



PATIENT

Cedric Mama

PRESENTING CLINICAL SIGNS

Jaundice, vomiting, anorexia
Abnormal PE/Chem/CBC/UA Results: Lab results and radiologist reports were enclosed.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Dachshund

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.

SEX

Neutered Male

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

AGE

9 Years

The left kidney has a normal shape and size (4.26 cm). Overall echogenicity is slightly hyperechoic with poor 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.

WEIGHT

4.7 kg

The right kidney has a normal shape and size (4.22 cm). Overall echogenicity is slightly hyperechoic with poor 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

INTERPRETED BY

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

The left adrenal gland is normal in size measuring 0.33 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 0.32 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.

IMAGING PERFORMED BY

Dr. Abe S Zadeh

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.

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Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The areas of liver surrounding the gallbladder (particularly the right liver lobe) have severe focal inflammation, most consistent with focal severe peritonitis (see gallbladder).

REFERRING VET

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The gallbladder lumen is severely distended with mixed echogenic, partially organized luminal content. The wall of the gall bladder appears thickened and irregular, measuring 0.3 cm. The wall is hyperechoic and there is a ring of fluid surrounding the gallbladder wall with severely inflamed hyperechoic tissue surrounding. At the ventral portion of the gallbladder, the wall is not clearly visualized and it melds into severe hyperechoic focal peritonitis. Findings are very suspicious for ruptured gallbladder with secondary severe bile peritonitis.

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Gastrointestinal

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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.

SPECIES

Canine

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. Jejunum wall measured 0.38 cm. Duodenum wall measured 0.49 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

BREED

Dachshund

SEX

Neutered Male

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

AGE

9 Years

The pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild to moderate pancreatitis.

Free Abdomen

WEIGHT

4.7 kg

There is a small amount of free fluid visualized around the gallbladder, around the liver, spleen, and kidneys. There are prominent mesenteric lymph nodes visualized measuring 0.34, 0.43, 0.41 cm. There is generalized severe peritonitis and hyperechoic mesentery evident around the gallbladder, liver, and extends into the caudal abdominal cavity.

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PRIMARY FINDINGS

- Severely diseased gallbladder with suspect rupture and subsequent bile peritonitis
- Peritonitis – The diffusely hyperechoic mesentery and abdominal effusion are changes consistent with peritonitis (either infectious or inflammatory). Recommend fluid analysis and culture.
- Hypoechoic pancreas surrounded by hyperechoic mesentery – The pancreatic changes are most consistent with mild to moderate pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.
- Decreased corticomedullary distinction in both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

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SECONDARY FINDINGS

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- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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- Mild gastric luminal distention – I suspect findings are most consistent with ileus.



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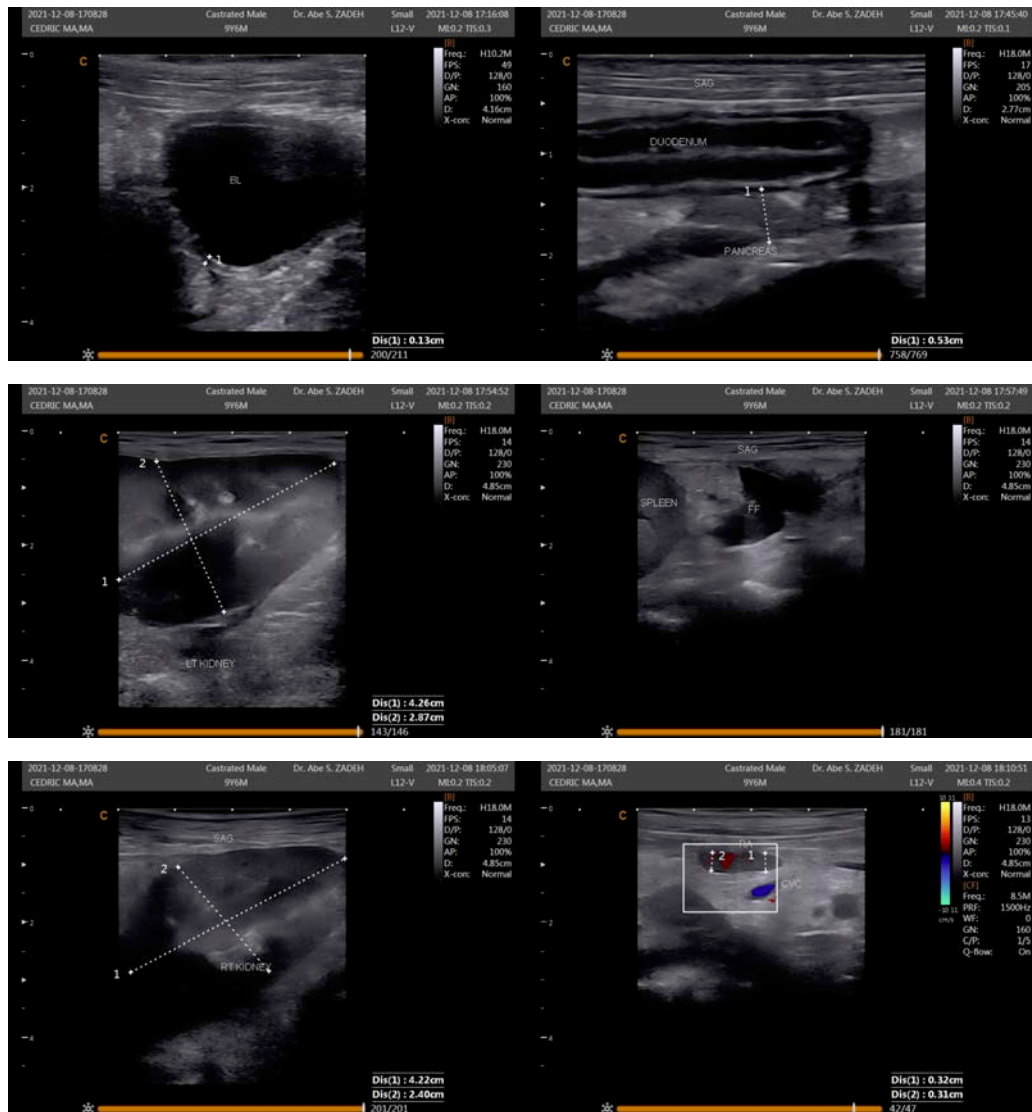
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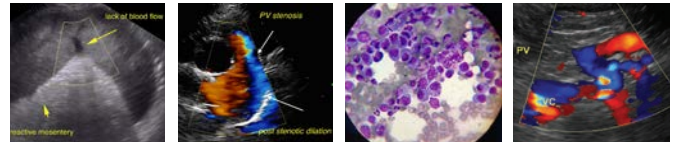
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I suspect this patient has severe bile peritonitis secondary to gallbladder rupture with concurrent/secondary pancreatitis. I cannot 100% rule out the possibility of an ascending obstruction from the pancreatitis, but this seems unlikely. Recommend fluid analysis, cytology and culture, 3-view chest radiographs, and referral to veterinary surgeon for emergency surgery. Unfortunately, with the concurrent azotemia and nature of this issue, prognosis is very guarded.





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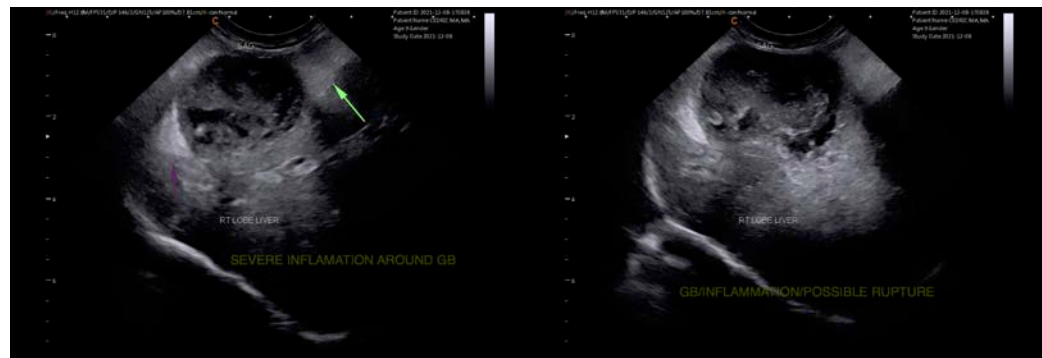
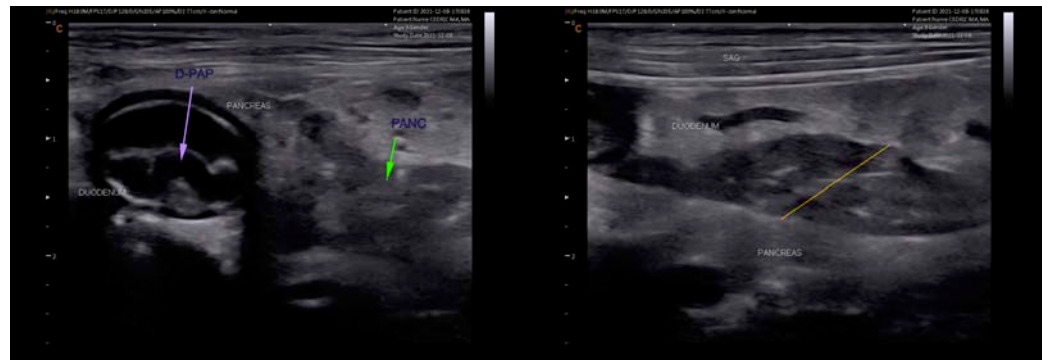
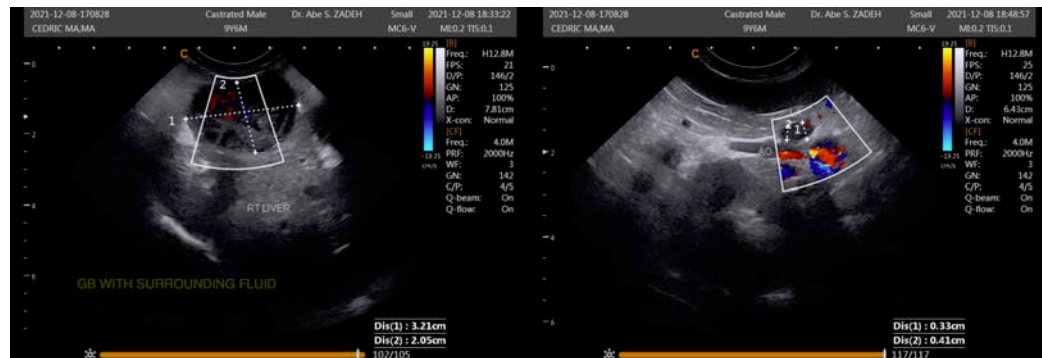
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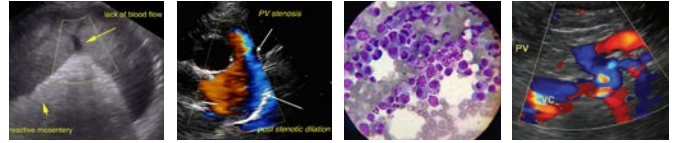
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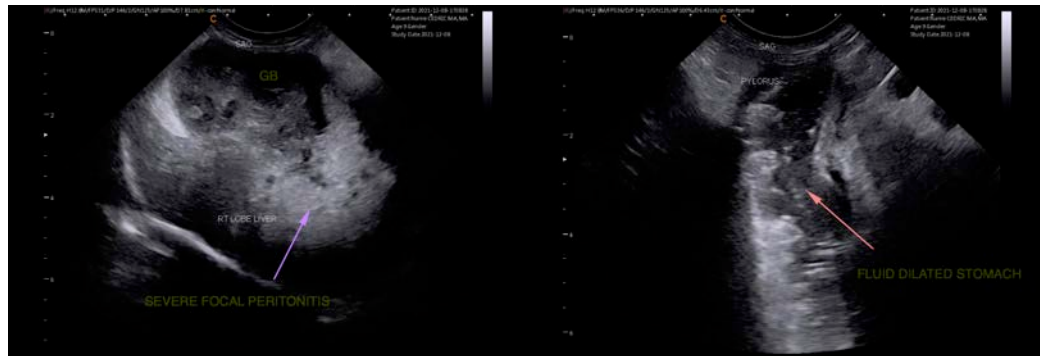
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com