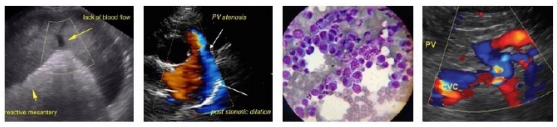

PATIENT
Louie Bates

SPECIES
Canine

BREED
Pug

SEX
Neutered Male

AGE
11 Years

WEIGHT
11.7 kg

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

IMAGING PERFORMED BY
Crystal Hill

HOSPITAL NAME
New Hamburg VC

REFERRING VET
Dr. Van Hausen

INVOICE
36154

DATE
3/14/22

PRESENTING CLINICAL SIGNS

2 week history of vomiting. Acutely worse Friday night/Saturday morning. Cranial abdomen painful, abnormal liver/gallbladder on AFAST. Ursodial SID, Maropitant SID, Aventi Liver BID.
Abnormal PE/Chem/CBC/UA Results: Significant leukocytosis characterized by significant neutrophilia and monocytosis, increased Platelets and PCT, decreased Urea, hyperglobulinemia, ALT 490, ALP 974, Bilirubin 18. U/A nsf.

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. A solitary dependent calculus was noted measuring 1.0 cm diameter with potential for accumulated micro calculi or mineral also possible. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

No overt pathology in the area of the residual prostate.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Areas of non-obstructive medullary mineral to small renoliths present in both kidneys. The left kidney measured 4.8 cm. The right kidney measured 5.4 cm.

Adrenal Glands

The right adrenal gland was not distinctly visualized. The left adrenal gland exhibited mild regional to potential generalized enlargement exhibiting non-homogeneous to indistinctly nodular parenchyma without evidence of parenchymal mineralization. The left adrenal gland measured 1.7 cm in width.

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 exhibited subjective normal size. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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 with potential wall edema. Moderate non-dependent to organized, non-mobile luminal debris was present exhibiting indistinct stellate pattern. Evidence of pericholecystic omental inflammation present with potential for minor concurrent free fluid.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained anechoic fluid.

The duodenum exhibited intact yet subjective mild prominent wall layering owing to propensity for mildly prominent duodenal mucosal. The remainder of the small intestine was unremarkable. No evidence of mechanical obstruction within the gastrointestinal tract.

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

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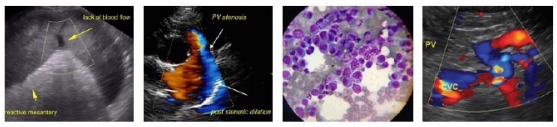

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

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Pancreas

The pancreas was normal in size with mild asymmetrical contour and isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

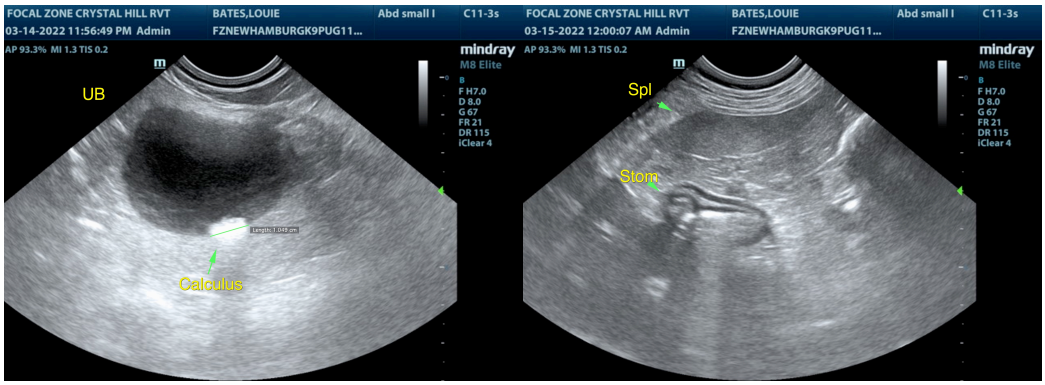
ULTRASONOGRAPHIC FINDINGS

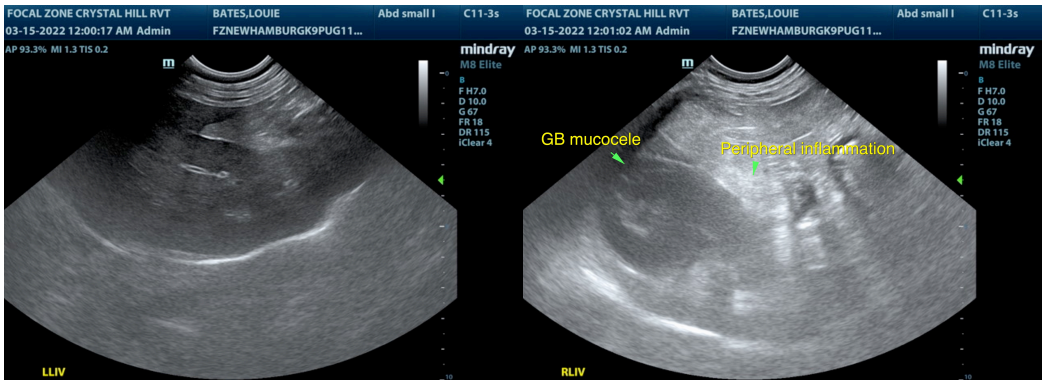
- Inflamed gallbladder mucocele with peripheral inflammation and potential minor concurrent effusion – possible regional bile peritonitis.
- Acute to subacute hepatopathy
- Gastroduodenitis
- Pancreatic remodeling
- Mild chronic renal changes with non-obstructive medullary mineral
- Small cystic calculus versus accumulated micro calculi/mineral
- Irregular to nodular left adrenal gland – functional/versus adenoma or hyperplasia, potential for neoplasia such as pheochromocytoma or adenocarcinoma cannot be excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and with recommended use of perioperative antibiotics, cholecystectomy as soon as possible with potential for abdominal flush as well as hepatic biopsies are recommended. Screening blood pressure is advised prior to potential surgical considerations to assess for potential hypertension that may elude to left pheochromocytoma. Full adrenal workup could also be considered if clinical signs suggestive of adrenal hyperfunctionality are present in the face of a gallbladder mucocele. Gross inspection of the bilateral adrenal glands suggested at the time of surgery.

This patient may be passing small amounts of mineral from the kidneys to the UB.





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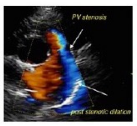
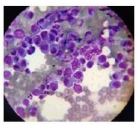
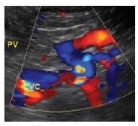

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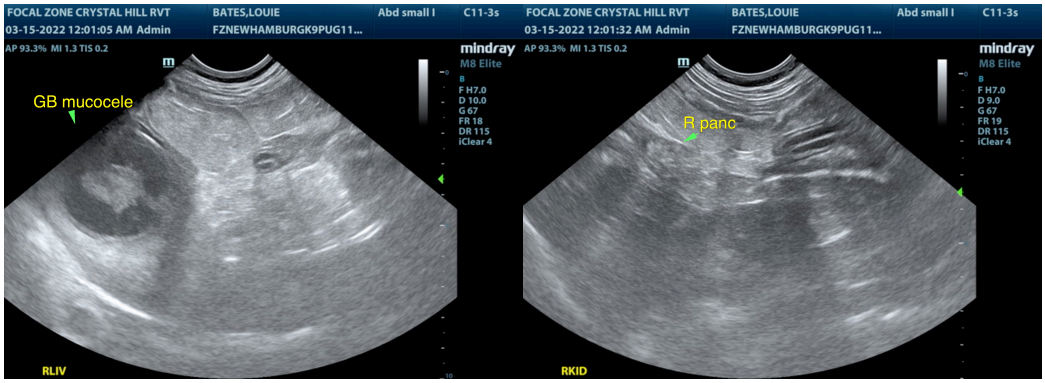

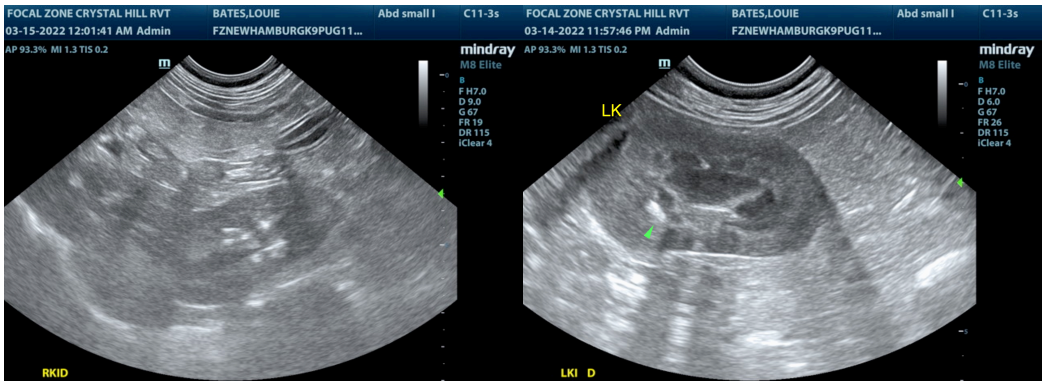

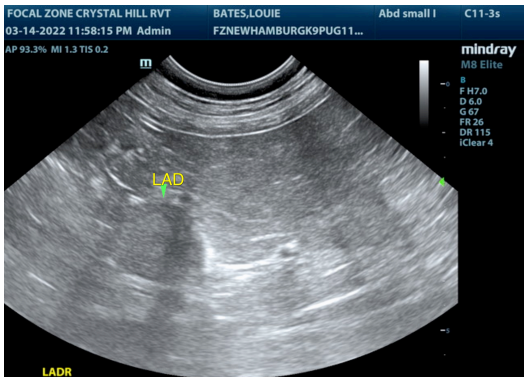

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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