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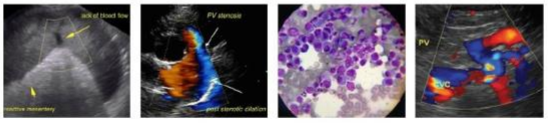

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Jake Campbell

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

17 Years

WEIGHT

8.3 Pounds

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Alpine AH

REFERRING VET

Dr. Emily Campbell

INVOICE

13015

DATE

12/11/21

PRESENTING CLINICAL SIGNS

History: Patient's Name: Jake Owner's first and last name: Emily Campbell Species: Canine Gender(altered?) N Age: 17Y Weight in #: 8.3 Breed: Chihuahua History: History of urine dribbling and frequent urination. No UTI present. No vomiting, diarrhea, coughing or sneezing. Patient is a super senior and O would like cancer screening. Physical exam findings: Grade 4/6 holosystolic murmur Abnormal CBC values: None Abnormal Chemistry Values: None Abnormal UA Values: None Radiograph Findings(email radiographs if available): Unremarkable Reason for Ultrasound: Possible bladder mass. Senior cancer screening

Abnormal PE/Chem/CBC/UA Results:

*Note: to obtain images of the adrenal glands, sedation would be needed.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (0.42 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (3.32 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Mild pyelectasia is present (0.21 cm) in the longitudinal plane. There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney presented normal size (3.81 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The adrenal glands are not definitively visualized. Sedation would be necessary for further evaluation.

Spleen

The spleen is normal in size (0.79 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. A1.24 x

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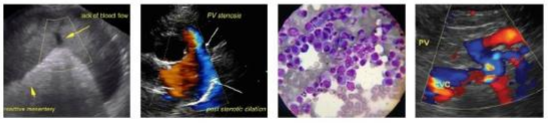

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0.98 cm hypoechoic nodule is observed adjacent to the gallbladder. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is distended. The wall is normal in thickness. A moderate to large amount of aggregated echogenic suspended sludge in a partially stellate pattern is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The gallbladder changes are consistent with a developing mucocele.
- The hypoechoic hepatic nodule (seen only in one still image) could be consistent with a benign process (i.e., regenerative nodule). Alternatively, emerging neoplasia may be present.

Secondary Findings

- Minor age-related renal pathology

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Ideally, a cholecystectomy with submission of the gallbladder for histopathology would be performed to prevent gallbladder rupture/bile peritonitis. A liver biopsy should also be obtained at the time of surgery. However, if a more conservative approach is desired, consider initiation of Ursodiol therapy with serial sonographic monitoring (i.e., every 4 weeks) to assess for progression. It should be noted, however, that there is a risk of gallbladder rupture at any point.
- Given the patient's age, three view thoracic radiographs are recommended to assess cardiopulmonary status.

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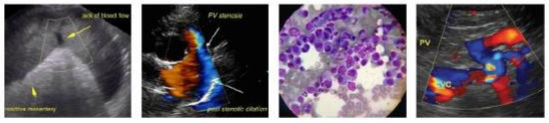

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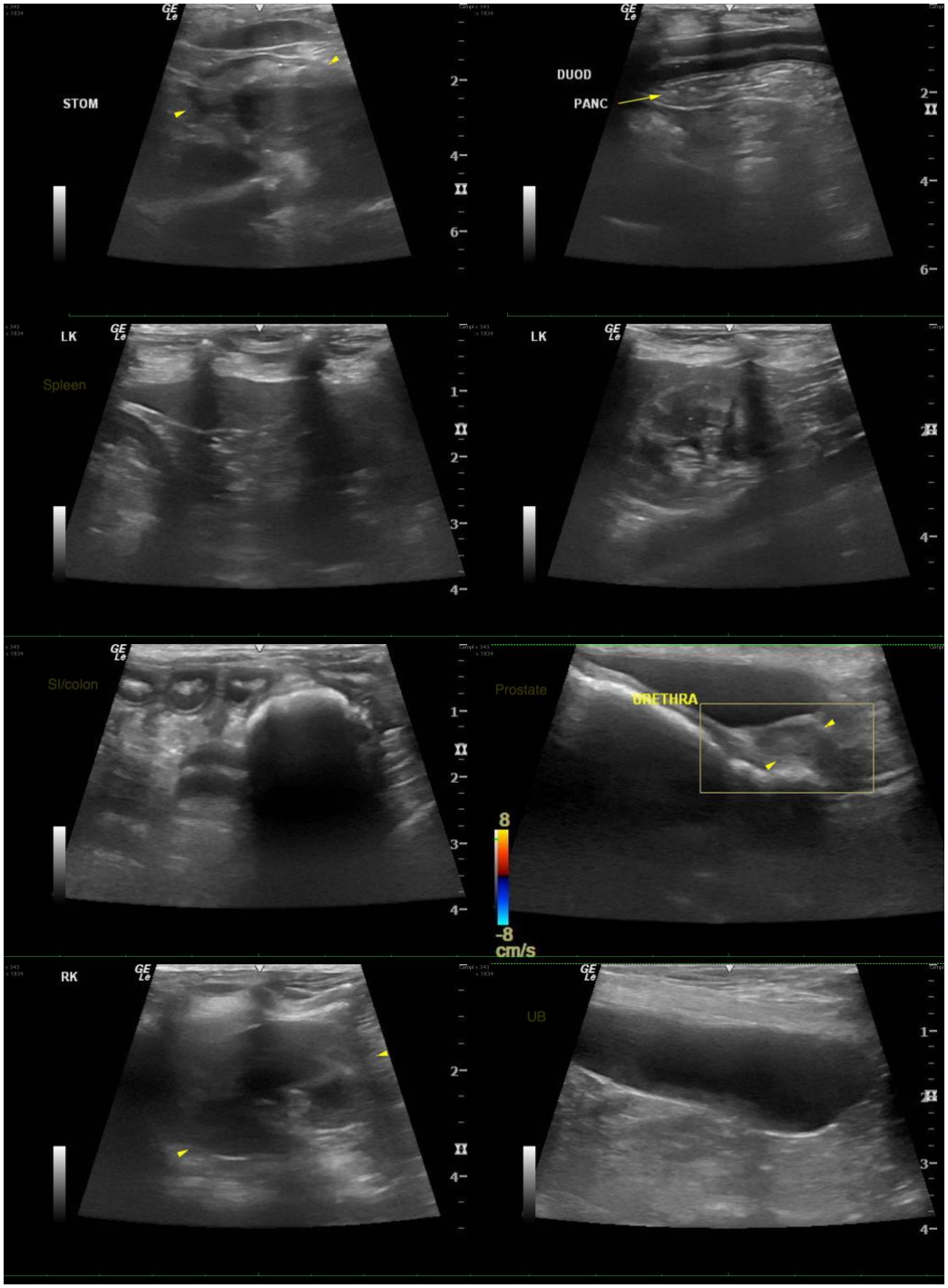

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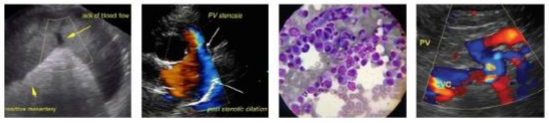

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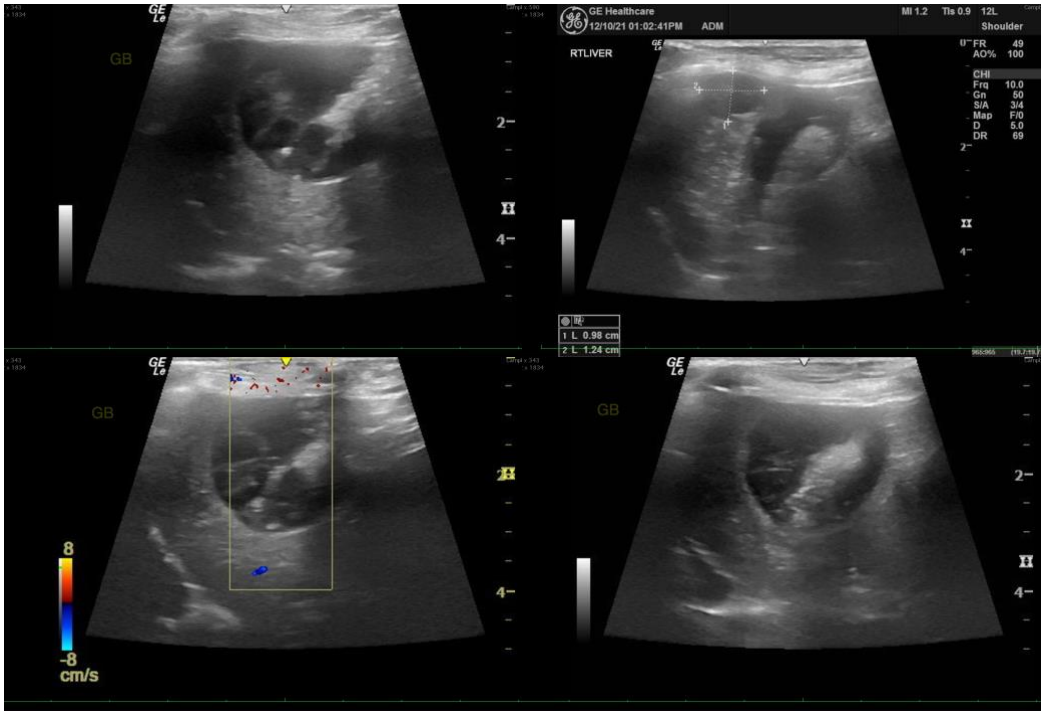

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

andrea_nicastro2@hotmail.com