

PATIENT

Sneaky Klee

SPECIES

Canine

BREED

West Highland White
Terrier

SEX

Spayed Female

AGE

14 years 6 mo

WEIGHT

17.1 lbs

INTERPRETED BY

Andrea Nicaastro,
DVM, Diplomate ACVIM
(Small Animal Internal
Medicine)

**IMAGING
PERFORMED BY**

Dr. Ellen Puthoff

HOSPITAL NAME

Kings VH

REFERRING VET

Andrea Nicaastro,
DMV, Diplomate
DACVIM

INVOICE

10329

DATE

2/11/22

PRESENTING CLINICAL SIGNS

History: History of pulmonary hypertension, right sided heart disease, chronic bronchitis, and pancreatitis which is currently being managed with prednisone, sildenafil, pimobendan, theophylline, metoclopramide, omeprazole and a low-fat diet.

Abnormal PE/Chem/CBC/UA Results: ALT, GGT, ALKP has been steadily increasing over the past few months.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (5.05 cm in length); with a relatively normal shape. The cortex is variably thickened. There is moderate loss of normal corticomedullary distinction. Several nonobstructive nephroliths are visualized. Trace pyelectasia is present. A few small cortical cysts are seen. There is no evidence of hydroureter.

The right kidney is normal size (5.20 cm in length); with a relatively normal shape. The cortex is variably thickened. There is moderate loss of normal corticomedullary distinction. Several nonobstructive nephroliths are visualized. Trace pyelectasia is present. A few small cortical cysts are seen. There is no evidence of hydroureter.

Adrenal Glands

The adrenal glands are not definitively visualized.

Spleen

The spleen is subjectively normal in size (1.36 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is subtly mottled in appearance. Several small hypoechoic nodules/areas are observed throughout the organ as well as several ill-defined hyperechoic nodules. Splenic vasculature appears normal with no evidence of thrombosis.

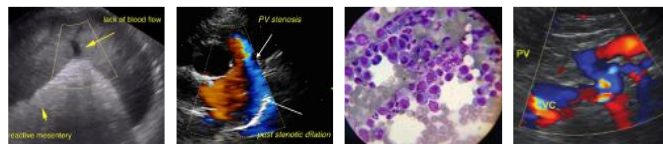
Liver

The liver is subjectively normal in size with swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly heterogenous in appearance. A >2cm ill-defined hyperechoic nodule/mass is observed on the right side. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is over distended. The wall is slightly thickened and hyperechoic. A large amount of aggregated echogenic suspended sludge in a stellate pattern is observed within the lumen. The common bile duct appears dilated (0.39 cm in diameter) at the distal aspect, at the level of the duodenal papilla.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not segmentally dilated with chyme. The small intestinal wall



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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

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

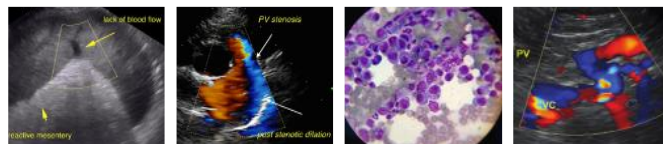
- The gall bladder changes are consistent with a fully formed mucocele. The gall bladder wall changes could be consistent with cholecystitis and/or benign age-related hyperplasia.
- The hyperechoic hepatic nodule trends toward benign (i.e., regenerative nodule, with a lower possibility of emerging neoplasia). The diffuse hepatic parenchymal changes are most consistent with a benign hepatopathy. However, correlation with the patient's liver values is recommended.

Secondary Findings

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Bilateral nephropathy with nonobstructive nephrolithiasis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Ideally, a cholecystectomy and liver biopsy would be performed, preferably by a board-certified surgeon due to the potential for perioperative complications.
- Three-view thoracic radiographs should be performed prior to any anesthetic event.
- If surgery is not to be pursued at this time, the client must be warned of the potential for gall bladder rupture and/or septic peritonitis at any point. Ursodiol should also be initiated with serial sonographic monitoring (i.e., every 4 weeks), to assess for progression.



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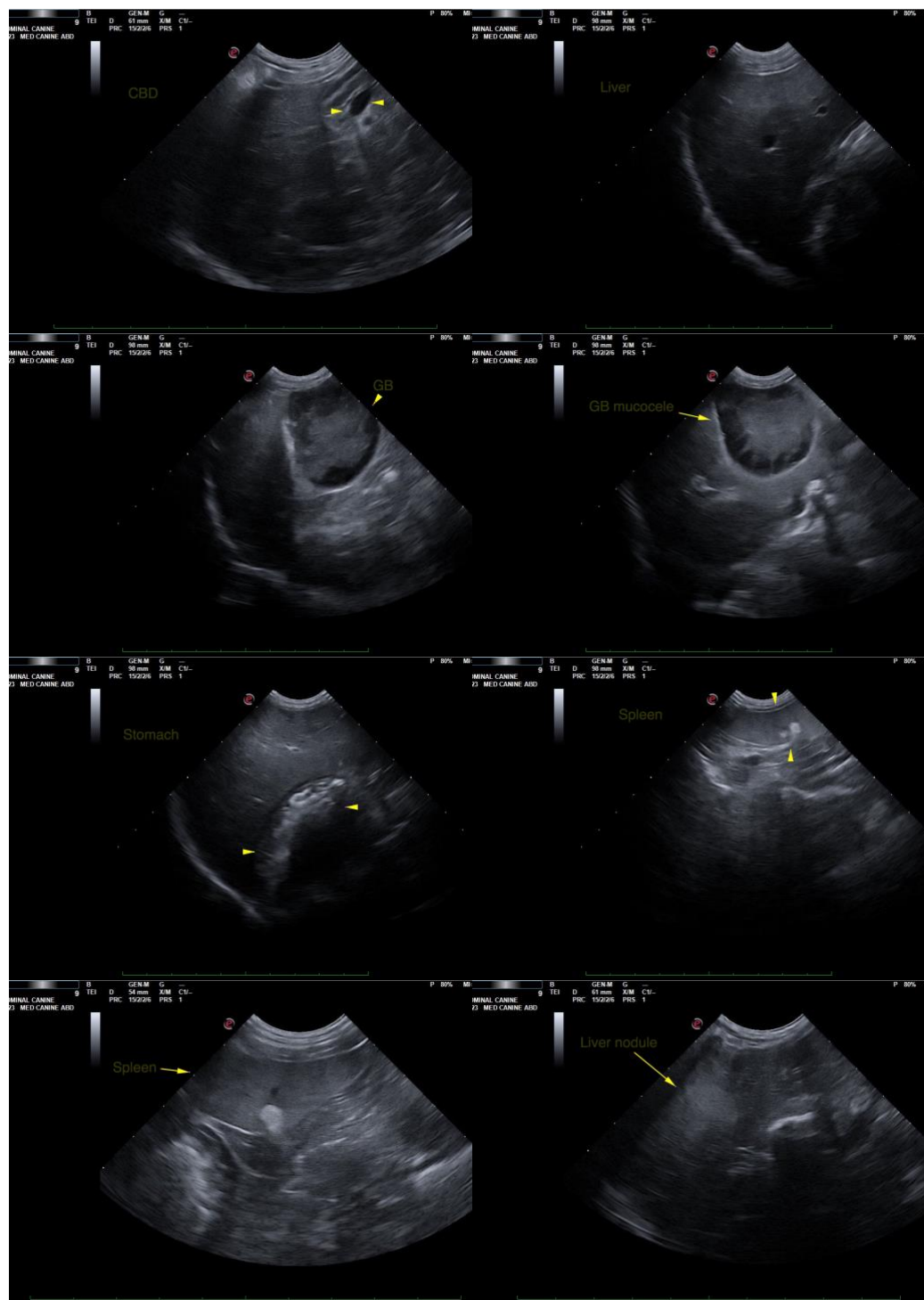
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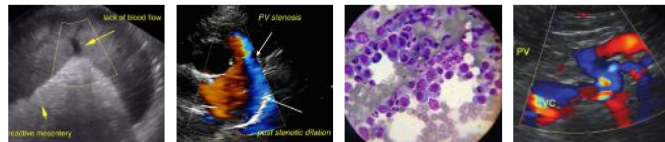
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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info@SonoPath.com

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