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Clinical Sonography & Telecytology
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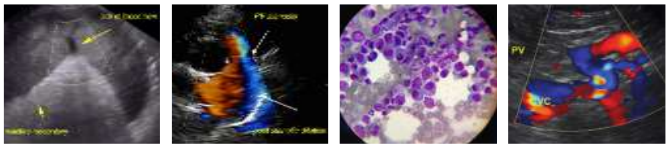

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Cooper Neeb

SPECIES

Canine

BREED

Fox Terrier Mix

SEX

MN

AGE

11 years

WEIGHT

21 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

North Warren AH

REFERRING VET

Dr. Corrado

INVOICE

12811

DATE

12/15/21

PRESENTING CLINICAL SIGNS

Suspect obstructive lesion. Elevated heptobilliary number. Current meds: inj. Poly+Enro, Thyroxine
Abnormal PE/Chem/CBC/UA Results: Cortisol 27.09, CPL 206.0

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 was noted.

No overt pathology associated with the residual prostate was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.2 cm in length. The right kidney measured 5.5 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 2.0 cm length x 0.50 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.0 cm length x 0.42 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/ Gallbladder

The liver presented 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.

The gallbladder was distended in size with echogenic thickening of the gallbladder wall. There was biliary sludge that appeared to be non-mobile and organized. A stellate pattern to the organized biliary sludge was present. Evidence of peripheral omental inflammation without concurrent effusion was present. The gallbladder measured 4.3 cm x 3.6 cm.

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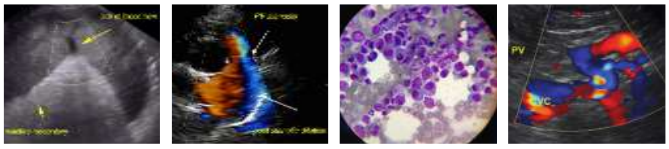

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Gastrointestinal

The stomach presented intact yet subjective prominent wall layering. The lumen of the stomach was empty with mild luminal gas. The gastric body wall width measured 0.50 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall width measured 0.40 cm. The jejunum wall width measured 0.30 cm.

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

Pancreas

The pancreas exhibited subtle prominent size and hypoechoic parenchyma compared to adjacent mildly reactive cranial abdominal to peripancreatic omentum.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Inflamed gallbladder mucocele with associated peripheral inflammation
- Hepatopathy
- Gastroduodenitis
- Possible mild concurrent pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the patient's clinical signs and likely elevated hepatic enzymes secondary to inflamed gallbladder mucocele. Potential for bile leakage around the gallbladder and secondary bile peritonitis is possible, although overt evidence of gallbladder rupture was not present. Coagulation panel is recommended. Assuming normal clotting status, exploratory laparotomy with cholecystectomy, probable abdominal flush, as well as hepatic biopsies are recommended. This may be considered a surgical emergency, given the potential for gallbladder rupture and to prevent ongoing hepatocellular damage. Medical therapy will likely be unrewarding in this case. Continued broad-spectrum perioperative antibiotic is recommended.

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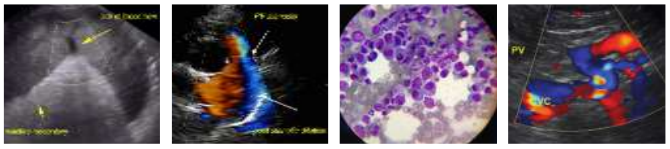

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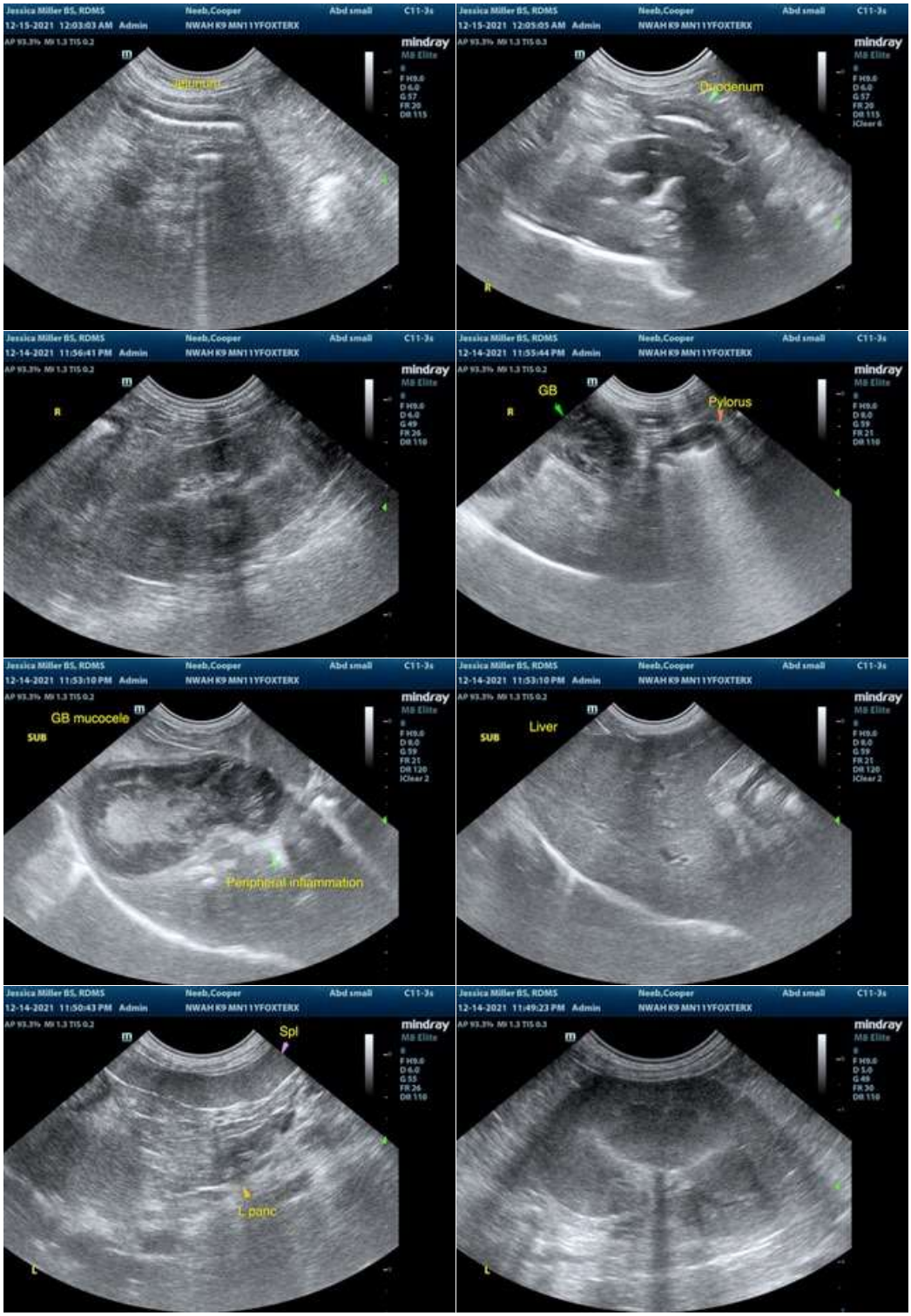

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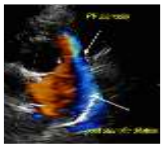
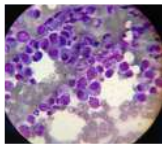
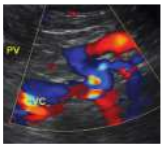

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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