

PATIENT

Sable Allgood

PRESENTING CLINICAL SIGNS

SPECIES

Canine

History: elevated liver enzymes, pt currently on denamarin 90mg pO SID and ursodiol 50mg PO SID. Ultrasound April 2020 revealed some thickening at the cysto-urethral junction and possible benign hepatopathy/cholestasis. Last u/s 8/25/21 was recommended recheck 6 months. ALP 330, PSL 150, eosinophilia, T4 WNL, UA WNL, negative fecal, accuplex negative. Remainder NSF.

BREED

Pomeranian

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

Urinary System

The urinary bladder is moderately distended. The majority of the wall is normal in thickness with a smooth mucosal surface. In the region of the cystourethral junction, a 0.34 x 0.33 cm focal mural thickening is visualized. No cystic calculi are observed. The visible portion of the proximal urethra is normal.

AGE

14 years

The left kidney is normal in size (3.78 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Pinpoint hyperechoic foci are observed within the cortex. There is no evidence of pyelectasia, infarcts or hydronephrosis.

WEIGHT

12.4 lbs

The right kidney is normal in size (3.84 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A 0.34 x 0.19 cm cortical cyst is observed at the caudolateral aspect. Pinpoint hyperechoic foci are observed within the cortex. There is no evidence of pyelectasia, infarcts or hydronephrosis.

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Adrenal Glands

The left adrenal gland is normal size (0.55 cm at cranial pole) (0.44 cm at caudal pole; normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Brighton Greens

The right adrenal gland is normal size (0.45 cm at caudal pole) (1.89 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

Dr. Robin Janeway

Spleen

The spleen is subjectively normal in size (1.19 cm in width at the level of the hilus) with slightly irregular peripheral contours. The parenchyma is subtly mottled in appearance with a few small, ill-defined hypoechoic areas. Splenic vasculature appears normal with no evidence of thrombosis.

INVOICE

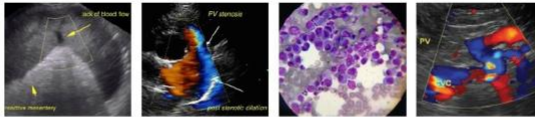
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Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

DATE

3/2/22



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The gall bladder is moderately distended. The wall is normal in thickness. A moderate amount of aggregated, hyperechoic suspended sludge 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 not distended. 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 left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic 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

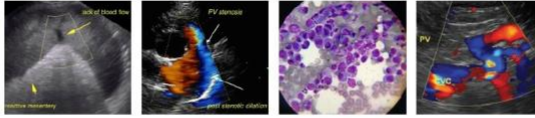
- The gall bladder changes are consistent with a developing mucocele. Changes are similar to the previous sonogram.
- Focal mural hypertrophy at the cystourethral junction – static.

Secondary Findings

- Suspected benign hepatopathy. Top differentials include regenerative nodular hyperplasia and vacuolar hepatopathy.
- Bilateral age-related renal changes with dystrophic mineralization and a right cortical cyst
- The pancreatic changes are most consistent with age-related remodeling +/- fibrosis. Mild pancreatitis may be present, particularly if the patient exhibits discomfort on cranial abdominal palpation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If a continued conservative approach is to be pursued, Denamarin and ursodiol therapy should be continued with serial sonographic monitoring (i.e, every 2-3 months), to assess for progression to a fully formed mucocele.



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- If a more aggressive approach is desired, consider a prophylactic cholecystectomy. If surgery is pursued, referral to a board-certified surgeon is recommended due to the potential for perioperative complications.

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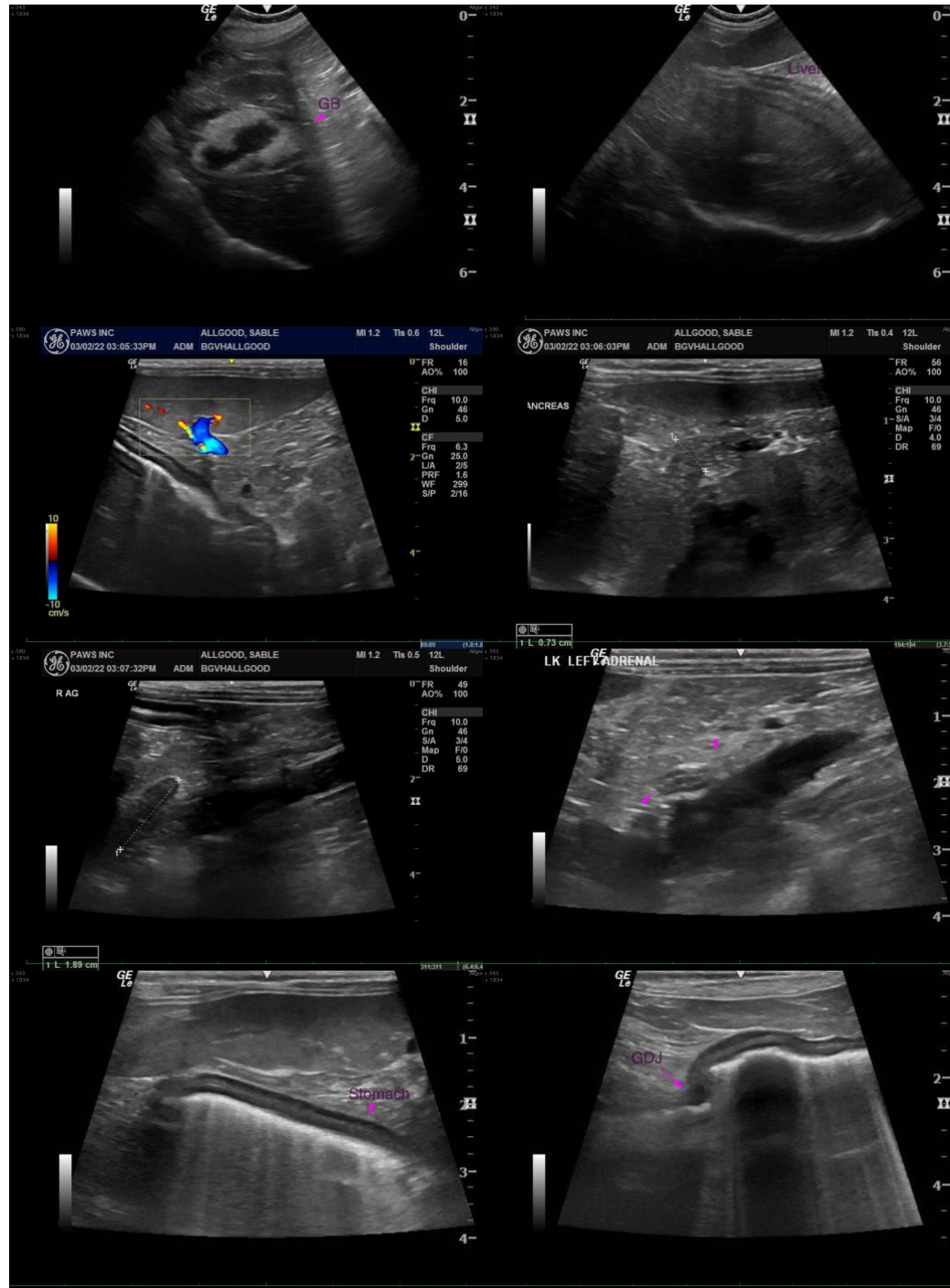
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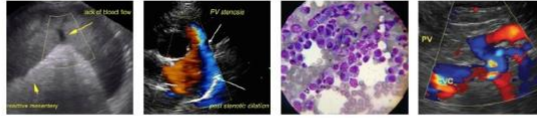
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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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Pomeranian

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info@SonoPath.com

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