



PATIENT PRESENTING CLINICAL SIGNS

Gabby Nyberg

Acute onset 4 days ago of pronounced lethargy, inappetence, and some vomiting (3 times over 2 days; none for 48 hours). Exam yesterday showed dehydration and marked lethargy, but was otherwise unremarkable. This morning patient has pitting edema of the face and cranial abdomen assesses as slightly painful. Patient is nonfebrile and peripheral lymph nodes feel normal.

SPECIES

Canine

BREED

Golden Retriever

Abnormal PE/Chem/CBC/UA Results: CBC: WBC 17,550, Neuts 14,540, Monos 1,410, Eos 40, Plt 128,000 Chem 17: Gluc 144, BUN 38, ALP 217. Electrolytes: Na 141, Pot 5.9, Cl 102 Resting cortisol 20.4 Current Medications Naxcel, Cerenia, IV LRS Radiographic Findings Abdominal radiographs - no abnormal findings.

SEX

FS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

7yr

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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.

WEIGHT

75lb

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 6.6 cm in length. The right kidney measured 6.6 cm in length.

INTERPRETED BY

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

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy or masses.

Adrenal Glands

IMAGING PERFORMED BY

Sara Hansen

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.61 cm width at the caudal pole and 3.3 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.8 cm width at the caudal pole and 3.2 cm length.

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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. A solitary indistinctly marginated non-homogenous medial splenic nodule was present measuring 1.2 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

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Liver/Gallbladder

The liver presented enlarged in size with symmetrical yet swollen contour. The parenchyma exhibited conserved uniform parenchyma with normal echogenicity isoechoic to the spleen and falciform fat.

DATE

06/21/2023

The hepatic vasculature was dilated in appearance, most notable at the level of the hepatic vein / caudal vena cava junction, without evidence of thrombosis. The distended cranial abdominal caudal vena cava measured 1.3 cm in diameter. No evidence of thrombus. The gallbladder was non-distended



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in size. The gallbladder wall was moderately thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis. The gallbladder wall measured 0.56 cm in width. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild duodenal corrugation and duodenal ileus was present. The lumen of the small intestine was empty with no signs of obstruction or foreign material.

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

Pancreas

The pancreas exhibited generalized mild to variable enlargement and capsule asymmetry with non-homogenous parenchyma.

Free Abdomen

No omental masses or overt lymphadenopathy was present.

Mild volume ascites.

ULTRASONOGRAPHIC FINDINGS

- Non-specific subjectively benign splenic nodule-suggestive of myelolipoma or similar.
- Congestive hepatomegaly.
- Gallbladder wall edema-suspect secondary to hepatic congestion, cholecystitis, portal hypertension or anaphylaxis with hypoalbuminemia less likely.
- Gastroduodenitis.
- Prominent non-homogenous pancreas-suggestive of pancreatitis with potential for pancreatic edema.
- Mild volume ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The congestive hepatopathy and gallbladder wall edema is strongly suggestive of intra-thoracic or cardiac pathology as a primary contributing factor with concurrent ascites. Correlation with echocardiogram and ascites analysis cytology +/- C/S is recommended.

Assuming normal clotting status a hepatic FNA for screening cytology could be considered for further assessment if cardiac disease is ruled out. No evidence of intra-abdominal neoplastic criteria. As needed GI support and empirical therapy for pancreatitis is recommended.



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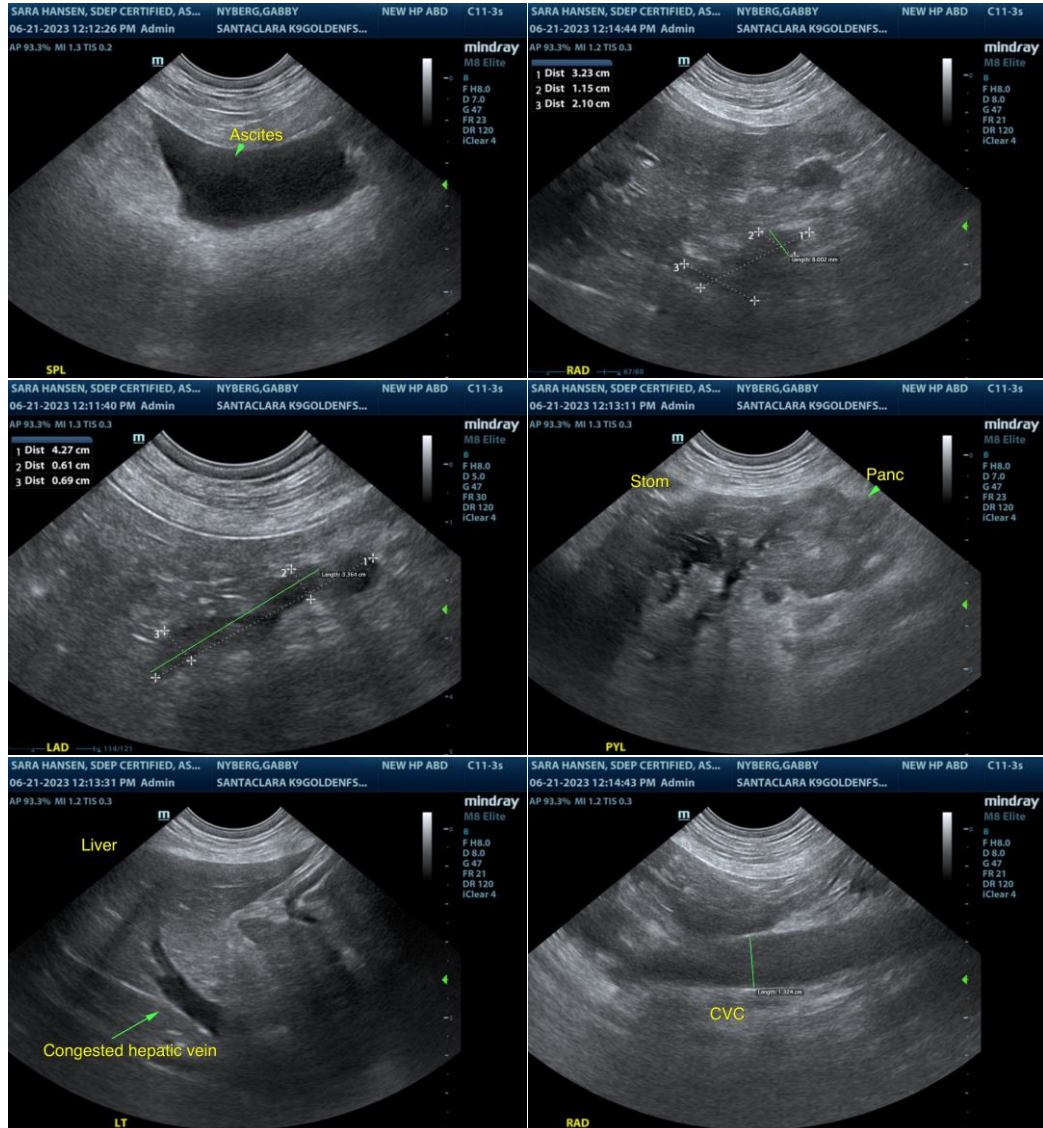
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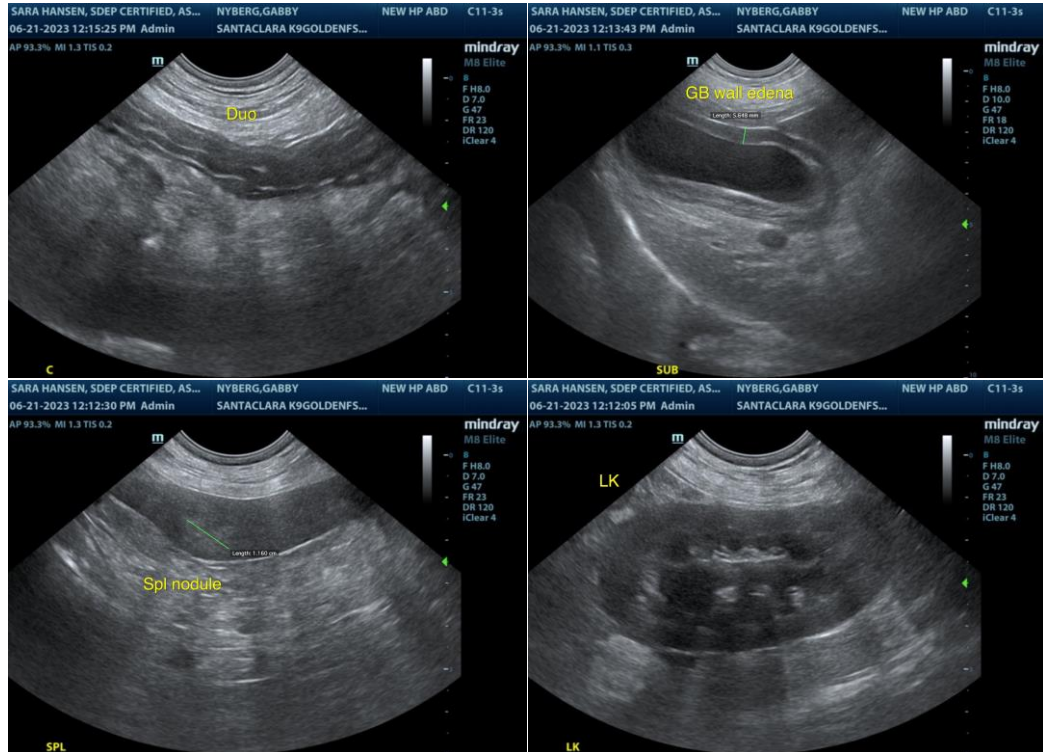
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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