

## PATIENT DATA

<b>OWNER NAME</b>	S-----	<b>ANIMAL NAME</b>	J-----
<b>BREED</b>	SHELTIE	<b>NEUTERED</b>	NO
<b>BIRTH DATE</b>		<b>AGE</b>	10 y
<b>GENDER</b>	F		
<b>IDENTIFICATION</b>		<b>EXAM DATE</b>	16 MAR 2018
<b>ACCESSION NUMBER</b>			
<b>OPERATOR</b>			
<b>EXAM DESCRIPTION</b>	ABDOMINAL		
<b>PERFORMING PHYSICIAN</b>	GEMMA O DONOGHUE	<b>REPORT DATE</b>	16 MAR 2018

## ABDOMINAL CANINE

### OBSERVATIONS

**Abdominal remarks**

The liver was mildly enlarged with mildly heterogenous echotexture. The gallbladder wall was thickened and irregular and was largely full of non-dependent sludge with surrounding inflammation and small volume of free fluid. The common bile duct was normal. The spleen was normal. The gastrointestinal tract including pancreas was normal. The kidneys, adrenal glands and bladder were normal. The ovaries were normal but the uterine horns were thickened with enhanced periserosal steatitis. The sublumbar lymph node was enlarged and rounded with heterogenous echogenicity.

**Conclusions**

Inflamed and possibly ruptured mucocoele, cholangiohepatitis most likely. Metritis.

Potentially metastatic sublumbar lymph node given finding of anal gland mass. Cholecystectomy and ovariohysterectomy are recommended urgently. Interim treatment with broad-spectrum antibiotics, ursodeoxycholic acid, +/- SAME + analgesia is needed.

The anal gland mass also needs addressing. Fine needle aspirate of the mass and complete blood profile is recommended.

An oncology consultation prior to surgery may help the owner with the decision process and longer term prognosis.

Gemma O'Donoghue PGC ESPVS CERT DI.

**SIGNATURE**

## ATTACHED IMAGES









