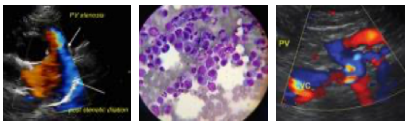
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

4/12/22

PATIENT

Daisuki Diehl

SPECIES

Canine

BREED

Shih Tzu

SEX

Male, neutered

AGE

10/10/2015

WEIGHT

14 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Banfield White Marsh

REFERRING VET

Dr. Gutwillig

INVOICE

13189

PRESENTING CLINICAL SIGNS

Recheck US to re-evaluate liver/gallbladder. Cystotomy performed 2/8/22- pet's skin started becoming a problem around the time of the cystotomy- testing and meds done the last few visits to diagnose and treat skin issues. Also goes to dermatologist.

Current Medications: Clindamycin Hydrochloride 75mg SID, Cephalexin 150mg BID, Rilexine chew tabs 150mg BID, Fluconazole 65mg/mL 1mL SID, Prednisone 5mg- 5 day tapering dose but will be off of this by the time of the US, Royal Canin Canine skin support, Ursodiol 35mg/mL 1mL BID.
Lab Results: Fungal culture- Malassezia pachydermatis. Culture and sensitivity (skin) coagulose negative. Staphylococcus spp. Light growth.
Date of Previous IntraPet Ultrasound: 1/13/22. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Pearce RCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is thickened (up to 0.46 cm) and irregular. The ventral wall is slightly heterogeneous with hyperechoic to mineralized foci. Within the bladder lumen, there are several small aggregated cystic calculi along with mineralized sand and debris. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (0.63 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (4.22 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. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.22 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. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.41 cm at cranial pole) (0.46 cm at caudal pole) (1.54 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 normal size (0.48 cm at cranial pole) (0.44 cm at caudal pole) (1.46 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.

Spleen

The spleen is normal in size (0.97 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 contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated echogenic suspended/stranding debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is distended with ingesta. The gastric wall is 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 disease is noted.

Pancreas

The left limb of the pancreas is prominent in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

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:

- Small cystic calculi with mineralized sand and debris. The bladder wall changes are most consistent with cystitis.
- Suspended gallbladder debris could be consistent with cholestasis, fasting or less likely an emerging mucocele. Changes are similar to previous scan.

Secondary Findings:

- Minor, bilateral age-related renal changes with dystrophic mineralization.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urinalysis and urine culture and sensitivity are recommended. If the bladder stones are suspected to be struvite, consider an attempt at medical dissolution with prescription urinary diet and broad-spectrum antibiotic therapy. If calcium oxalate stones are suspected, a repeat cystotomy with stone removal, analysis and culture should be considered.
- Regarding the gallbladder, continuation of Ursodiol therapy with serial sonographic monitoring (i.e., every 3 months) is recommended to assess for progression.


Liver


LT
Dist 1.54 cm
Dist 0.46 cm
Dist 0.41 cm
Lt adr


prostate
Dist 0.63 cm


RT
Dist 1.46 cm
Dist 0.44 cm
Dist 0.48 cm
Rt adr


GB


UB stones


LT
Lt pancreas


MID
SI

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.nicastro@sonopath.com