

**DATE PRESENTING CLINICAL SIGNS**

10/29/21 History: Ataxic past 2 days.

PATIENT

Current Medications: Cerenia, Gabapentin, Metacam all started 10/26/21.
 Lab Results: WNL. Attached separately.
 Radiographs: gall bladder distended w / radiopaque material inside. Attached separately.
 Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

SPECIES

Sedation: not needed
 Stat Report: not requested

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Cavalier King Charles Spaniel

SEX

Spayed Female

AGE

3/2/14

WEIGHT

16.4 Pounds

INTERPRETED BY

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 (Small Animal Internal
 Medicine)

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Gold

INVOICE

26759

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (4.67 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.66 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.53 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.56 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris, and there is a focus of shadowing mineralized debris near the neck of the gallbladder, which could represent either a solitary stone or a pile of sandy debris, measuring approximately 1.51 cm. There is no evidence of an obstruction. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Shadowing mineralized debris in the neck of the gallbladder – This could represent a biliary stone or pile of sandy debris. At this time it appears incidental, as there is no evidence of obstruction.
- Moderate amount of ingesta in the stomach – If this patient was adequately fasted, then possible differentials would include delayed gastric emptying or partial outflow obstruction. No evidence of an obstruction was visualized today.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No lesions were observed to help explain the ataxia reported. If blood work is relatively normal, then recommend neurologic consultation with a veterinary neurologist.

There appears to be mineralized debris/a stone in the gallbladder neck with no apparent obstruction. Recommend continued monitoring of liver enzymes and for abdominal pain.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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