

PATIENT PRESENTING CLINICAL SIGNS

Bailey Julke History: Suspecting Pancreatitis. hepatobiliary dz / Need to rule out Cushing dz / neoplasia.

SPECIES Abnormal PE/Chem/CBC/UA Results: ALP increased > 2000 , GGT increased , Bilirubin , Cholestrerol all increased. hematocrit increase , WBCs increase , Lymphocytosis Very high increase

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

Maltese The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

SEX

MN Normal size and margination was 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 4.0 cm in length. The right kidney measured 4.4 cm in length.

AGE

12yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

10.5lb

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.52 cm width in the cranial pole and 1.6 cm width in the caudal pole. The right adrenal gland measured 0.66 cm width in the cranial pole and 1.3 cm width in the caudal pole.

INTERPRETED BY

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

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, hyperechoic nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted.

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Tansley Woods
Veterinary Hospital

Liver

The liver was subjectively normal in size, structure, and contour. 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.

REFERRING VET

Dr. Hallina

The gallbladder was distended in size with thin walls and primarily anechoic luminal content with moderate mildly striate hyperechoic luminal debris. Peripheral gallbladder inflammation with hyperechoic pericholecystic to cranial abdominal mesentery was noted. The common bile ducts exhibited marked distention extending caudally to the level of the duodenal papilla.

INVOICE

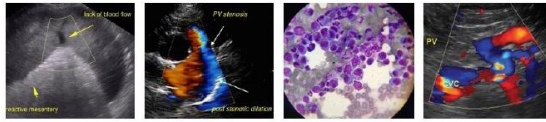
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Gastrointestinal

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.

DATE

08/19/2022



PATIENT
Bailey Julke
The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

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

BREED
Maltese
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

SEX
Small pockets of scant peritoneal free fluid noted around the liver and gallbladder.

MN
ULTRASONOGRAPHIC FINDINGS

AGE

12yr

WEIGHT

10.5lb

- Hepatopathy
- Gallbladder mucocele with peripheral inflammation
- Marked CBD dilation with evidence of mucoduct
- Pancreatitis
- Intermittent pockets of peritoneal free fluid
- Gastroenteritis
- Secondary: benign splenic nodules
- Secondary: mild chronic renal changes with pinpoint to focal medullary mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

This is a complicated case. The primary finding is the gallbladder mucocele with peripheral inflammation which may indicate bile peritonitis. A complicating factor may include concurrent active pancreatitis with the possibility of extrahepatic CBD obstruction. Assuming normal clotting status exploratory laparotomy with cholecystectomy, gross inspection of the CBD with potential for CBD flush is indicated.

IMAGING PERFORMED BY

Crystal Hill

Aggressive peri-operative antibiotic and analgesia indicated. Given potential for complication, a very guarded to unfavorable prognosis is indicated.

HOSPITAL NAME

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Veterinary Hospital

If surgical options are being considered this case is a surgical emergency.

Humane euthanasia is warranted if surgical options are not possible.

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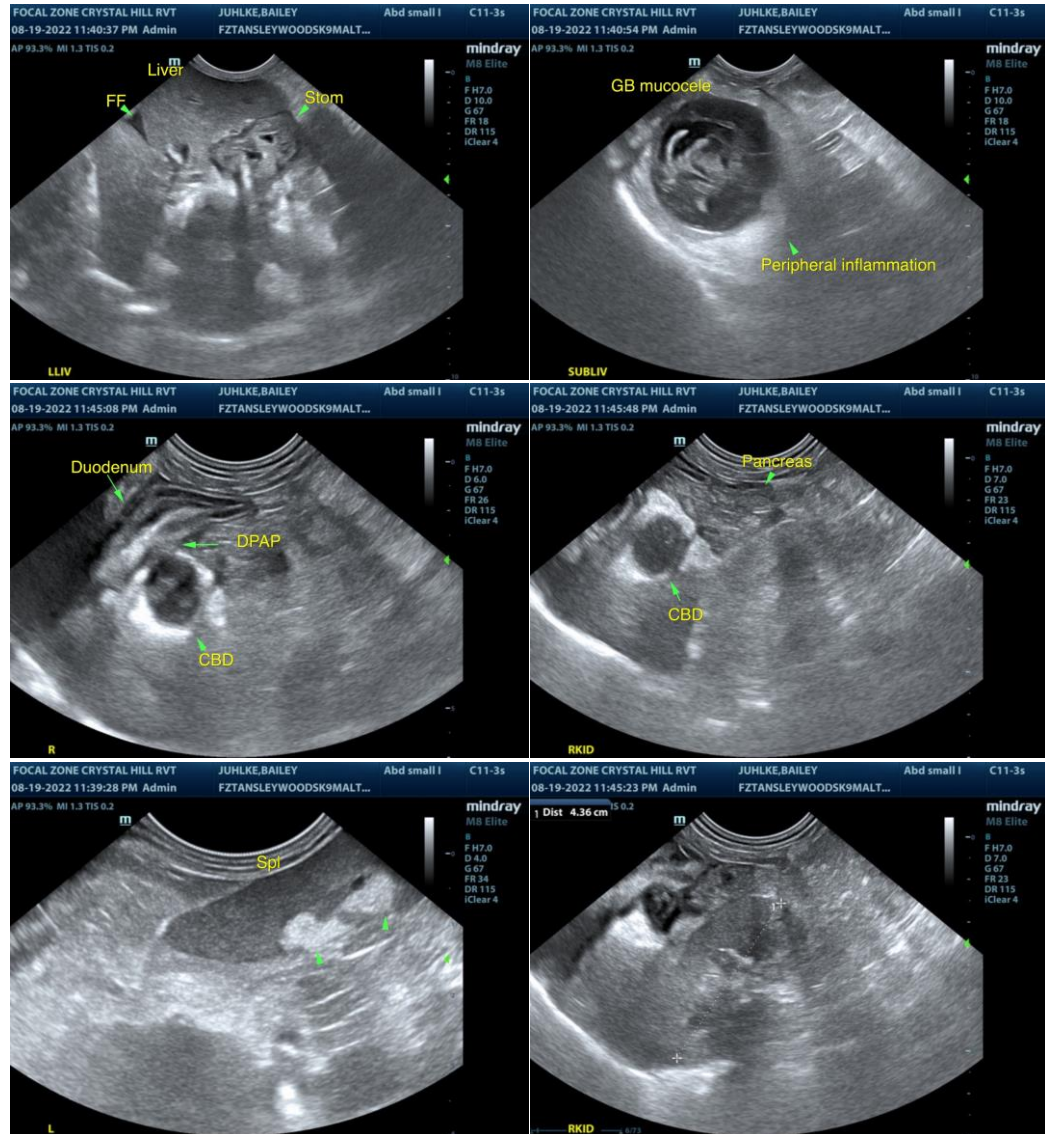
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SPECIES

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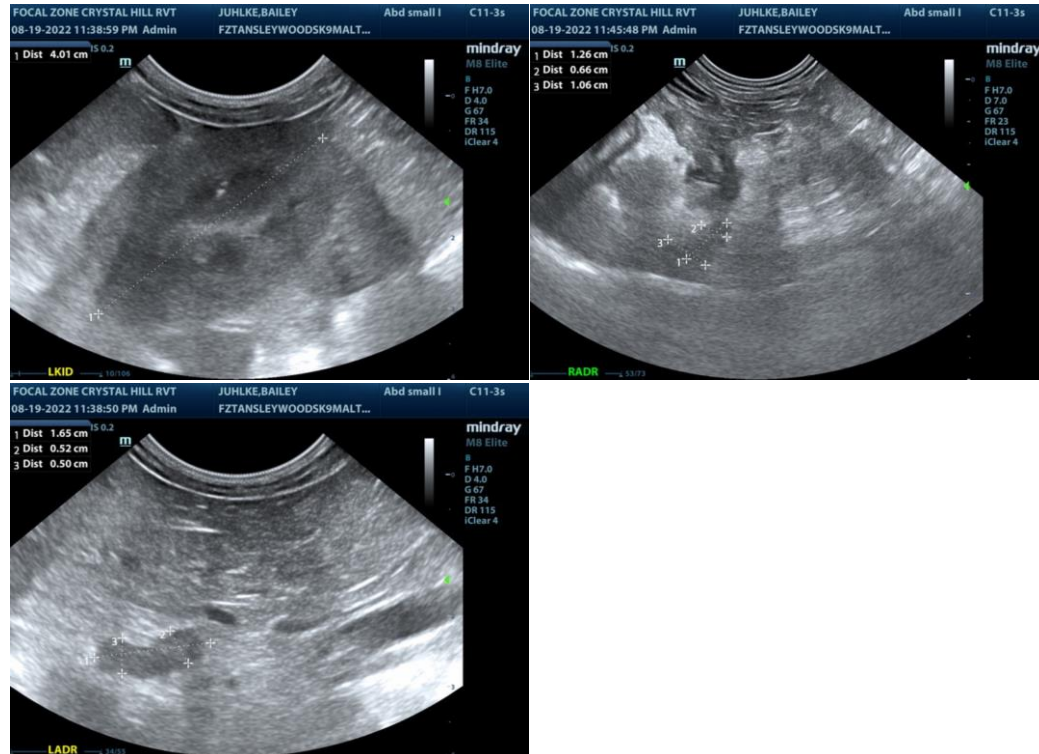
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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