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DATE PRESENTING CLINICAL SIGNS

12/15/21

History: New patient to FRVH. Pet has had 2 "episodes" where the owner has noted him on his back struggling to get up and seemed terrified per owner. He was shaking and trembling. The episodes last seconds. Per owner his gums seem pale afterwards. Past medical history includes dental disease, lameness, and dermatological concerns. r/o seizure vs syncope vs vagal episode vs other cardiovascular vs slipping/orthopedic vs other neurologic vs other. Eats homemade diet and uses Balancelt program. Upon visit: 53% / 7.2 g/dL, BP 130 mmHg systolic, full senior bw sent to IDEXX, all wnl except mildly elevated lipase (was fasted sample) and USG 1.011; added spec cpl: SPEC cPL 307 ug/L 0 - 200 (HIGH). No vomiting, no inappetence, no lethargy. First am urine was > 1.050.

PATIENT

Henry Chrzanowski

SPECIES

Canine

BREED

Shetland Sheepdog

SEX

Neutered Male

AGE

11/30/11

WEIGHT

25 Pounds

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Frederick Road VH

REFERRING VET

Dr. Beyer

INVOICE

33461

Current Medications: Dasuquin; flea/tick/hwp; eats homemade diet, uses Balancelt program.
Lab Results: mildly elevated lipase (was fasted sample) . Attached separately. USG 1.011; added spec cpl: SPEC cPL 307 ug/L 0 - 200 (HIGH), first am urine >1.050.
Radiographs: Attached separately.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 prostate is normal in size (0.84 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (5.35 cm) with a small medullary cyst measuring 0.36 cm x 0.24 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 (4.7 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 0.63 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 0.61 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 significantly distended. The majority of the wall appears mildly to moderately thickened with adherent debris. There is a large amount of primarily non-organized echogenic, and in some areas mineralized debris. There is no evidence of bile duct dilation. The gallbladder wall measures 0.28 cm.

Gastrointestinal

The stomach contains minimal luminal contents. 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 layers 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. Duodenum wall measured 0.44 cm. Jejunum wall measured 0.27 cm. 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.

Other

A brief view of the heart was submitted. No significant pericardial effusion was seen.

ULTRASONOGRAPHIC FINDINGS

- Large amount of gallbladder sludge with evidence of early wall thickening – consistent with the early development of a mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This exam shows evidence of early mucocele development and possible mild inflammation surrounding the area of the gallbladder. I suspect this is an incidental finding and unrelated to the episodes this patient is having at home. Nonetheless, I would consider starting ursodiol and monitoring closely. With no abdominal pain and no liver enzyme elevation, I would be hesitant to rush to remove this gallbladder, but the owner needs to monitor closely for any signs of vomiting, appetite changes, abdominal pain, fever, etc.





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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