



PATIENT PRESENTING CLINICAL SIGNS

Murphy Bown History: Acute onset lethargy, trembling and anorexia. Fever of unknown origin. History of stick chewing and eats stool.

SPECIES Abnormal PE/Chem/CBC/UA Results: Mild ALT elevation 172. Amylase 440. Radiographs and PE NSF aside from fever. Urine unremarkable.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Springer Spaniel

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is moderately distended with anechoic urine and bladder thickness is considered normal for volume of urine.

SEX

Female Spayed

The left kidney is enlarged (6.58 cm) with normal shape and architecture and smooth peripheral margins. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

AGE

6 years

The right kidney is enlarged (6.53 cm) with normal shape and architecture and smooth peripheral margins. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

WEIGHT

20 kg

The left adrenal gland is normal in size (caudal pole 0.46 cm / cranial pole 0.55 cm) with a normal shape and is normal in appearance and echogenicity.

The right adrenal gland is normal in size (0.52 cm) with a normal shape and is normal in appearance and echogenicity.

INTERPRETED BY

Jessica Midence, DVM,
DACVIM (SAIM)

Spleen

Splenic echotexture is homogenous with parenchyma hypoechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The spleen measures thick at the hilus (2.40 cm). No focal nodules or masses are observed. Splenic vasculature appears normal.

IMAGING PERFORMED BY

Dr Sarah Barthelémy

Liver

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears normal with normal portal markings. There is scant effusion surrounding the gall bladder and between the liver lobes, adjacent to the gall bladder. The visible portions of the vasculature and biliary tract appear normal.

HOSPITAL NAME

Fish Creek PH

The gallbladder lumen is mildly distended with anechoic bile. The wall is diffusely thickened or edematous, ranging in thickness from 0.40 cm to 0.62 cm at the thickest portion. The mucosal surface of the wall is hyperechoic. The wall is smooth and uniformly thick. There is scant effusion surrounding the gall bladder.

REFERRING VET

Dr Johnson

Gastrointestinal Tract

The gastric lumen is empty. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal.

INVOICE

12895

The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum is normal (0.45 cm) with distinct wall layering, there was some mild corrugation of the duodenal and some fluid ingesta within the lumen. The remainder of the small intestines are normal with normal wall layering. The

DATE

4.28.23

lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

The sections of colon are visualized with formed fecal material and gas shadowing distally.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

Peritoneum

The fat surrounding the portahepatis and surrounding the liver is hyperechoic. There are mildly enlarged and hypoechoic perihepatic lymph nodes (the largest measuring 0.62 cm x 1.20 cm). There are also mildly enlarged mesenteric lymph nodes that measure 0.39 cm thick.

ULTRASONOGRAPHIC FINDINGS

Findings

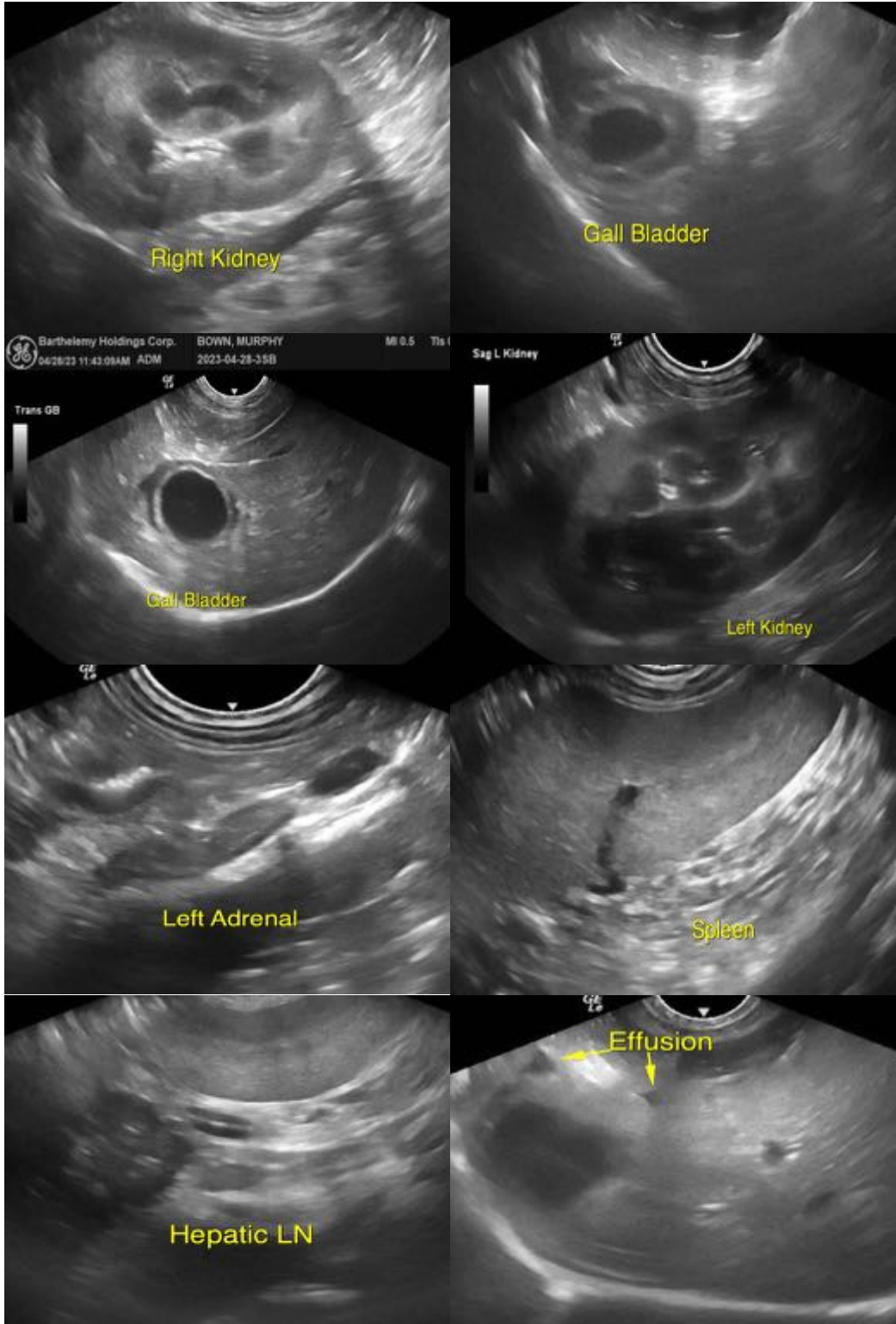
- Gall bladder thickening with surrounding effusion. Rule out edema vs cholecystitis.
- Perihepatic inflammation
- Duodenitis
- Possible nephritis vs variation of normal
- Splenomegaly

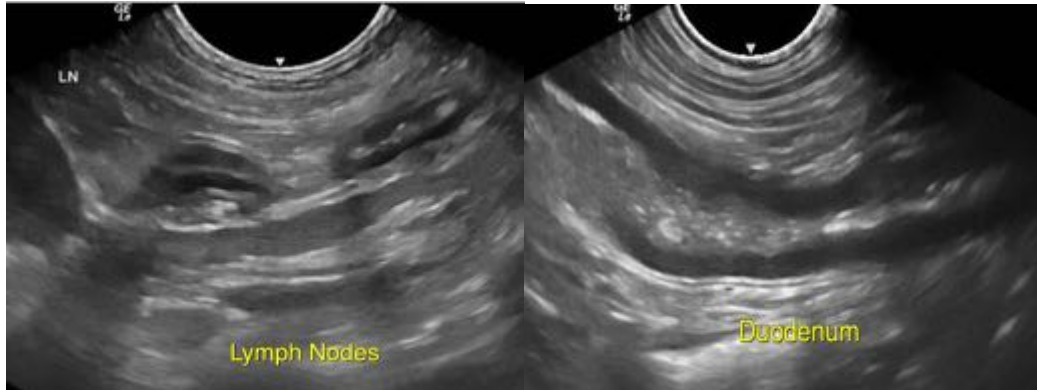
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The thickening of the gall bladder is significant and would be consistent with cholecystitis, but this would also be consistent with gall bladder edema. Possible differentials for edema include right-sided heart congestion and hypoproteinemia, anaphylaxis, acute immune-mediated disease, sedation with dexmedetomidine, or acute hepatitis. There is inflammation surrounding the liver with mildly enlarged lymph node that are presumed to be reactive. Correlate with lab-work findings, and if there are liver enzyme changes, then fine-needle aspirate could be considered.

The changes to the duodenum are presumed to be secondary to the hepatic and gall bladder pathology. Consider supportive treatment for acute duodenitis if signs develop. The spleen is enlarged, but otherwise appears normal. This could be consistent with reactive lymphoid hyperplasia, extramedullary hematopoiesis, or sedation. Infiltrative disease is not suspected, though cannot be ruled out. If it is suspected clinically, consider fine-needle aspirate of the spleen.

The kidneys also measure large. This could be consistent with nephritis of any cause. Consider urinalysis and coordinate with lab-work results.





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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