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Clinical Sonography & Telecytology
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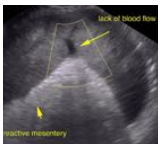
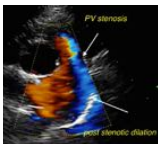
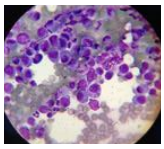
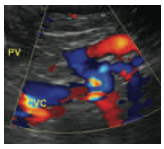





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Marley Williams

SPECIES
Canine

BREED
Fox Terrier

SEX
Spayed Female

AGE
12 years

WEIGHT
6.5 kg

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Evert

HOSPITAL NAME
Wilvet Salem

REFERRING VET
Dr. Evert

INVOICE
99973

DATE
4/28/22

PRESENTING CLINICAL SIGNS

Patient started vomiting approx 30 hours ago after eating a meal. Continued to vomit and became lethargic and had shaking. Just prior to presentation passed out and rolled off of bed.
Abnormal PE/Chem/CBC/UA Results: MM pale pink CRT < 2 seconds. Grade II periodontal disease with some wear. BCS 4/5. QAR. Heart rate regular grade II heart murmur PMI left sided systolic. Eupneic. Abdomen palpates tense upon palpation. Mass present right hip region and dorsal aspect of right rear limb. Both approx 0.25cm in diameter dark black in color. Also has mass present on left thorax approx 0.25cm in diameter.

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 was 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Pelvic dilation and mineralization were noted in both kidneys.

Adrenal Glands

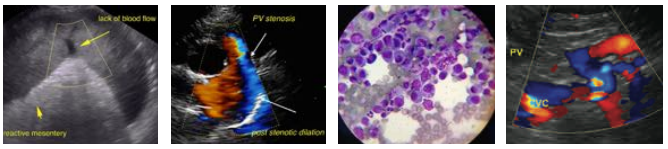
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.6 cm and the right adrenal gland measured 0.6 cm.

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 was noted.

Liver

The **liver** revealed slight increased portal markings. The common bile duct was dilated at 0.6 cm with inspissated debris. An inflammatory pattern was noted around the fibrosed gallbladder with striating bile and over distension when rounding the normal teardrop appearance of the gallbladder has been disrupted. The cystic duct and gallbladder lumen were occupied by striating, immobile bile. This is consistent with fibrosed and partially inflamed gallbladder mucocele and mucoduct. A cystic structure



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was noted in the portal hilus presumed to be cystic or abscessed lymph node measuring 1.5 cm. There is a potential of pancreatic abscess, yet appears to be separate from the pancreas.

Gastrointestinal

The **stomach** revealed a minor amount of luminal fluid. The small intestines and colon were unremarkable.

Pancreas

The left limb of the **pancreas** was unremarkable. The right limb of the pancreas was hypoechoic, irregular and edematous with enhanced surrounding mesentery.

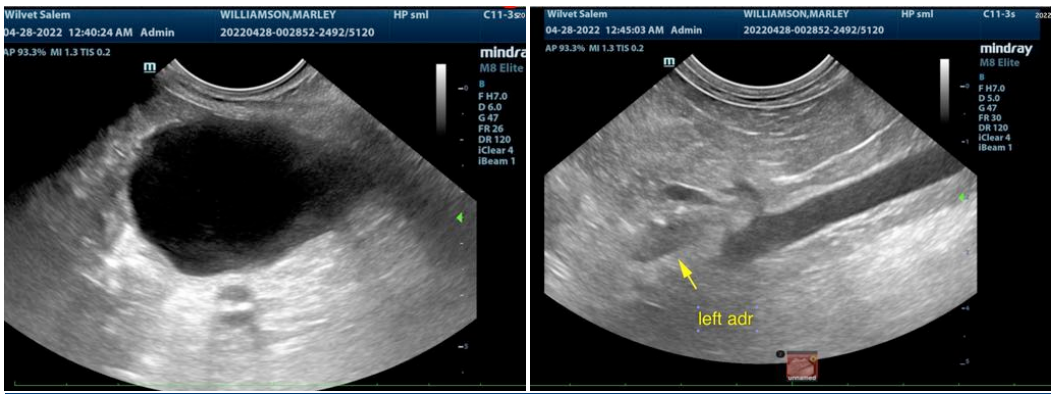
ULTRASONOGRAPHIC FINDINGS

Gallbladder is consistent with fibrosed and partially inflamed gallbladder mucocele and mucoduct.

Hypoechoic, irregular and edematous right limb pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend immediate surgical intervention with expectations with cholecystectomy and common bile duct lavage and inspection of the cystic structure in the portal hilus. Urinary work up is warranted as well given the renal pyelectasia to assess for any evidence of UTI.



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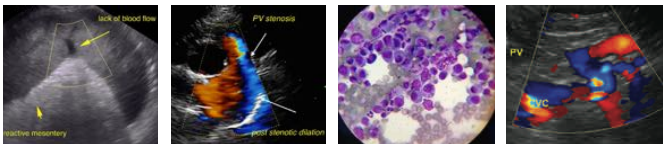

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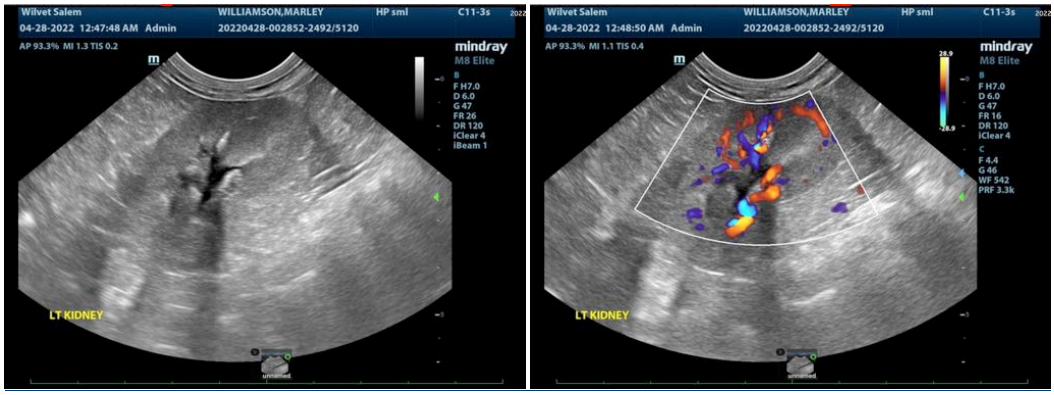

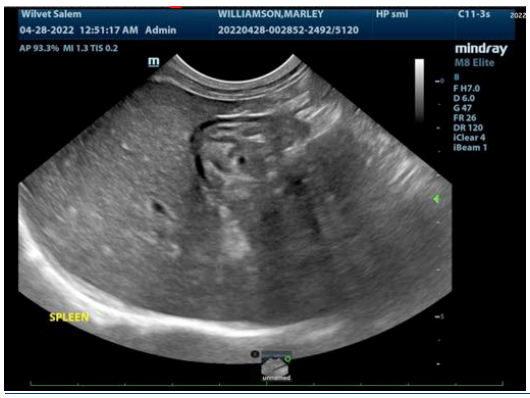

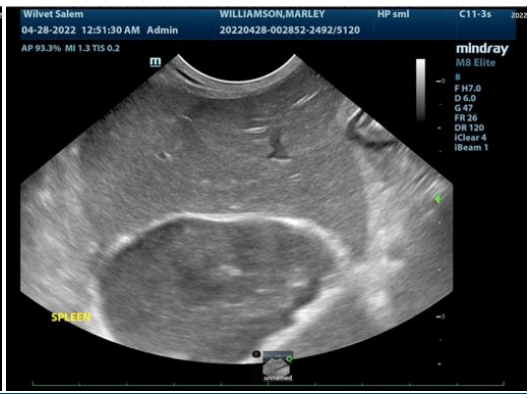

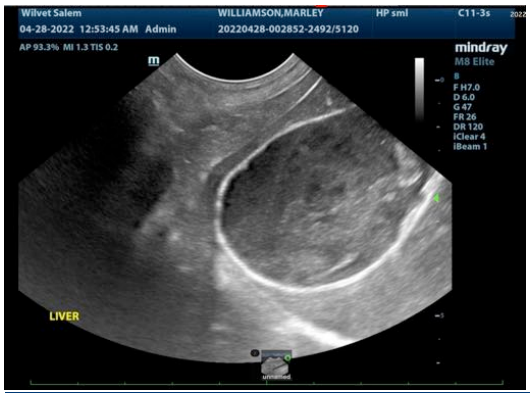

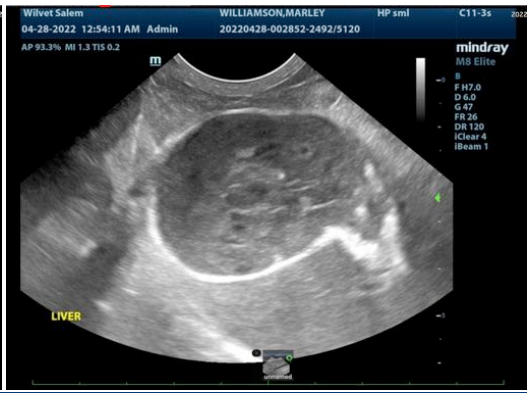

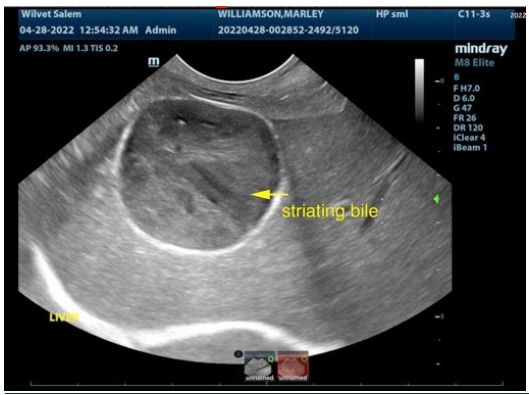

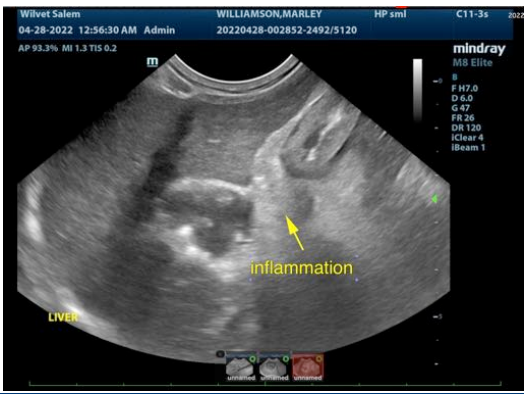

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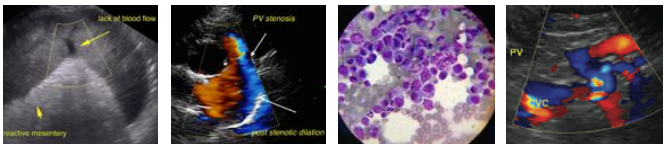

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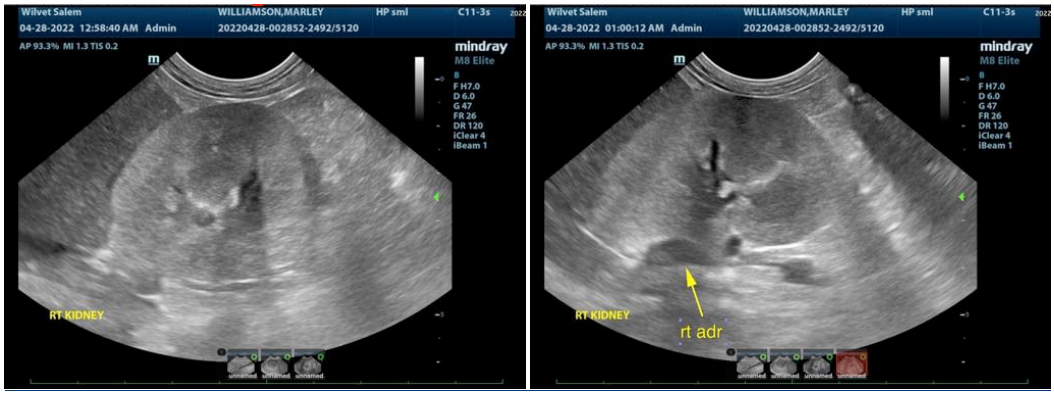

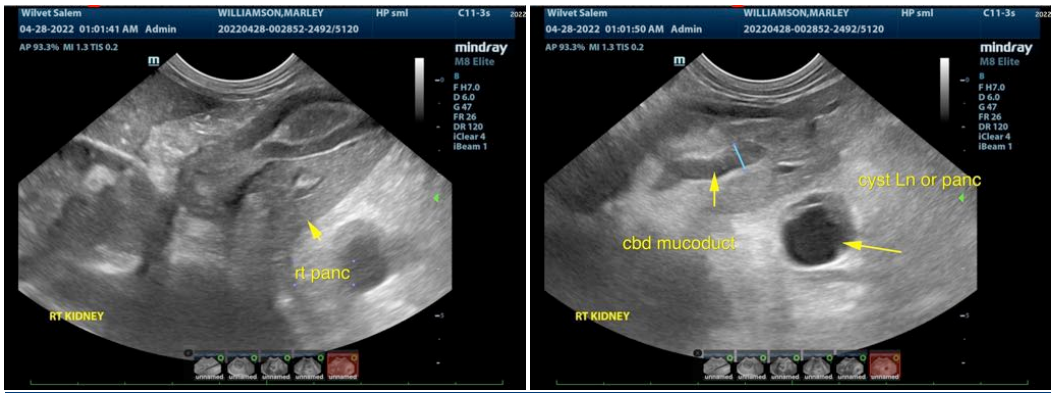

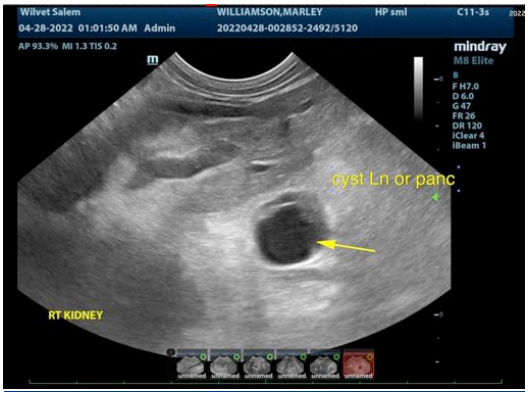

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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