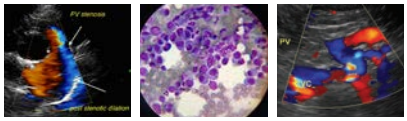
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

4/2/22

PATIENT

Ada Douglas

SPECIES

Canine

BREED

Shepherd X

SEX

Spayed Female

AGE

4/16/17

WEIGHT

71.3 Pounds

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Timonium AH

REFERRING VET

Dr. Gernhart

INVOICE

36699

PRESENTING CLINICAL SIGNS

Vomiting starting 3/26/22. Xrays & labwork done 3/28/21- elevated liver enzymes & hyperbilirubinemia. Treated at ER 3/28/22-3/30/22. Gall bladder mucocele found on U/S (internal med). Surgery disc'd & declined. Discharged 3/30. Seen at TAH 4/1/30- brighter, no vomit, ongoing very poor appetite & pu/pd.

Current Medications: 3/30-present: Ursodiol 500mg SID, Denamarin 425mg -2 tabs SID, Ondansetron 8mg -2 PO TID, Entyce 30mg/ml -3ml SID.
Lab Results: 4/2: ALT 1632, Alk Phos 5564, GGT 60, TBil 7.1; neutrophilia 13,350.
Date of Previous IntraPet Ultrasound:
Sedation: Patient sedated with Dexdomitor & Torbugesic.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately filled. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

The left kidney is within normal limits in size (7.26 cm) for the patient's weight and the capsule is smooth. A mild loss of the normal definition of the cortico-medullary junction is present. Mild mineralization and fat deposition within the pelvis are present. There is no evidence of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

The right kidney is within normal limits in size (8.11 cm) for the patient's weight and the capsule is smooth. Findings are similar to the left kidney.

Adrenal Glands

The left adrenal gland measures 0.48 cm at the cranial pole, 0.40 cm at the caudal pole, and 2.30 cm in length. No abnormalities are noted with the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The right adrenal gland measures 0.47 cm at the cranial pole, 0.45 cm at the caudal pole, and 2.66 cm in length. No abnormalities are noted with the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

Spleen

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

Liver

There are no obvious signs of hepatomegaly. Liver borders are smooth and sharp. It is very mildly heterogeneous with occasional hypoechoic nodules of variable size. There are no obvious signs of neoplasia.

The gall bladder is markedly distended and contains inspissated and hyperechoic bile that remains immobile; these findings are consistent with a mucocele. The wall of the gallbladder is thickened. A small amount of free fluid is present ventrally, which is suggestive of a rupture. The surrounding region is markedly hyperechoic, which is consistent with severe inflammation. Furthermore, the sonographer mentioned that Ada was painful with pressure of the ultrasound probe. The common bile duct is dilated at 0.60 cm.

Gastrointestinal

A large amount of gas is present in the gastrointestinal tract, including the transverse colon.

The gastric wall and pylorus are within normal limits in thickness. There is no loss of definition of the normal architecture of the wall layers. No obvious abnormalities are observed with its peristalsis.

The small intestinal wall thickness is within normal limits and the definition of the wall layers is preserved.

Dilated loops of bowel are not observed. The colonic wall is not thickened and mural detail is considered normal. There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction.

Pancreas

The left limb of the pancreas has a coarse echotexture and is mildly heterogeneous. These changes are most likely due to nodular hyperplasia and areas of fibrosis. The changes are considered age related and possibly secondary to previous episodes of pancreatitis, respectively. There are no signs of active pancreatitis.

The right limb was not visualized.

Other

Lymph nodes: No abnormalities are observed.

Abdominal effusion is not visualized other than the scant amount surrounding the GB.

ULTRASONOGRAPHIC FINDINGS

- A gallbladder mucocele that has ruptured is suspected. The rupture appears to be contained for the moment as the fluid seems "walled off". However, previous contamination of the abdomen and bile peritonitis cannot be excluded. The common bile duct is dilated, therefore, there is still evidence of elevated pressure and an extrahepatic bile duct obstruction.

- Very mild degenerative changes of both kidneys are observed, which are suggestive of age related degeneration.

- Nodular hyperplasia of both the liver and pancreas are suspected. These are benign, age related changes, and are not clinically significant.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

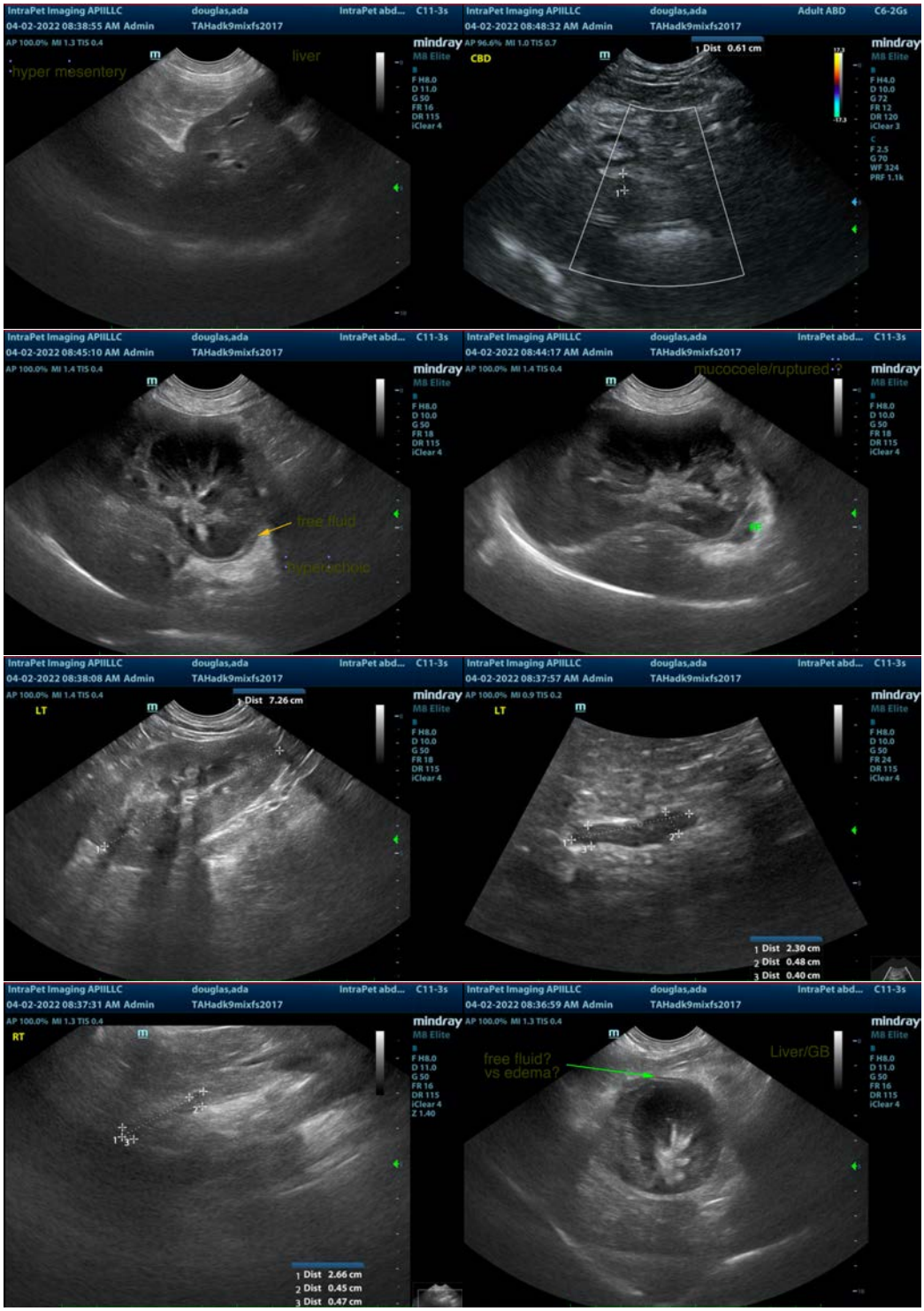
Emergency surgery to perform a cholecystectomy is strongly recommended.

Aerobic and anaerobic cultures of the gallbladder contents should be performed, and intravenous broad-spectrum antibiotics are recommended during hospitalization, followed by oral administration pending the results.

Post-operative analgesia will be imperative, in addition to monitoring for sepsis.

Ursodeoxycholic acid should be discontinued while Ada is recovering from surgery and until her sutures are removed. It may then be introduced (3-5 mg/kg/day for 2-3 days), and the dose gradually increased over a 10 day period. A total dose of 15 mg/kg per day is suggested. The latter dose is divided BID and should always be given with food to decrease the risk of nausea, vomiting and diarrhea.

Wishing Ada a very speedy and uneventful recovery.



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.

Lisa Carioto, DVM, DVSc, Diplomate AVIM

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