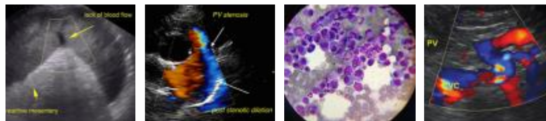

PATIENT

Scooter Schneider

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

5.5 Years

WEIGHT

4 Pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA McKenzie AH

REFERRING VET

Dr. Wayland

INVOICE

17668

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10/13/22

PRESENTING CLINICAL SIGNS

History: Presented with a 48hour history of vomiting, unable to hold anything down. -Pt is very lethargic, TPR WNL, 5-7% dehydrated Otherwise no pertinent PE abnormalities Current Medications IV Ampicillin and IV Doxycycline, Cerenia, LRS and Dextrose CRI. Radiographic Findings -No obvious obstructive pattern -Possible abnormal liver margins at the caudal/ventral margins but may be summation with cranial displaced loops of jejunum. Primary Question/Differential to Be Answered in This Exam Definite concerns for Leptospirosis given lack of vaccine history, exposure to noted populations of rats and acute nature today. Also concerned about Bacterial hepatitis vs. neoplasis vs. shunt vs. other/open

Abnormal PE/Chem/CBC/UA Results: CHEM: -ALT off scale High -ALP 937 -TBIL 5.4 - BUN 31 -Glu 53 CBC: -WBC - 29.5k - primary Neuts at 90%. -Mild hemoconcentration CPL Normal. Lepto PCR Pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. Aortic trifurcation was normal.

The area of the residual pathology was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.0 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width at the caudal pole and 0.47 cm width at the cranial pole.

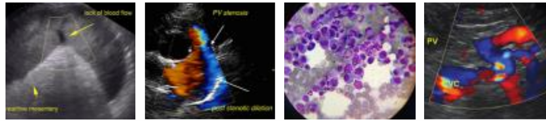
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was mildly distended in size with primarily anechoic luminal content with mild nondependent yet nonorganized mildly echogenic luminal debris. The gallbladder walls were sonographically normal without evidence of overt gallbladder inflammatory criteria. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented mild to moderate wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with mild retained anechoic fluid with minor nonspecific hyperechoic ingesta was present. No evidence of mechanical pyloric outflow obstruction.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. The duodenum exhibited mild dilation with retained fluid. No evidence of small intestinal mechanical obstructive pattern or intestinal foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

Generalized mild hyperechoic mesentery was noted, primarily in the mid to cranial abdomen around the pancreas, stomach and liver. Small pockets of scant peritoneal free fluid noted. No overt lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Acute hepatopathy- suspect acute nonspecific hepatitis (viral, bacterial, leptospirosis, toxin, etc.)
- Mildly distended gallbladder with mild nondependent yet nonorganized echogenic luminal debris- no overt evidence of posthepatic obstructive criteria
- Prominent nonhomogeneous to mildly hypoechoic pancreas- nonspecific, sonographically consistent with mild pancreatic inflammation
- Gastroduodenitis with mild to moderate gastroduodenal hypomotility- consistent with metabolic hypomotility without upper intestinal obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the CPL was normal in this patient, sonographically the appearance of the pancreas is suggestive of at least low-grade pancreatitis. Potential for multifactorial components contributing to the patients clinical signs, including metabolic upper gastrointestinal stasis and inflammation owing to hepatopathy/pancreatitis primarily.

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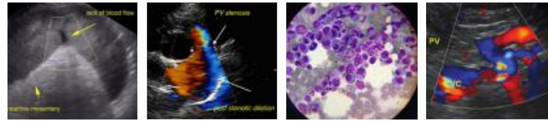

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

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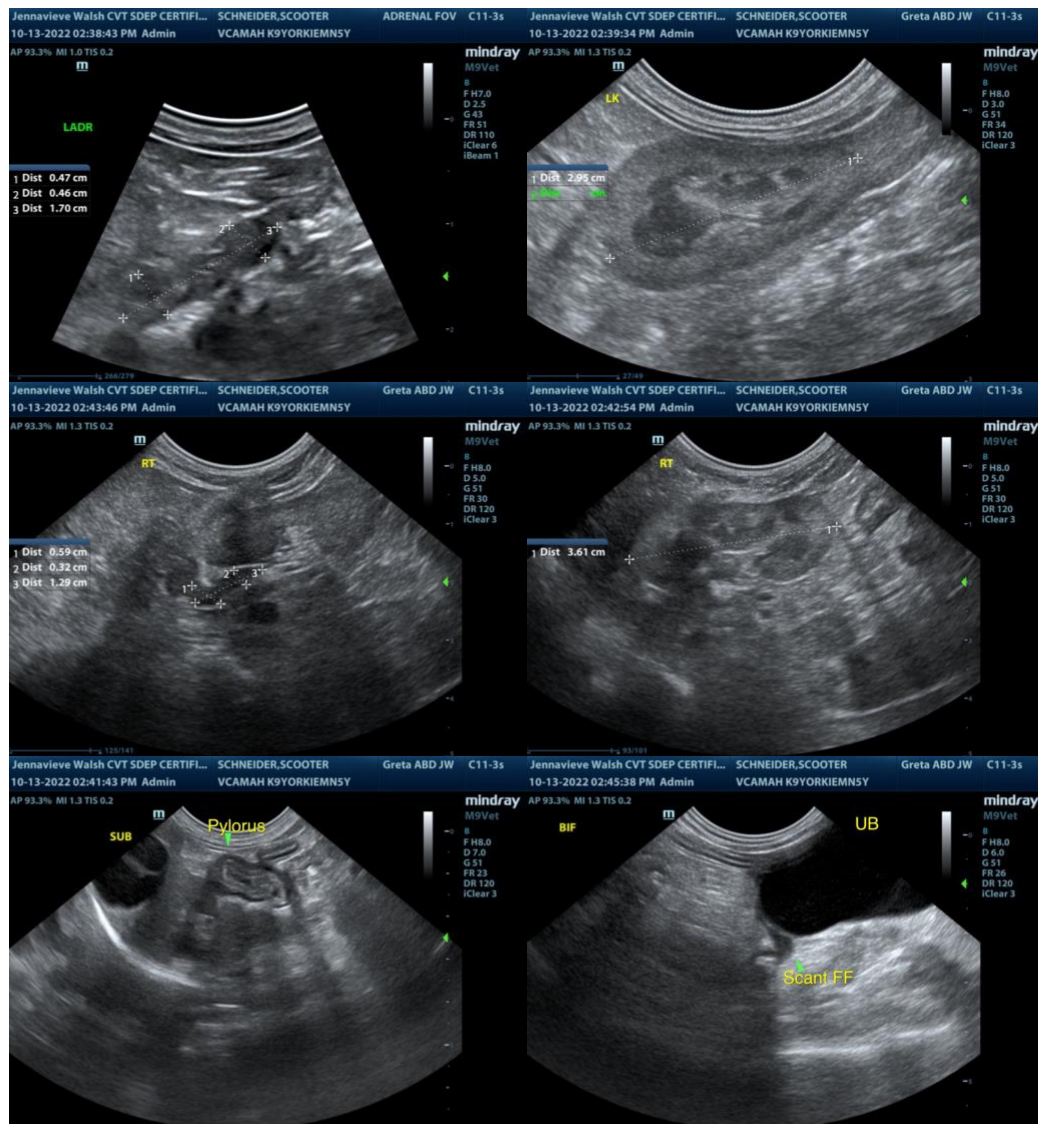
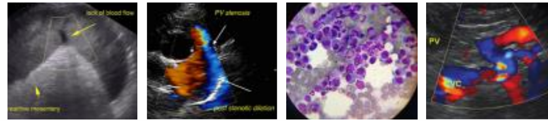
The gallbladder presentation was not overtly consistent with a clinically significant gallbladder mucocele and without evidence of posthepatic obstructive criteria, suggestive of probable hepatic cholestasis, however, sonographic reassessment of the gallbladder is advised if persistent cholestasis, nonresponsive to empirical therapy.
Pending leptospirosis PCR, aggressive therapy for acute hepatopathy (i.e., cholangiohepatitis/pancreatitis) with as needed gastrointestinal support and assessment of clinical response would be reasonable. Screening hepatic FNA cytology, assuming normal clotting status, could be considered with potential for identification of inflammatory cell type if present.





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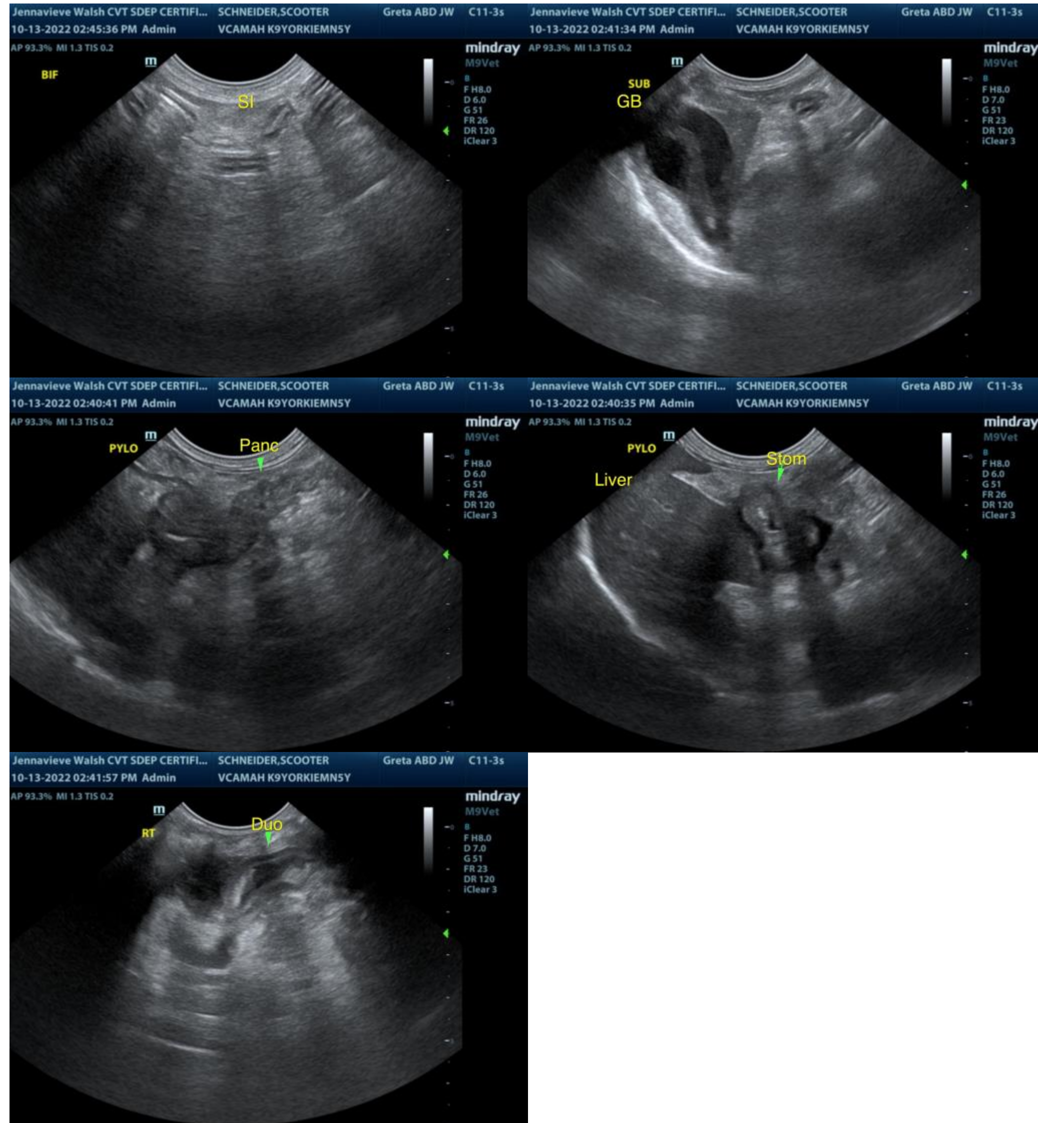

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com