

PATIENT PRESENTING CLINICAL SIGNS

Prima Frampton

History: Owner saw patient squeaker toy 2 weeks ago. No clinical signs til last night: p started vomiting, had a small amount of diarrhea at begin of this week, but is now normal. Previous HX of liver problems, is on Denamarin and ursodiol.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Upon physical exam noted patient has a tense and painful abdomen. No sign of mechanical obstruction on radiographs. Bun - 39mg/dL (Normal Ranges: 9-29) ALT - 5,002 U/l ALP - 1728U/l GGT - 143U/l

BREED

Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 1.0 cm.

AGE

16 years

Both kidneys are hyperechoic, and exhibit moderately decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 6.1 cm in length. The right kidney is 5.9 cm in length.

WEIGHT

17.6 kg

Adrenal Glands

The caudal pole of the left adrenal gland is identified in its normal location. It is of normal size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 7.6 mm at the caudal pole. The right adrenal gland is not distinctly visualized, but the region appears unremarkable.

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

Spleen

The visualized portions of the splenic parenchyma are of normal echogenicity with a homogenous parenchyma. There is a hyperechoic masses within the splenic parenchyma measuring (up to) 1.3 cm in size, with no visible deviation of the splenic capsule. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

IMAGING PERFORMED BY

Dr. Isermann

Liver

The visualized portions of the liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

HOSPITAL NAME

Animal EH Volusia

The gallbladder is distended with striating bile. The wall is normal with evidence of regional inflammation. There is not evidence of gallbladder wall rupture. The cystic duct is dilated.

REFERRING VET

Dr. Isermann

Gastrointestinal

The stomach is moderately distended with gas. The gastric wall is 2.5 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

INVOICE

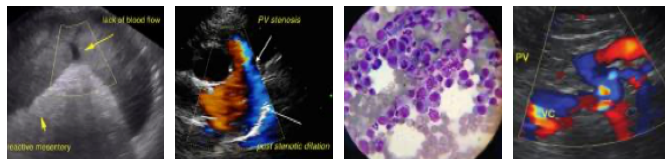
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The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures 4.0 mm. The jejunal wall measures up to 3.3 mm. Intestinal motility appears normal.

DATE

4.1.23

The visible portions of the colon are of normal thickness, up to 1.7 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.



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Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

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Canine

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

BREED

Mix

ULTRASONOGRAPHIC FINDINGS

Findings

SEX

Spayed Female

- Mature gall bladder mucocele
- Chronic renal changes

AGE

16 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the gallbladder wall are consistent with a biliary mucocele. Given the inflammation surrounding the gall bladder, along with the presence of clinical signs, emergency cholecystectomy is recommended. Given the chronic history of liver enzyme elevations, liver biopsy would also be recommended:

WEIGHT

17.6 kg

- If surgery is declined, then medical management with Ursodiol and hepato-protectants, with or without antibiotic therapy, could be considered if surgery is not an option, understanding the potential risk of gallbladder rupture.
- Regardless of treatment plan, screening for predisposing conditions, such as hypothyroidism, Cushing's disease and hyperlipidemia.

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DABVP (canine/feline
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The changes in the kidneys are consistent with chronic renal disease. Findings should be correlated with laboratory values, IRIS staging and clinical signs.

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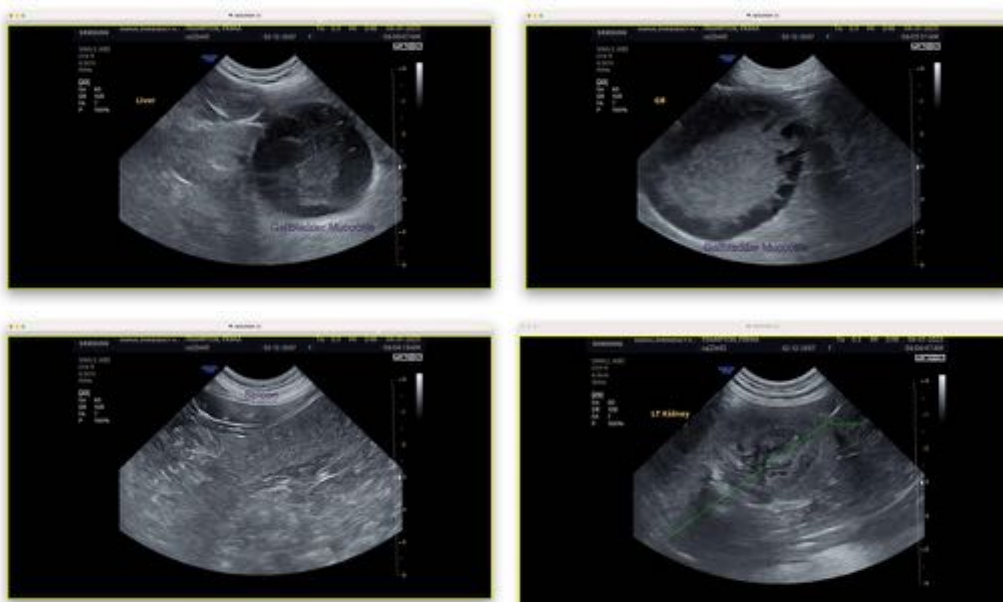
Dr. Isermann

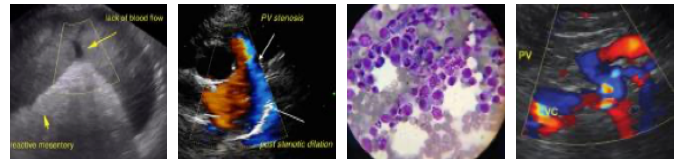
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SPECIES

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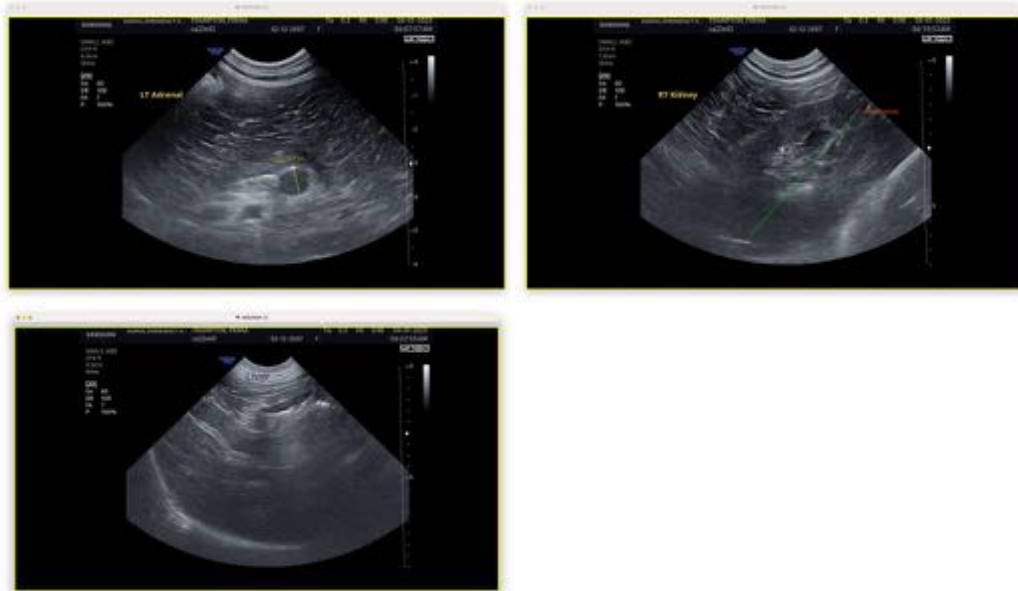
Spayed Female

AGE

16 years

WEIGHT

17.6 kg



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.

Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com

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Tam Mengine, DVM,
DABVP (canine/feline
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