



PATIENT PRESENTING CLINICAL SIGNS

Bo Varagnolo History: icteric, extremely weak/lethargic, yellow/green urine. bladder small but straining to urinate; anorexic. mot on any meds.
SPECIES Abnormal PE/Chem/CBC/UA Results: pending

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

Mix The urinary bladder is almost empty with a small amount of echogenic, but not mineralized sediment. The bladder wall appears thickened in the mid- to apical portions, primarily due to mucosal wall thickening. The trigone was normal. The pelvic urethra was visualized to a depth of 1.00 cm post-prostate. There is no evidence of obstruction. There may be sediment or sand causing some inflammation in the urethra, causing the straining.

AGE The residual prostate was found to be normal in size (measuring 1.00 cm), shape and echogenicity.

11 years Both kidneys were of a normal size, shape, and position. The capsule was mildly irregular with no capsular expansion. There was mild to moderate increase in cortical echotexture. A slightly asymmetrical 1:3 cortex to medulla ratio was present, with a mild loss of corticomedullary distinction. These changes are largely as expected for the age of the patient. There was no pelvic dilation. The left kidney measured 5.77 cm in length. The right kidney measured 6.20 cm in length. There were diffuse pinpoint hyperechoic densities in the renal cortex. These may represent cortical mineralization, fibrosis or microinfarcts.

WEIGHT

29.8 lbs

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline)

The iliac trifurcation was visualized and evaluated with color doppler. There was normal vascular perfusion with no evidence of thrombus formation. There was no iliac lymphadenopathy.

IMAGING PERFORMED BY

Diane McFadden

Adrenal Glands

Both adrenal glands were visualized and found to be normal in size, and shape for the age and breed. The parenchyma displayed normal echogenicity. There was no evidence of capsular expansion or pericapsular inflammation. There were no nodules or masses visible. The left adrenal gland measured 7.00 mm at the caudal pole, 7.00 mm at the cranial pole and 2.60 cm in length. The right adrenal gland measured 6.00 mm at the caudal pole, 15.00 mm at the cranial pole and 3.10 cm in length.

HOSPITAL NAME

Newton VH

Spleen

The spleen was volume-contracted but normal in shape with a smooth capsule contour. The parenchyma was finely textured with pinpoint echogenic foci, which may be age-related changes. There was no evidence of thrombus at the splenic hilus.

REFERRING VET

Dr Kim

Liver/Gallbladder

The liver was subjectively mildly increased in size with smooth capsule contour. The hepatic parenchyma was coarse in echogenicity and normal in volume. There were no overt nodules or masses. The gallbladder was over-distended with mobile sludge. The cystic and common bile duct were clearly visualized and were not obstructed. The common bile duct measuring 3.00 mm in width.

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Gastrointestinal

The stomach was mainly empty with normal wall thickness and layering. The stomach had minimal contents. The duodenum was normal in size with a mild thickened mucosal layer. The other small intestine was primarily empty but maintained a normal curvilinear pattern throughout. There was regional inflamed mesentery in the cranial abdomen in the region of the stomach, duodenum and right pancreas.



PATIENT *Pancreas*

Bo Varagnolo

The left pancreas was isoechoic to the surrounding mesentery. The right pancreas was variably hyper- to hypoechoic, with some regional mesenteric inflammation. There were no overt masses in the region of the pancreas, and the common bile duct did not appear obstructed.

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

11 years

WEIGHT

29.8 lbs

INTERPRETED BY

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DABVP (Canine and
Feline)

**IMAGING
PERFORMED BY**

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HOSPITAL NAME

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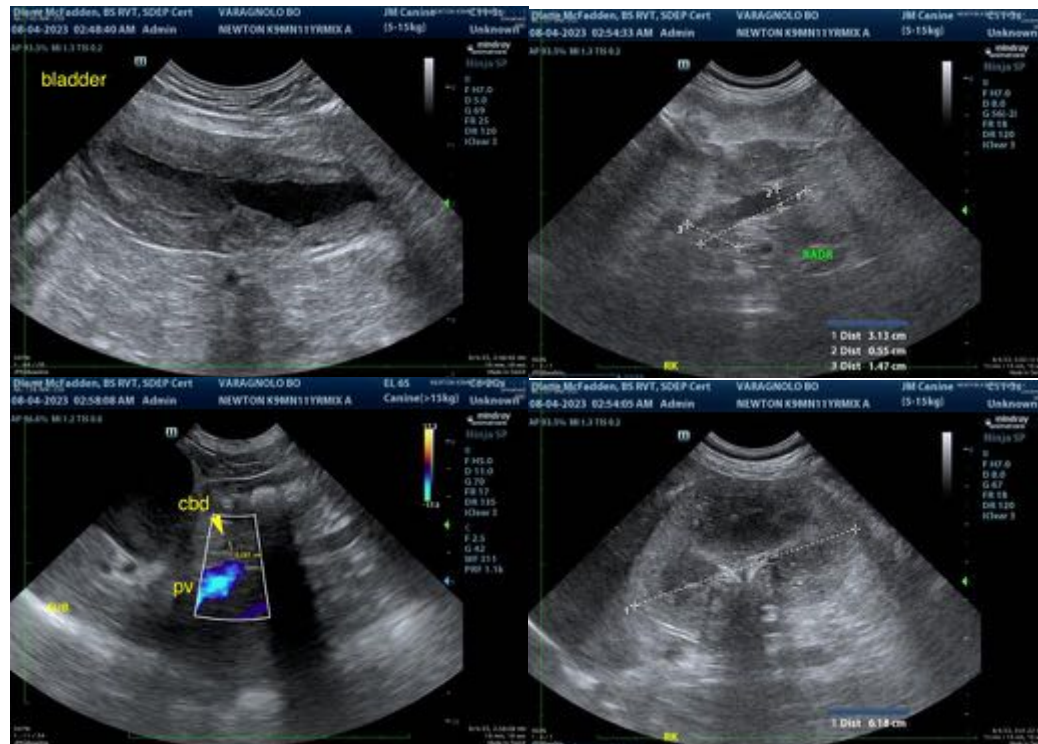
FINDINGS

- Emerging mucocele – overdilated gallbladder with mobile sludge
- Normal cystic and common bile duct – no visible EHBDO
- Apical bladder wall thickening – ddx low filling of bladder vs cystitis pattern
- Unremarkable liver parenchyma – acute hepatic insult a possibility, bloodwork pending currently

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder in this case is an emerging mucocele, however, it is not likely the sole cause of the clinical signs and icterus. There is no evidence of EHBDO, thus the icterus is pre-hepatic (secondary to breakdown of RBC, IMHA, etc.) or hepatic in origin (hepatic insult, toxin, infectious, etc.). IV fluids are indicated, as well as hepatic support, nausea and analgesia medications.

The gallbladder should be monitored closely and will likely need to be addressed after this acute phase of suspected hepatic insult or IMHA. Leptospirosis can't be ruled out, and Lepto titers/PCR are indicated.





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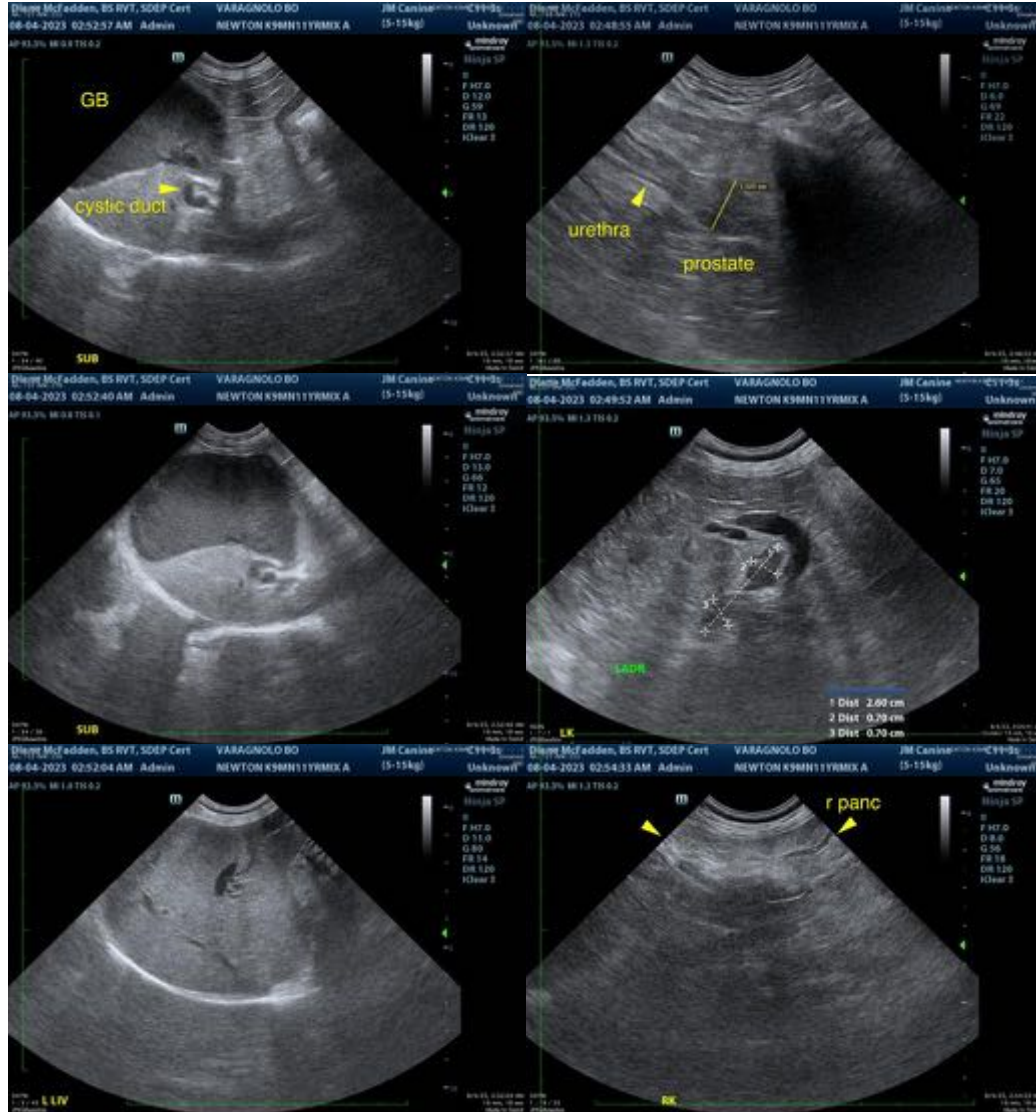
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REFERRING VET

Dr Kim

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.

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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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
info@SonoPath.com

DATE

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