



PATIENT

Zillah Tyler

SPECIES

Canine

BREED

Papillon mix

SEX

Female, spayed

AGE

15 Yrs. 2 months

WEIGHT

6.45 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Brian Barnes

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Brian Barnes

INVOICE

13095

DATE

3/8/22

PRESENTING CLINICAL SIGNS

History: Recheck of DMVD, DTVD, Previous history of IMTP that was treated with prednisone in 2019 and has resolved. History of GB disease. Last echo and AUS 8/31/2021
Abnormal PE/Chem/CBC/UA Results: Dog is doing ok but showing age. Grade 1- 2/6 AV murmur PMI left hemithorax, Lungs clear no adventitial lung sounds.

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 mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1 cm, are normal.

The left kidney is normal in size (3.81 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Several hyperechoic shadowing diverticular foci are observed. A few small cortical cysts are present. Pinpoint hyperechoic foci are observed within the cortex. Tiny non-obstructive nephroliths are seen. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.19 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Several hyperechoic shadowing diverticular foci are observed. 1-2 small cortical cysts are present. Tiny non-obstructive nephroliths are seen. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.42 cm at cranial pole) (0.68 cm at caudal pole) (2.12 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.

The right adrenal gland is mildly enlarged (1.06 cm at cranial pole) (0.58 cm at caudal pole) (1.99 cm in length) with a slightly irregular shape. A 0.41 x 0.31 cm irregular hyperechoic nodule is observed at the cranial aspect. The glandular echogenicity and detail in the remainder of the gland is normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.19 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 prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. A 0.92 cm irregular hyperechoic nodule is observed on the right side. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A



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small to moderate amount of aggregated echogenic to mineralized partially dependent debris is observed within the lumen along with a small amount of adherent debris. The cystic and common bile ducts are normal/not seen.

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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 pyloric outflow tract is patent. 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 disease is noted.

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Pancreas

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The right 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.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Gallbladder debris/sand, non-mucocele. The gallbladder changes are similar to the changes seen on the scan performed on 12/3/19.
- Suspected benign hepatopathy. Top differentials include regenerative nodular hyperplasia and vacuolar hepatopathy. However, correlation with the patient's liver values is recommended.

Secondary Findings:

- Mild bilateral adrenomegaly. The right adrenal nodule trends toward the benign (i.e., nodular hyperplasia) with a lower possibility of emerging neoplasia.
- Bilateral degenerative renal changes with non-obstructive nephrolithiasis and minor age-related pancreatic remodeling.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Baseline labwork including a CBC chemistry panel, urinalysis and T4 is recommended to assess overall metabolic function.
- Consider serial sonographic monitoring (i.e., every 3-4 months) of the gallbladder to assess for progression.

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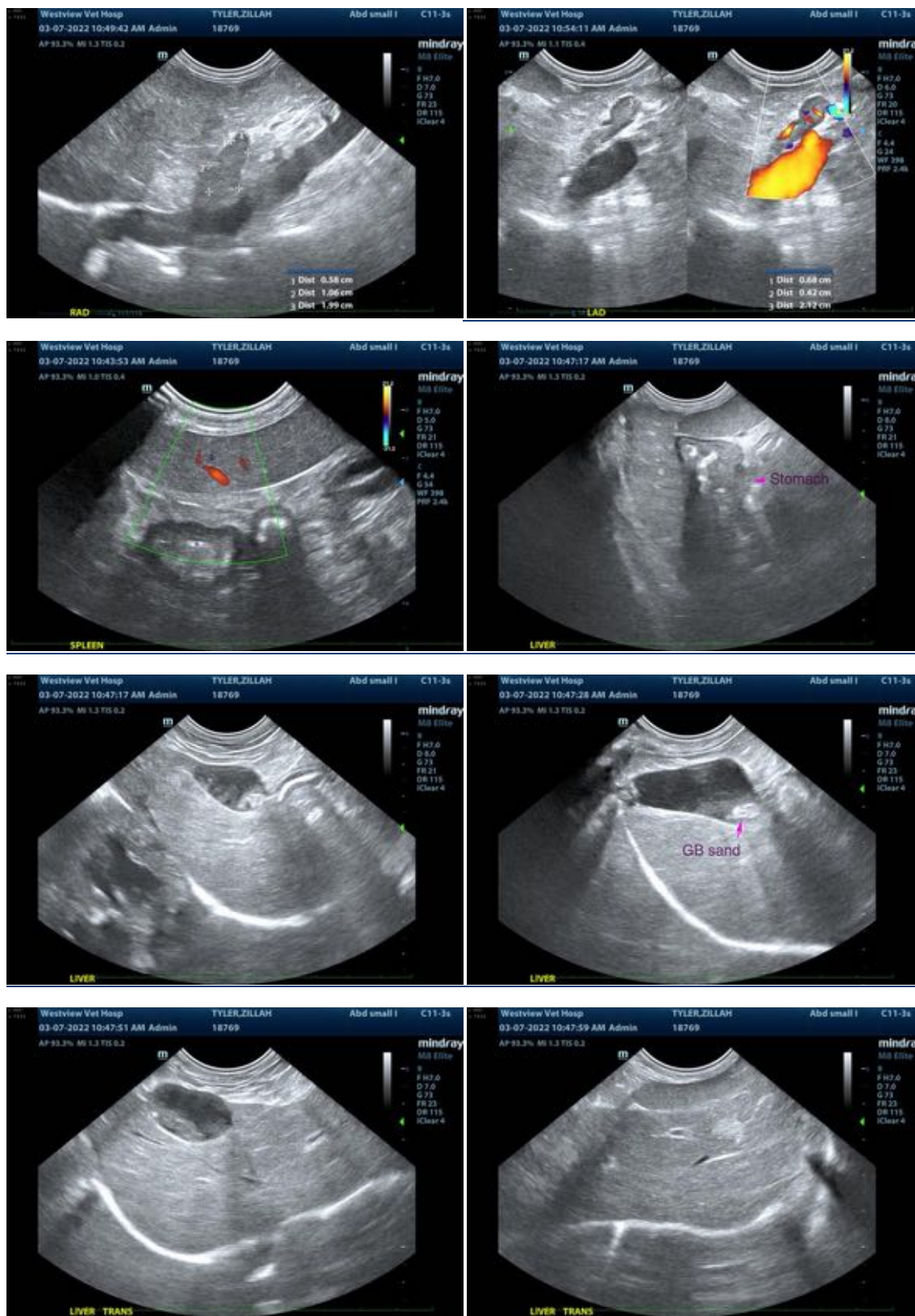
Dr. Brian Barnes

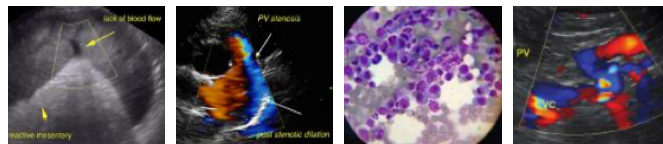
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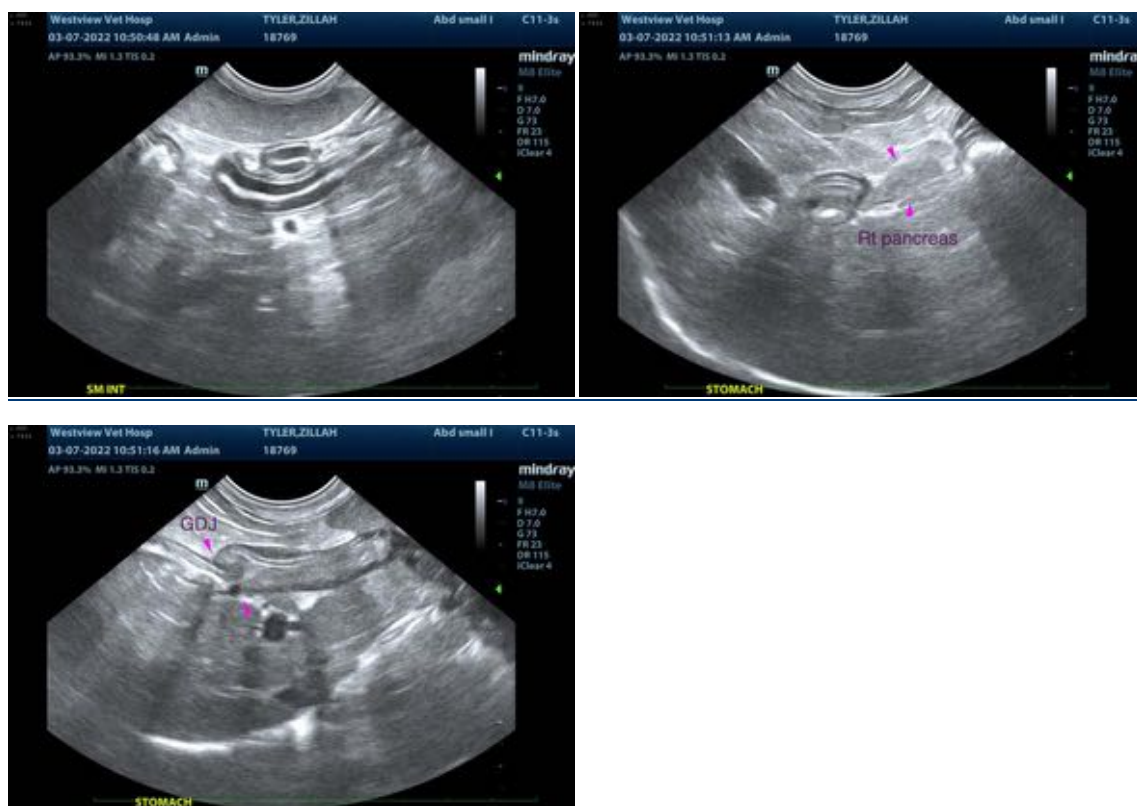
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

Andrea.nicastro@sonopath.com