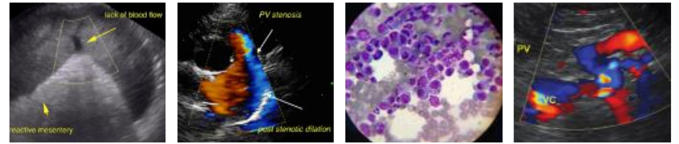
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Charlie Rowles

SPECIES
Canine

BREED
Labradoodle

SEX
FS

AGE
8yr

WEIGHT
14.9kg

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

IMAGING PERFORMED BY
Dr. Barthelemy

HOSPITAL NAME
SAVE

REFERRING VET
Dr. Pak

INVOICE
12556ag

DATE
12/27/2022

PRESENTING CLINICAL SIGNS

Owner was gone for 2 weeks and when she returned noted marked weight loss in Charlie. Anorexia, lethargy. No GI signs. No known toxin exposure (but not impossible). No travel hx. UTD on primary vaccines but no lepto immunization. No recent deworming.

Abnormal PE/Chem/CBC/UA Results: Marked ALP elevation at 1095. Marked ALT elevation suspected (machine will not read). Marked bilirubin elevation over 400. GGT elevation 28. Jaundice.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size with normal tone and normal bladder walls. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with very minor particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.5 cm in length. The right kidney measured 6.0 cm in length

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was indistinctly visualized without overt pathology. The left adrenal gland measured 0.34 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

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 exhibited subjective mild enlargement with symmetrical capsule contour and generalized reduced parenchyma echogenicity. Mild coarse echotexture was present. Mild increased yet indistinct prominence of portal vascular borders was noted. No masses or nodules. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with mildly thickened to hypoechoic consistent with gallbladder wall edema. Concurrent congealed echogenic luminal sludge was present. No evidence of peripheral gallbladder inflammation or effusion. The cystic and common bile ducts were normal.

Gastrointestinal

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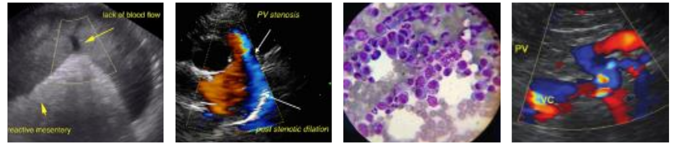

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The stomach presented intact mildly prominent to thickened walls. The ventral gastric body wall measured 0.84 cm in width. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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.

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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

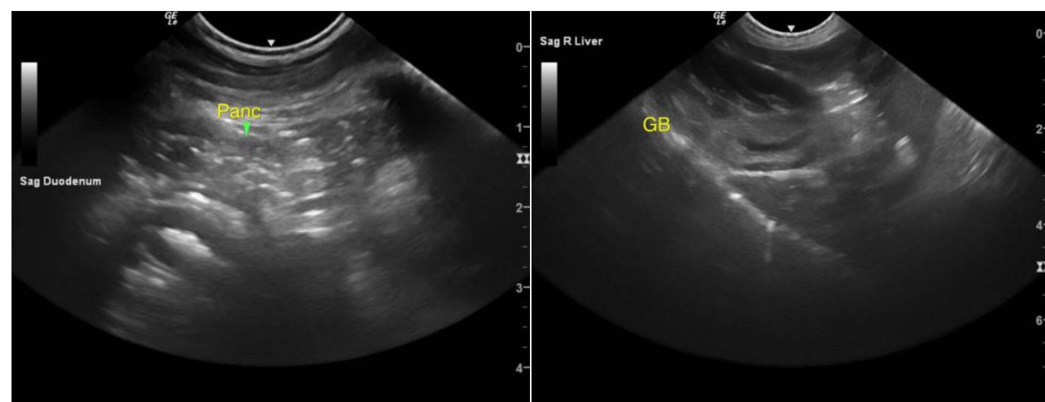
ULTRASONOGRAPHIC FINDINGS

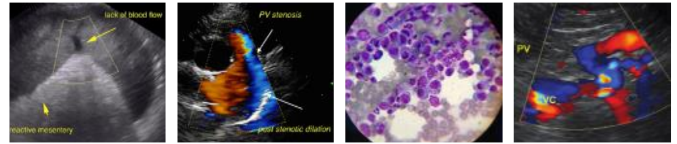
- Hepatopathy-subjective acute or acute on chronic
- Non-distended gallbladder with wall edema and mild congealed luminal sludge
- Mildly prominent yet intact gastric walls-possible gastritis
- Minor age related kidney changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatopathy and gallbladder wall edema with congealed gallbladder sludge would be non-specific acute hepatitis (viral, bacterial, toxin, leptospirosis) with suspect concurrent cholecystitis. Other differentials may include anaphylaxis, reactive hepatopathy, non-cardiogenic hepatic congestion or occult infiltrative hepatic neoplasia. Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology is warranted for further assessment. A leptospirosis titer/PCR is warranted if clinically indicated or if potential exposure/endemic to the area.

The gallbladder presentation was not consistent with mature or ruptured gallbladder mucocele. No evidence of bile peritonitis. Empirically hospitalization with IVF, hepatosupportive medications, empirical antibiotic therapy for non-specific hepatitis, gastric protectants and monitoring of hepatic and clinical response is warranted. A recheck sonogram recommended for hepatobiliary and gastric reassessment if progressive hepatic enzymes or evidence of GI signs,





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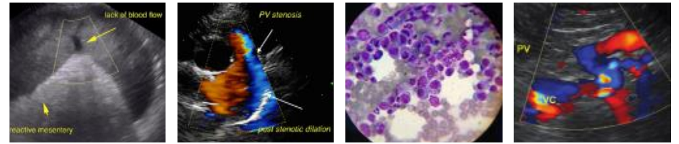
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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)
mac.daniel@sonopath.com