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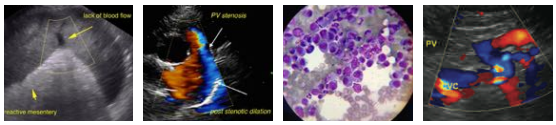

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Jake Cooke

SPECIES
Canine

BREED
Dachshund

SEX
Neutered male

AGE
14 years

WEIGHT
18.34 lbs

INTERPRETED BY
Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Jenna Walsh, CVT

HOSPITAL NAME
Cottage Grove VC

REFERRING VET
Dr. Damewood

DATE
5/3/22

Invoice
30095

PRESENTING CLINICAL SIGNS

Severe icterus, lethargic, hypothermic. Anorexia and dehydration. Recently started Vetoryl for Cushing's disease. Current Medications IV fluids, Cerenia, Buprenorphine, Convenia. Vetoryl discontinued 5/1
Abnormal PE/Chem/CBC/UA Results: Severely elevated liver enzymes (ALT 3703, ALP 7008)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a 1.0 cm calculus that was non-obstructive. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal.

The residual prostate was uniform and measured 0.75 cm.

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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The kidneys revealed pelvic and corticomedullary mineralization/calculi. The left kidney measured 6.11 cm.

Adrenal Glands

The right adrenal gland was enlarged and measured 2.48 x 1.47 cm in maximum width. The right adrenal gland revealed irregular contour. The left adrenal gland was enlarged and measured 2.89 x 1.09 cm at the caudal pole and 1.02 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 was noted.

Liver

The **liver** in this patient was swollen in contour with lobar biliary mineralization. The vestigial cystic duct is dilated and inflamed given the history of cholecystectomy. Regional free fluid was noted as well as cystic lymph node enlargement.

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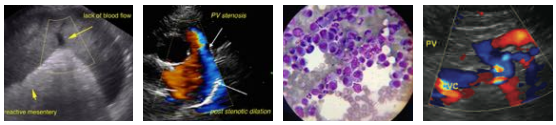

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The small intestine revealed a minor amount of retention of ingesta.

Pancreas

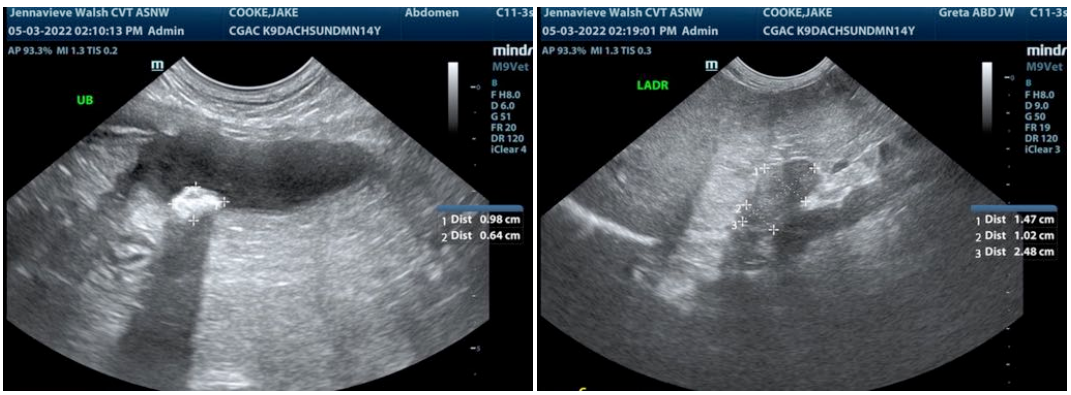
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Bladder calculus, non-obstructive.
- Enlarged, irregular and nodular adrenal glands.
- Inflamed and congested residual cystic duct and regional peritonitis/mucoduct.
- Occasional hepatic cyst and lobar biliary calculi.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend immediate exploratory surgery in this patient with expectations of reformed cystic duct removal and common bile duct lavage. Given the localized peritonitis liver biopsy and cystotomy would all be indicated. The prognosis is guarded. This is not a typical mucocele but a dilated cystic duct/biliary ectasia. However, significant inflammation is noted around the biliary tree. There is a potential for prior rupture and partial reabsorption may be the issue. Regardless, this is a surgical urgency.



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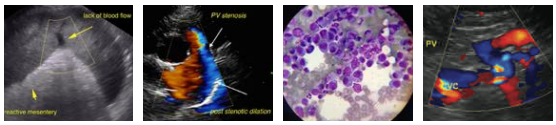

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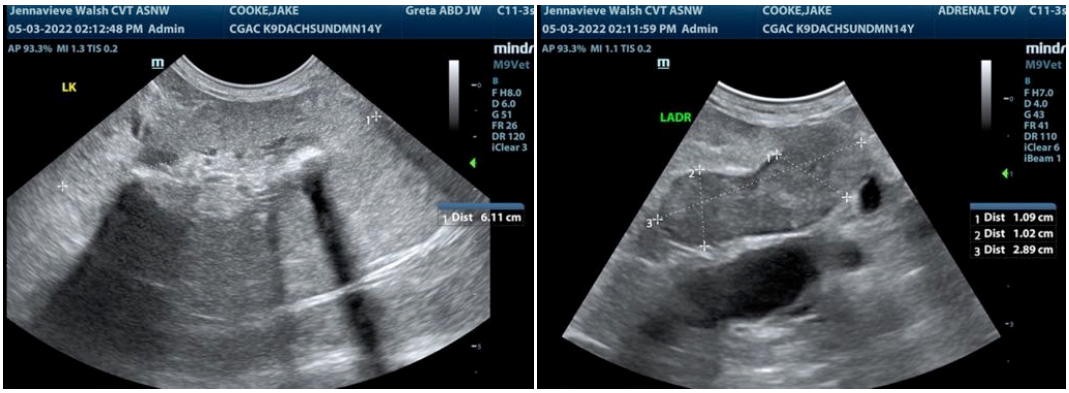

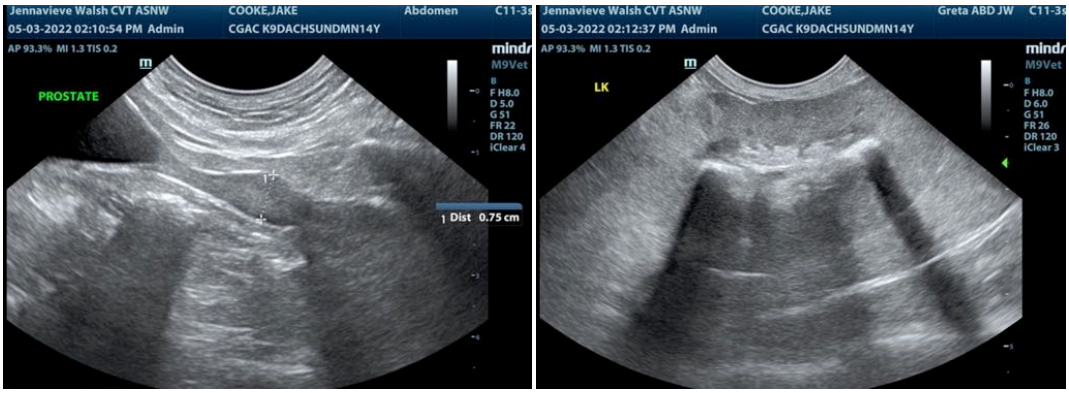

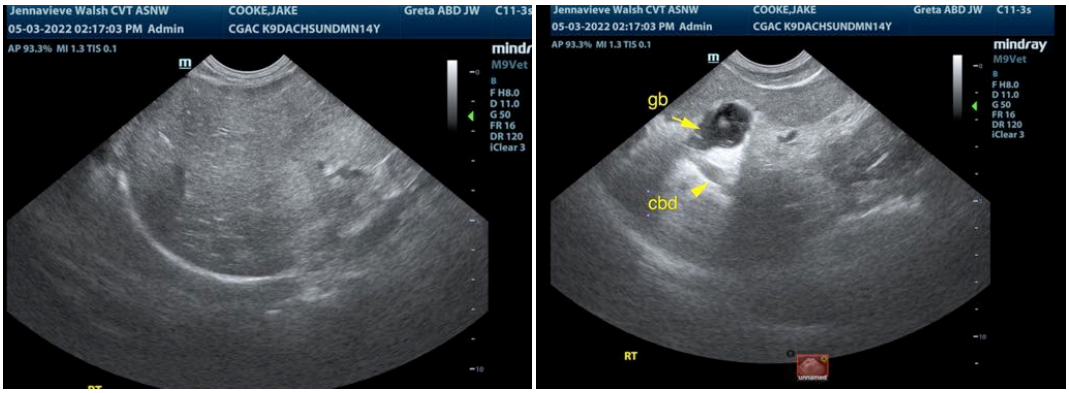

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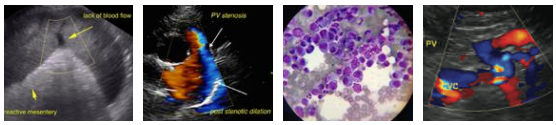

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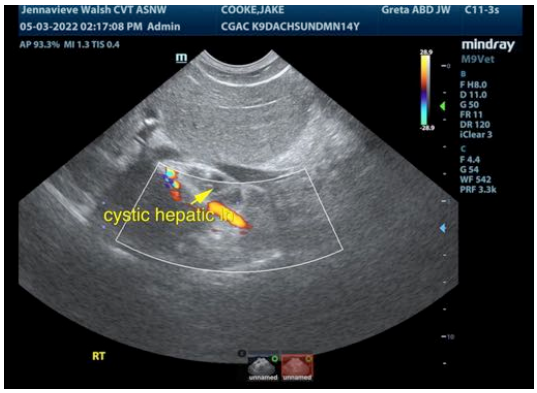

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Eric.Lindquist@SonoPath.com