

**DATE PRESENTING CLINICAL SIGNS**

4e/8/22

PC: panting, uncomfortable, drooling. Post op cholecystectomy. Per owner-Just had repeat bloodwork done- Tbili improved, WBC- Higher then when left here- SS Current medications: - maropitant - Denamarin - Ursodiol - Metronidazole - Gabapentin- Ondansetron - Fluoxetine.

**PATIENT**

Ada Douglas

Date: 04-08-2022 Notes: Previous hx PC: Presented for post op care after Cholecystectomy Liver values day of surgery: ALT 1514; ALKP 5010, GGT 89, Tbili 5.2 Surgery performed on 4/2/22 Repeat liver values (24 hrs post op): ALT 888; ALKP 2630; Tbili 2.5 K low supplemented. 48 hr liver values: ALT 823, ALKP 2547; Tbili 1.6 (PCV wnl 38/6.6). Date: 04-08-2022 Notes: ATO: (TODAY'S HX): 6 days post op cholecystectomy has been doing well at home, eating, defecating, urinating. Wed went to rdvm for check up, normal temp, doing well, numbers have improved, but now wbc are increased (11,000). Thurs 8pm, (was in car all day with owner), drank H2O seemed okay, then began moaning and foaming at the mouth about 15 mins later. Went home, gave ondansetron, then gaba. Still drooling, declined hard boiled egg. Went outside, had mustard yellow diarrhea. P came inside, drooling still. Patient could not get comfortable, O called here and brought her in.

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Spayed Female

Current Medications: Ondansetron, Metronidazole, Gabapentin, Denamarin, Fluoxetine, Ursodiol.  
Date of Previous IntraPet Ultrasound: 4/2/22. See attached.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.

**AGE**

4/2/16

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****WEIGHT**

70.1 Pounds

**Urinary System**

The urinary bladder is not visualized.

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

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 hyperechoic, but does not appear to be a result of the kidneys.

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.

**IMAGING PERFORMED BY**

Andi Parkinson RDMS

**Adrenal Glands**

Not visualized.

**HOSPITAL NAME**

Animal Emergency  
Hospital

**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.

**REFERRING VET**

Dr. Kalwa

**Liver**

Only a portion of the liver is visible due to the free air in the cranial abdomen. There are no obvious signs of hepatomegaly. Liver borders are smooth, but mildly rounded. It is very mildly heterogeneous with occasional hypoechoic nodules of variable size. There are no obvious signs of neoplasia.

**INVOICE**

36763

Cholecystectomy 6 days ago. Free air present in the intrahepatic biliary tree.

**Gastrointestinal**

A large amount of ingesta and fluid are present in the stomach. The gastric wall is within normal limits in thickness and definition of the normal architecture of the wall layers is preserved. Decreased peristalsis is suspected. Free air is observed surrounding the stomach and liver. The surrounding mesentery is severely

hyperechoic and has a nodular appearance, possibly due to fibrin and granulomas and secondary inflammation.

The small intestinal wall thickness is within normal limits and the definition of the wall layers is preserved. The mesentery surrounding the duodenum is markedly hyperechoic. Free air is noted surrounding what appears to be the surgical site. Free air is also observed originating from the duodenum. Some loops of bowel are dilated with ingesta and liquid. Peristalsis appears decreased, i.e., a “to and fro” motion is observed.

The colonic wall is not thickened and mural detail is considered normal.

### **Pancreas**

The right limb of the pancreas is not visualized.

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 surrounding mesentery is hyperechoic, however, the pancreas itself does not appear hypoechoic. Active pancreatitis is not suspected.

### **Other**

Two lymph nodes are visualized surrounding the small intestines in the region of the duodenum. The surrounding mesentery is hyperechoic. A lymph node is also noted in the region of the right kidney.

A moderate amount of echogenic ascites is present. Fibrin is also seen floating within the effusion.

Presence of free air in the cranial abdomen.

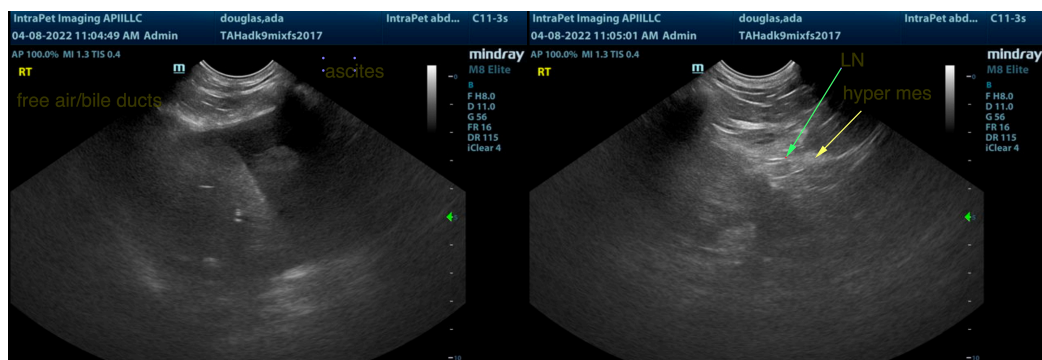
The mesentery in the right cranial abdomen is hyperechoic.

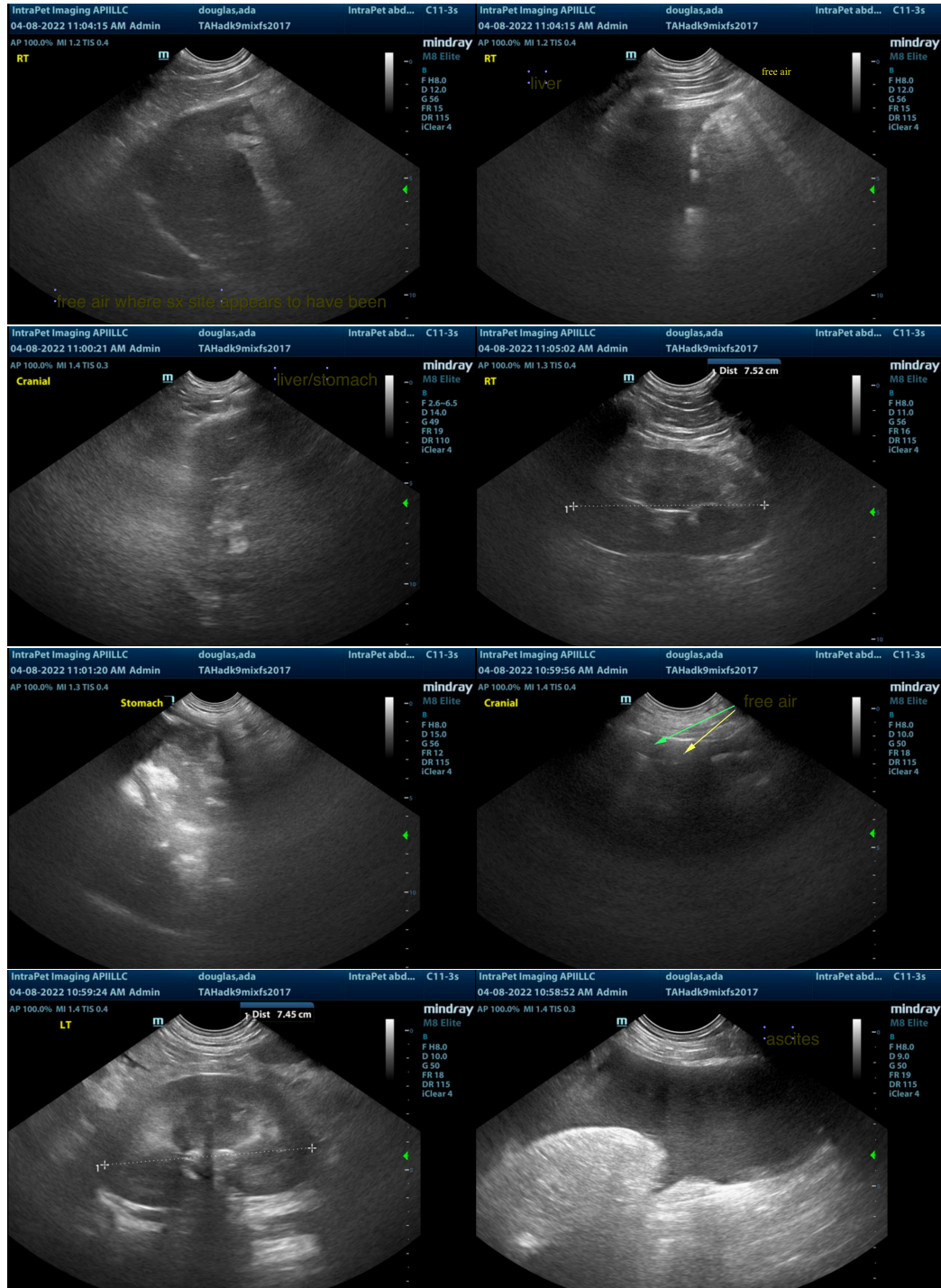
## **ULTRASONOGRAPHIC FINDINGS**

- Dehiscence of the surgical site with free air and effusion in the abdomen and most likely bile peritonitis. This was confirmed by the sonographer based on the fluid obtained with abdominocentesis.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I am very sorry for your loss of Ada.





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.

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