



PATIENT

Josie Howard

PRESENTING CLINICAL SIGNS

Vomiting, Lethargic, not eating Has not eaten in at least 24 hours.
Abnormal PE/Chem/CBC/UA Results: CBC WBC 25.73, NEU 22.62, MONO 1.9, EOS 0.01 CHEM17 ALKP>2000, GGT98, TBIL6.5 ALT to high to read, CpLi Abnormal Radiographs NSF Did FNA of liver at time of ultrasound.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Terrier X

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 were noted.

SEX

Spayed Female

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. The left kidney measured 4.1 cm. The right kidney measured 4.1 cm with small cortical cyst.

AGE

14 Years

The area of the aortic trifurcation was free of pathology.

WEIGHT

11 Pounds

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 2.5 cm length x 0.87 cm at the caudal pole. The right adrenal gland measured 1.8 cm length x 0.57 cm at the caudal pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Sarah Pender, CVT

Liver

HOSPITAL NAME

SVS Imaging QC

The liver was mildly enlarged. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance.. 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 pericholecystic inflammation and scant effusion was present.

REFERRING VET

Dr. White

INVOICE

25415

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Minor retained anechoic fluid was present in the pylorus lumen.

DATE

9/14/12

The small intestine presented intact yet subjective prominent wall layering with mild upper duodenal ileus. The jejunum and ileum to the level of the colon were sonographically unremarkable.

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



PATIENT

Pancreas

Josie Howard

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

Terrier X

- Gallbladder mucocele with peripheral inflammation and scant effusion – consistent with probable concurrent bile peritonitis.
- Acute hepatopathy
- Gastroduodenitis
- Age related adrenal changes

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

14 Years

The decreased hepatic parenchyma echogenicity is compatible with acute hepatic disease such as acute hepatitis / cholangiohepatitis (viral, bacterial, Leptospirosis, hepatotoxic insult, infectious hepatic disease with potential for occult round cell hepatic neoplasia. Ultrasound guided FNA of the liver using a 25-gauge needle and assuming normal coagulation parameters would be warranted for cytology, primarily to assess for evidence of inflammatory cells or neoplasia, as well as Leptospirosis titer / PCR.

WEIGHT

11 Pounds

Recommend immediate cholecystectomy with abdominal flush and hepatic biopsies. Coagulation panel and appropriate perioperative antibiotics recommended prior to surgery. Very guarded prognosis given the suspected bile peritonitis. This is a surgical emergency.

INTERPRETED BY

Potential for concurrent low-grade pancreatic inflammation, which may present sonographically normal.

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



IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. White



INVOICE

25415

DATE

9/14/12



PATIENT

Josie Howard

SPECIES

Canine

BREED

Terrier X

SEX

Spayed Female

AGE

14 Years

WEIGHT

11 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

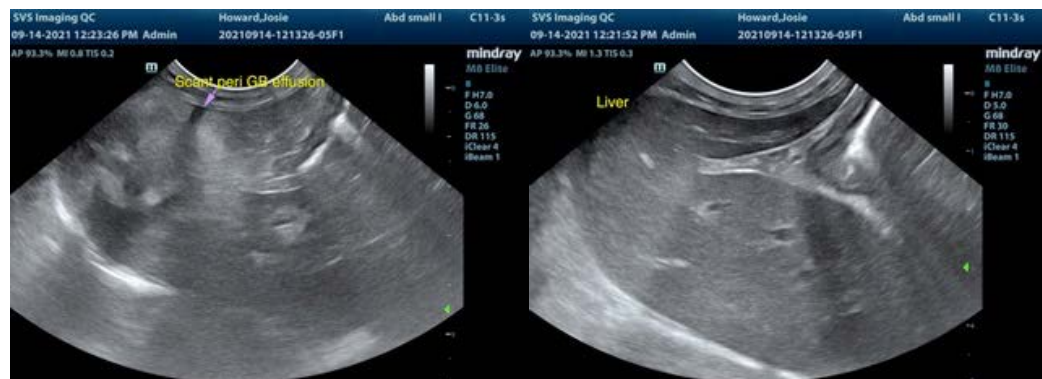
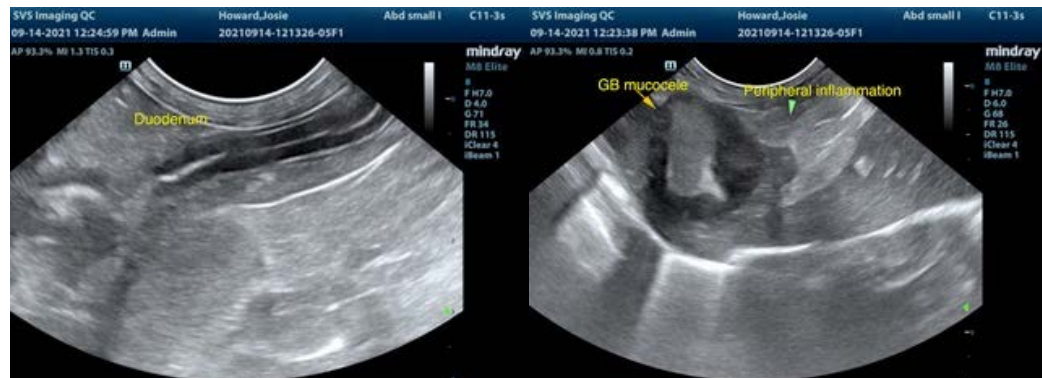
Dr. White

INVOICE

25415

DATE

9/14/12



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