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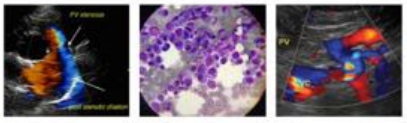

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**PATIENT**

Huckleberry Steck

**SPECIES**

Canine

**BREED**

Lab

**SEX**

Neutered Male

**AGE**

6 years

**WEIGHT**

83 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amy Mayhew LVT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**

Mitten AH

**INVOICE**

11413

**DATE**

8.15.22

## PRESENTING CLINICAL SIGNS

History: Acute abdominal or hind-end pain early this morning- had episode that lasted 1-2 hours in which pet could not stand using back legs, front legs weakness as well. Pet was initially shaking and appeared disoriented with possible vision loss (which resolved). Pet appears normal currently - eating well, normal gait, BAR. Pet has a history of myocarditis, localized hemangiosarcoma (removed ~1 year ago with no recurrence) and possible mucocele which is currently being treated with Ursodiol. Pet has had previous abdominal ultrasounds.

Abnormal PE/Chem/CBC/UA Results: Prior AlkPhos elevation due to steroid usage for Myocarditis or related to gallbladder mucocele. Current labwork pending.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder** and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visualized portion of the proximal urethra are normal.

The **prostate** is normal in size (0.95 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The **left kidney** is normal size (7.83 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

The **right kidney** is normal size (7.97 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

### *Adrenal Glands*

The **left adrenal gland** is subjectively normal in length (0.40 cm at cranial pole) (0.33 cm at caudal pole); with a flattened contour; 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 caudal pole of the **right adrenal gland** is visualized and is small in size (0.35 in width), with a normal glandular echogenicity and detail. Surrounding vasculature appears normal.

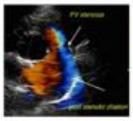
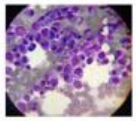
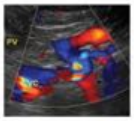
### *Spleen*

The **spleen** is normal in size (1.87 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 peripheral contours. The parenchyma is slightly 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.

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A moderate 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.



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***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 dilated. The small intestinal wall is normal in thickness with retention of the normal layering pattern. There is evidence of mild mucosal speckling in some segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

***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 gall bladder changes could be consistent with a developing mucocele. Changes are similar to the previous sonogram.
- The bilaterally small adrenal glands may be iatrogenic, if the patient is still receiving glucocorticoid therapy, or may be secondary to organic hypoadrenocorticism. Correlation with the patient's medication history is recommended. Changes are similar to the previous sonogram.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely. Changes are similar to the previous sonogram.
- The significance of the small intestinal mucosal speckling is unclear. In some instances, it can be associated with enteritis. However, correlation with the patient's clinical history is recommended. Changes are similar to the previous sonogram.

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include underlying orthopedic or neurologic issue, metabolic disease, infection, other.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess cardiopulmonary status.

Also consider a baseline blood pressure measurement as well as thorough orthopedic and neurologic evaluations to evaluate for nonmetabolic causes of the patient's clinical signs. If indicated, consider referral to a board-certified neurologist

Regarding the gall bladder changes, continuation of Ursodiol therapy is recommended with serial sonographic monitoring (i.e., every 2-3 months) to assess for progression to a fully formed mucocele.

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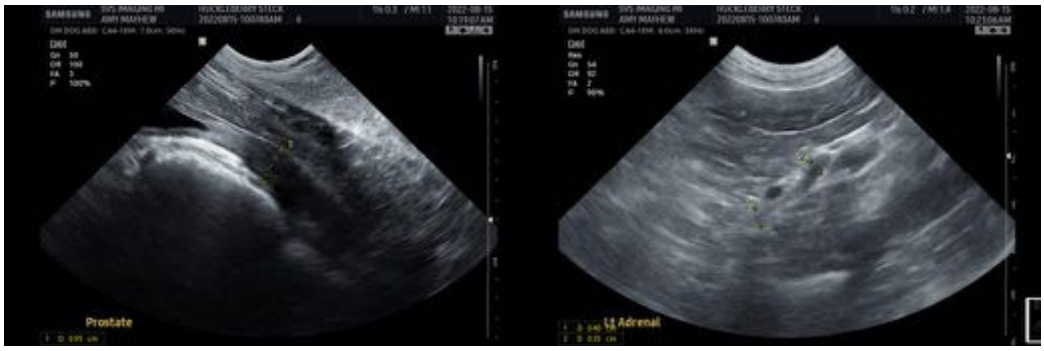


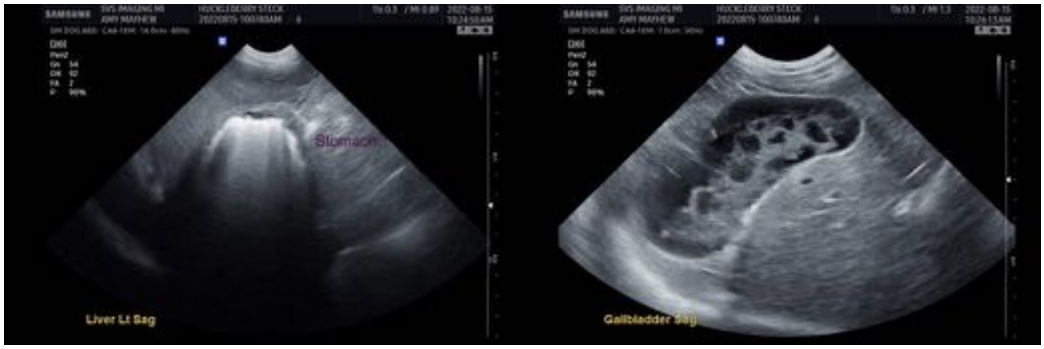


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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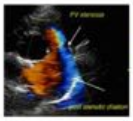
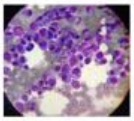
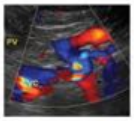

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