not eating, drank but regurgitated, no defecation, shallow breathing - ON probiotic UTD lepto - PE: Tacky, icterus, opaque cornea, tense/ painful abdomen, cranial organomegaly, moderate/ severe distended abdomen Given torb CBC/CHEM/LYTES -- HCT 61.7(H), WBC 31.76(H), NEUT 26.82(H), Suspect Bands, Mono 3.33(H), Creat 1.9(H), Phos 12.4(H), TP 8.4(H), GLOB 4.9(H), ALT 1512(H), ALP 3325(H), GGT 14(H), TBil 11.5(H) Butorphanol 10mg/mL 0.10mg/kg IV Abdominal radiographs -- hepatomegaly Concerned that he has either an acute hepatitis vs. acute on chronic hepatitis (previous CBC/CHEM 2017 with all values WNL) vs. other 06/10/2021 Recheck Check for heartworm results AH swo- HW is negative but did come up positive for Lyme, P mnot showing any s/s (ie fever, lameness) so mopst likely just exposure; O to CTM; O does report that cough is better; OK to get more Tussigon infuture, I can also write a script, we just can't include refills because it is a restricted drug hx hacking cough _____ ATO- - Slow eating few days ago --> not eating 2 days - Vomited yesterday yellow bile, vomited today, lethargic outside - Hx of vomiting in past - Last night seemed comatose- O thought he was going to die overnight and wheezing - Hx lyme positive and coughed - UTD on vaccines/ lepto - Has been less active past few months; stomach swollen last 3 weeks - No heart murmur Os emphasize they do not want him to suffer Decline referral Os would like to try treatment for a few days If declining/ suffering will euthanize .

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

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 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 left kidney measured 5.0 cm. The right kidney measured 5.43 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 2.4 cm x 0.65 cm at the caudal pole and 0.60 cm at the cranial pole. The right adrenal gland measured 1.63 cm x 0.55 cm at the caudal pole and 0.49 cm at the cranial pole.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The liver was swollen, yet uniform parenchyma. The gallbladder was overdistended with striating bile, peripherally inflamed with regional free fluid, consistent with perforating mucocele and bile peritonitis. The common bile duct was dilated with inspissated debris/mucus.

Gastrointestinal

Gastric stasis noted with envelopment of the upper small intestine by regional pancreatic inflammation.

Pancreas

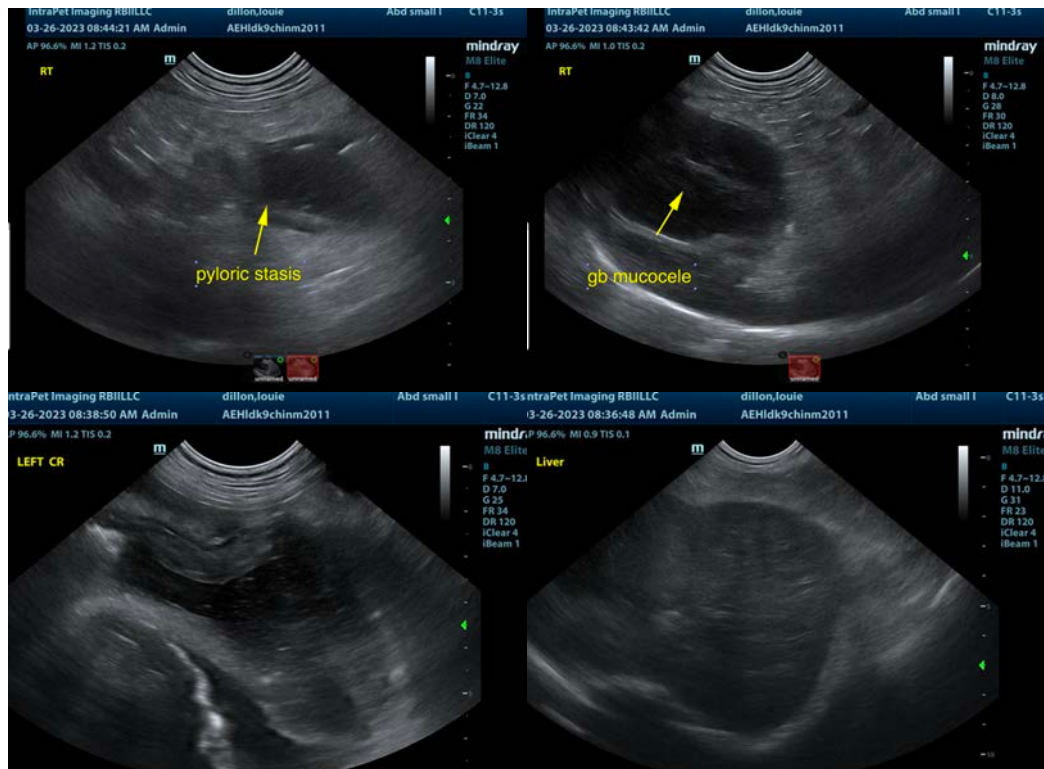
Heterogeneous parenchymal changes noted throughout the pancreas.

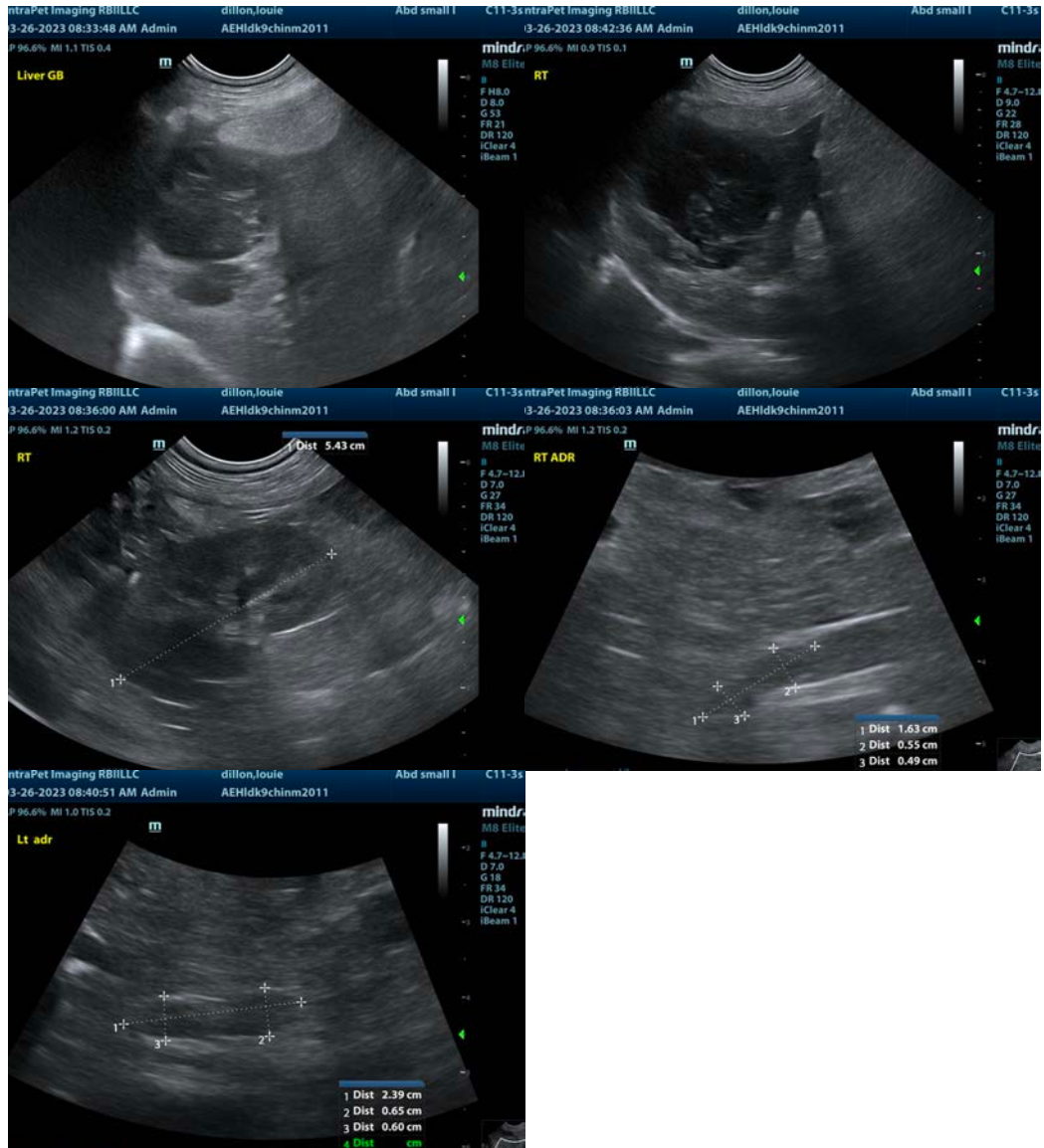
ULTRASONOGRAPHIC FINDINGS

- Ruptured gallbladder mucocele, bile peritonitis presentation
- Concurrent gastritis/pancreatitis
- Age related renal changes
- Volume contracted spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate surgical removal of the gallbladder and common bile duct recommended. J-tube placement may be optimal in this patient. Coagulation panel warranted as well prior to surgery.





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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