

**DATE PRESENTING CLINICAL SIGNS**

9/7/21

History: Recheck AUS from 07/09/21 to make sure mucocele is not progressing

**PATIENT**

Rudy Crisp

Current Medications: Not provided by the veterinarian.

Lab Results: Ursodiol 62.5mg PO SID 04/21-present

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: 7-9-2021, 4-1-2021.

Sedation: Sedation not required for scan.

Stat Report: STAT report not requested by the veterinarian.

**SPECIES**

Canine

**BREED**

Chinese Crested

**SEX**

Male, neutered

**AGE**

7/23/2009

**WEIGHT**

15.2 lbs.

**INTERPRETED BY**

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

**HOSPITAL NAME**

Perry Hall AH

**REFERRING VET**

Dr. Baer

**INVOICE**

12033

**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 mildly distended with anechoic urine. A small amount of suspended echogenic debris is observed within the lumen. 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 prostate is not definitively visualized due to its pelvic location.

The left kidney is normal in size (3.92 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 few small nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

The right kidney is normal in size (4.52 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. A 1.38 x 0.88 cm anechoic cortical cyst is observed at the cranial aspect. 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 (0.48 cm at cranial pole) (0.50 cm at caudal pole) (1.56 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 (0.44 cm at cranial pole) (0.44 cm at caudal pole) (1.50 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 (1.05 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. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is distended. The wall is normal in thickness. A large amount of aggregated echogenic suspended sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

### ***Gastrointestinal***

The gastric lumen is mildly to moderately distended with ingesta. 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.

### ***Pancreas***

The pancreas is diffusely visible with minimal deviation from the normal peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface of the right limb is mildly hyperechoic.

### ***Free Abdomen***

There is no evidence of free fluid. A 1.19 x 0.75 cm mesenteric lymph node is visualized.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

- Excessive gallbladder sludge. Sonographic changes are similar to the previous scan.
- 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 previous scan)

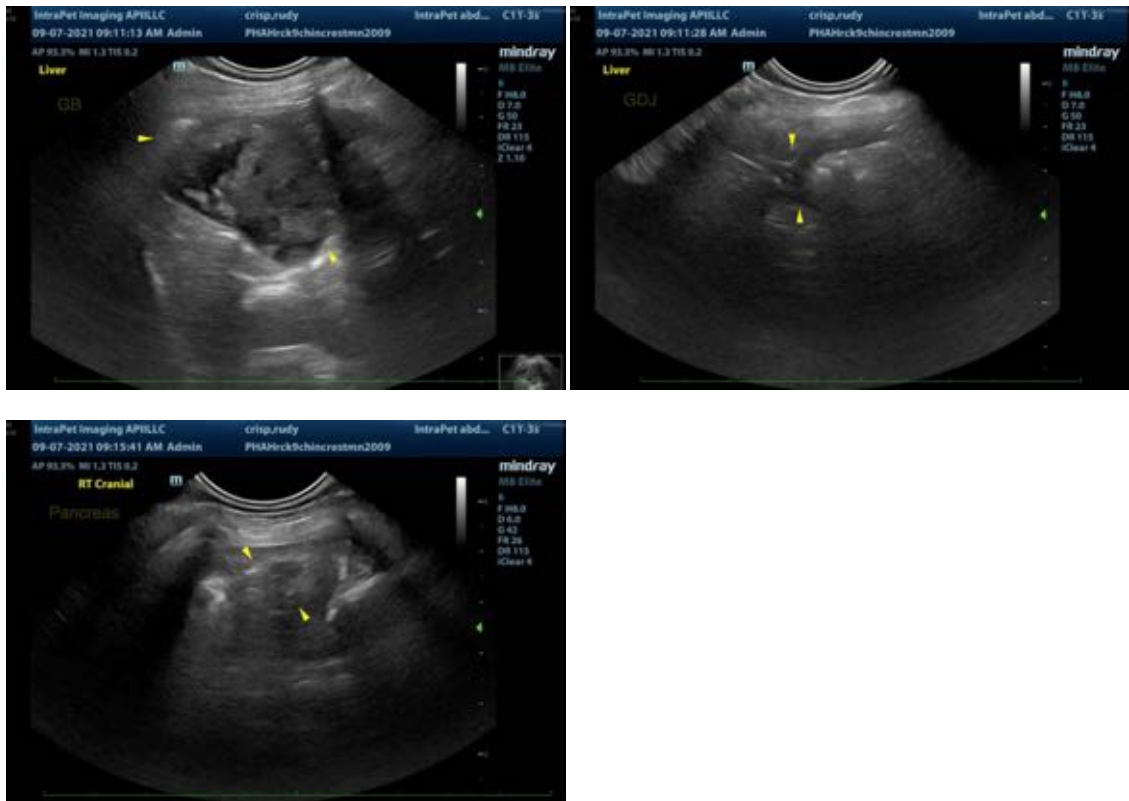
### **Secondary Findings:**

- Bilateral age-related renal changes with dystrophic mineralization and non-obstructive left nephroliths.
- The prominent mesenteric lymph node is most likely reactive.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Continuation of Ursodiol therapy is recommended with serial sonographic monitoring (i.e., every 6-8 weeks) of the gallbladder to assess for progression.
- Also consider monitoring the patient's bloodwork (i.e., CBC chemistry panel, urinalysis) every 4-6 months to monitor metabolic function.





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.

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