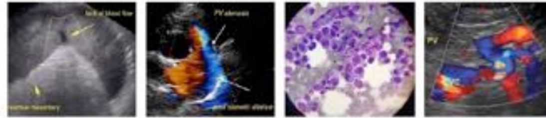

PATIENT
Vicky Connolly

SPECIES
Canine

BREED
Retriever Cross

SEX
Spayed Female

AGE
13 years

WEIGHT
14.8 kg

INTERPRETED BY
Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY
Kelly Reshny, RVT

HOSPITAL NAME
Governors Road AH

REFERRING VET
Dr. Dogar

INVOICE
99348

DATE
4/19/22

PRESENTING CLINICAL SIGNS

has been throwing up all night, has not gotten into anything. OBJECTIVE: Quiet/depressed. HR 120 RR 20. Grade 1 heart murmur. Clear lungs. Dehydrated 7%. Bilateral lens sclerosis.
Abnormal PE/Chem/CBC/UA Results: Elevated WBC's, neutrophils, monocytes, platelets: infection, inflammation, tumour, others Elevated SDMA, BUN Low C, high TP and GLOB ALT: 1,508: ALP: 861: GGT: 30: TB: 43; cPL: abnormal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is well distended. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra. A very small amount of free floating sediment is present, however, there is no evidence of cystoliths, polyps or a mass.

Kidneys

The **left** kidney measures 4.97 cm. The capsule is smooth, however, the cortex is mildly hyperechoic and a mild loss of the normal definition of the cortico-medullary junction is present. Mineralizations are present along the diverticulae and within the pelvis, and an accumulation of intrapelvic fat is observed. There are no signs of nephroliths. Mild pyelectasia (3.2 mm) is present. Blood flow is adequate. The surrounding mesentery is mildly hyperechoic.

The **right** kidney measures 5.31 cm. The capsule is smooth, however, the cortex is mildly hyperechoic and a mild loss of the normal definition of the cortico-medullary junction is present. Mineralizations are present along the diverticulae and within the pelvis, and an accumulation of intrapelvic fat is observed. There are no signs of nephroliths. Mild pyelectasia (2.96 mm) is present. Blood flow is adequate. The surrounding mesentery is mildly hyperechoic.

Adrenal Glands

The **left** adrenal gland measures 1.12 cm at the cranial pole, 0.65 cm at the caudal pole and 3.20 cm in length. Nigel is present at the cranial pole the coddle pole is slightly plump but there is no evidence of a mass at either pole. No abnormalities are noted with the gland's overall echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature are unremarkable. However, the surrounding mesentery is hyperechoic.

The **right** adrenal gland measures 1.65 cm at the cranial pole, 0.67 cm at the caudal pole and 1.90 cm in length. The entire gland is "plump". The cranial pole is moderately enlarged, while the caudal pole is only very mildly enlarged (0.60 cm). An obvious mass is not observed. No abnormalities are noted with the gland's overall echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

Spleen

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

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Liver

There are no obvious signs of hepatomegaly and its borders are smooth and sharp to mildly rounded. The liver has a mildly coarse echotexture. No abnormalities are observed with the hepatic vessels visualized. The mesentery surrounding the liver is hyperechoic.

The gall bladder is moderately distended and contains hyperechoic, inspissated, immobile bile; these findings are consistent with a mucocele. The wall of the gallbladder is not thickened or severely hyperechoic, however, the surrounding hepatic parenchyma is markedly hyperechoic, which is consistent with severe inflammation. Free fluid is not observed. The initial portion of the cystic duct can be followed and the surrounding area is severely hyperechoic.

Gastrointestinal

Gas is present within the lumen. The gastric wall is within normal limits in thickness and the wall layers are well defined. The mesentery surrounding the stomach is hyperechoic.

The small intestinal wall thickness, including the duodenum, is within normal limits and the definition of the wall layers is preserved. Abnormally dilated loops of bowel are not observed.

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

Pancreas

The left limb is mildly hypoechoic. The surrounding mesenteric fat is mildly to moderately hyperechoic. The hyperechogenicity of the mesentery may be due to cholecystitis, cholangitis/cholangiohepatitis, however, smoldering pancreatitis cannot be excluded. Overt signs of neoplasia are not noted.

The right limb has a mildly 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.

Other

Lymph nodes No abnormalities are observed

Abdominal effusion is not visualized.

ULTRASONOGRAPHIC FINDINGS

- The appearance of the gallbladder is consistent with a mucocele and a surrounding inflammatory response. Obvious signs of a recent rupture are not present, but a subtle rent in the wall can be missed. Cholecystitis, likely suppurative, is suspected, in addition to secondary cholangitis/cholangiohepatitis.
- A reactive hepatopathy is suspected. Cholestasis, and cholangitis/cholangiohepatitis cannot be excluded.

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- Smoldering pancreatitis of the left limb cannot be excluded. The changes observed with the right limb are attributed to age-related changes.

- Free fluid is not observed, therefore, a rupture does not appear to have occurred.

- The plump right adrenal gland may be due to early development of a mass, adrenal hyperplasia secondary to stress (chronic illness) or a benign adenoma. Infiltration of fat is also possible. An obvious mass is not visualized.

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

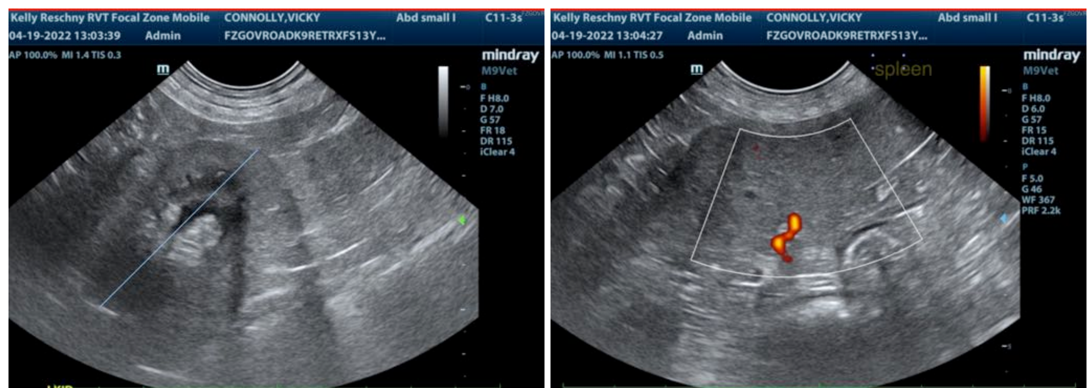
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Emergency surgery to perform a cholecystectomy is strongly recommended.

Analgesics and antiemetics are required to control Vicky's discomfort pending surgery.

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.

If surgery is not possible, broad spectrum antibiotics, covering aerobic and anaerobic bacteria, are recommended.



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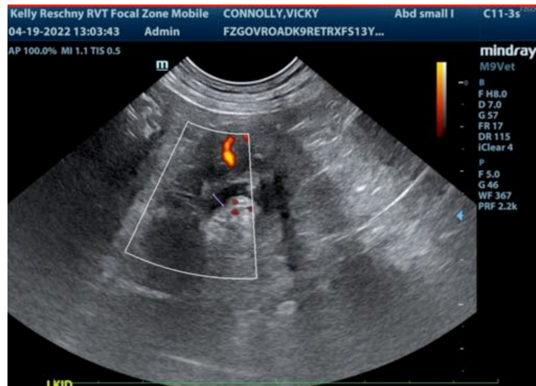

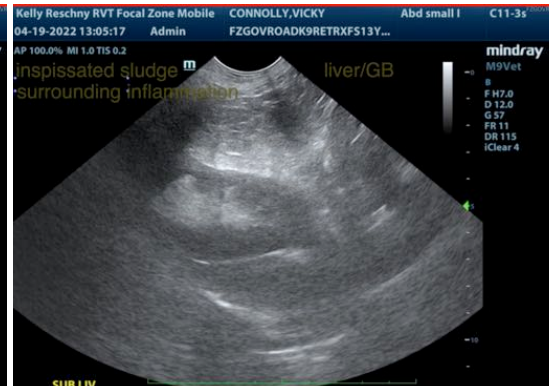

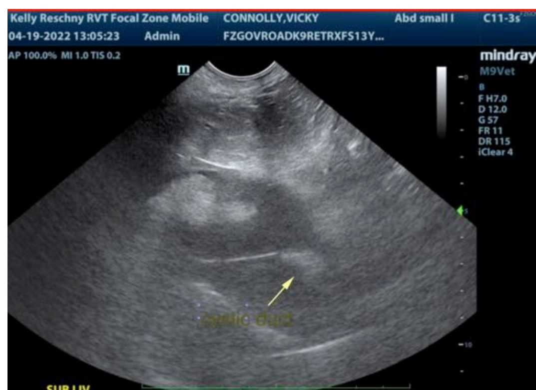

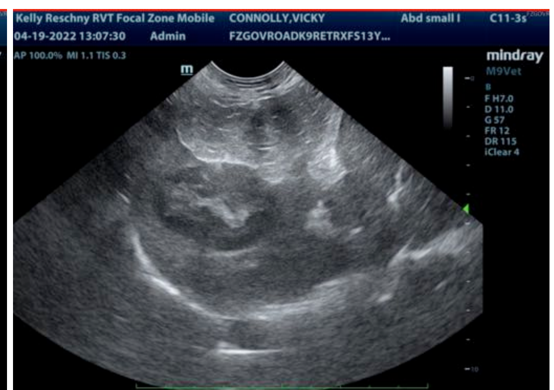

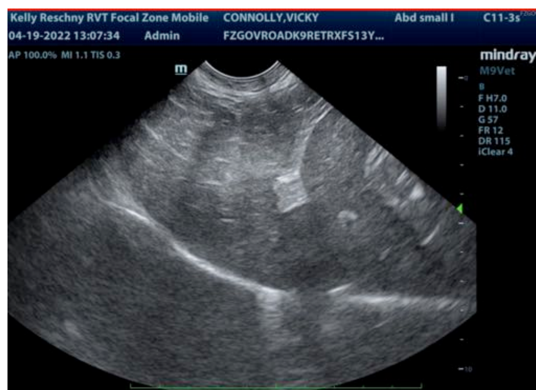

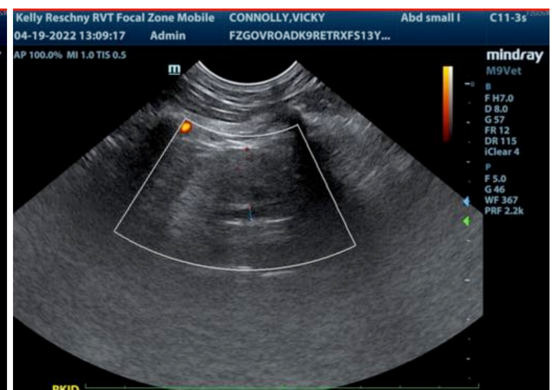

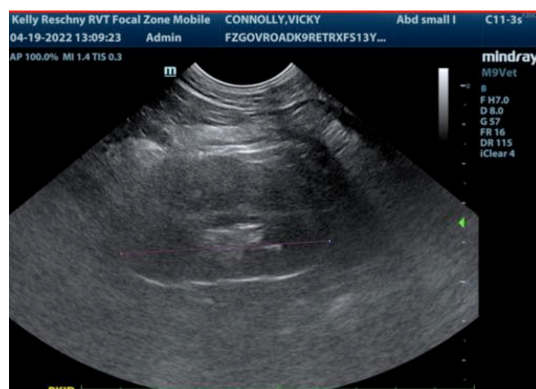

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM

Lisa.Carioto@sonopath.com