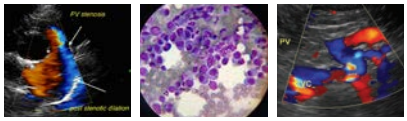
IMAGING PERFORMED BY

IntraPet.com



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

DATE

5/10/23

PATIENT

Bella McAllister

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

4/1/13

WEIGHT

5.35 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Nexus Vet Specialists

REFERRING VET

Dr. Steele

INVOICE

47307

PRESENTING CLINICAL SIGNS

History of elevated liver enzymes partially responsive to prednisone, initially unsure of lymphoma vs inflammatory but has done well for ~6mos and inflammatory disease suspected. Recent onset hematuria and brief US when doing cystocentesis for urine culture looked like cystoliths and possible polypoid cystitis vs less likely neoplasia.

Current Medications: Prednisone 2.5mg once daily, Cyclosporine 25mg once daily
Lab Results: 4/27: ALT 643, BUN 39
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick. Mucosa is hyperechoic and irregular with multiple pedunculated masses extending into the lumen of the bladder. A large 1.22 cm in diameter shadowing cystolith is noted. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia or infarcts observed. Punctate non-obstructive nephrolithiasis noted bilaterally. The left kidney measures 3.8 cm. The right kidney measured 4.25 cm.

Adrenal Glands

The right adrenal gland is normal in size (1.88 cm long x 0.48 cm at the cranial pole and 0.63 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (2.15 cm long x 0.53 cm at the cranial pole and 0.62 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Hyperechoic mucosal fogging or speckling is noted. Small intestinal motility appears adequate (1-3 contractions per min). The lumen is empty with no evidence of obstruction or foreign material.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

Pancreas is prominent (enlarged) in size and mildly irregular in shape with a slightly undulating contour. Parenchyma is coarse in echotexture and heterogenous to hypoechoic in echogenicity.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- **Polypoid Cystitis with a 1.22 cm cystolith noted –** Urinary bladder wall changes are most consistent with polypoid cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely given the appearance of the polyps.

- **Heterogenous Liver –** These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.

- **Moderate gallbladder debris -** Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

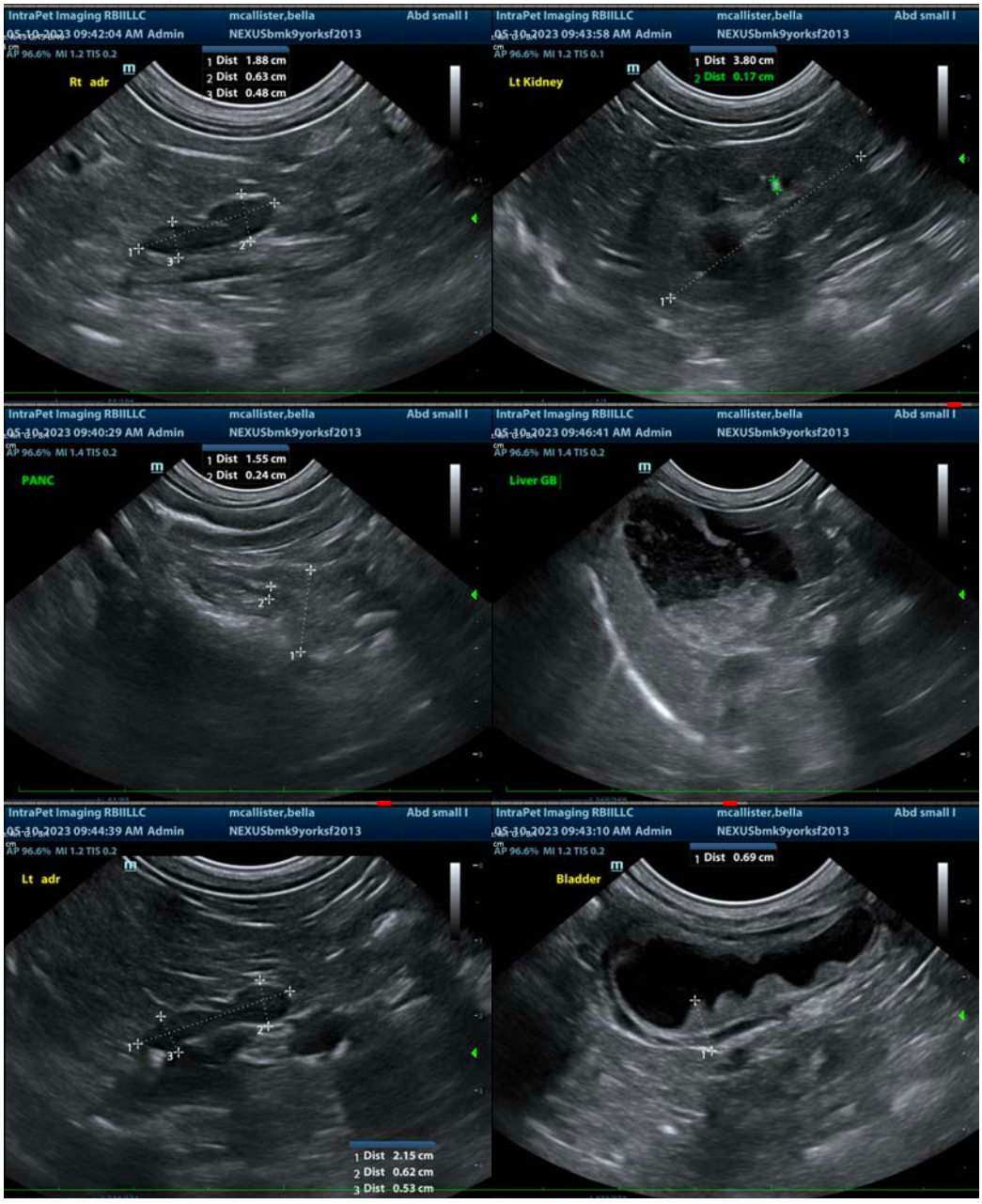
- **Subtle/mild mucosal speckling –** Mucosal speckling is often present with inflammatory bowel disease (IBD). It is not specific for type or severity of disease. Mild speckling change can occur as a normal patient variant in the post-prandial state.

- Chronic active pancreatitis

- Age related kidney changes with non-obstructive punctate bilateral nephrolithiasis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient is being cared for by Dr. Cara Steele, who will implement recommendations.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Abd small I
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Rt adr
1 Dist 1.88 cm
2 Dist 0.63 cm
3 Dist 0.48 cm
IntraPet Imaging RBIILLC
mcallister,bella
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Lt Kidney
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PANC
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2 Dist 0.24 cm
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Liver GB
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Lt adr
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2 Dist 0.62 cm
3 Dist 0.53 cm
IntraPet Imaging RBIILLC
mcallister,bella
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Bladder
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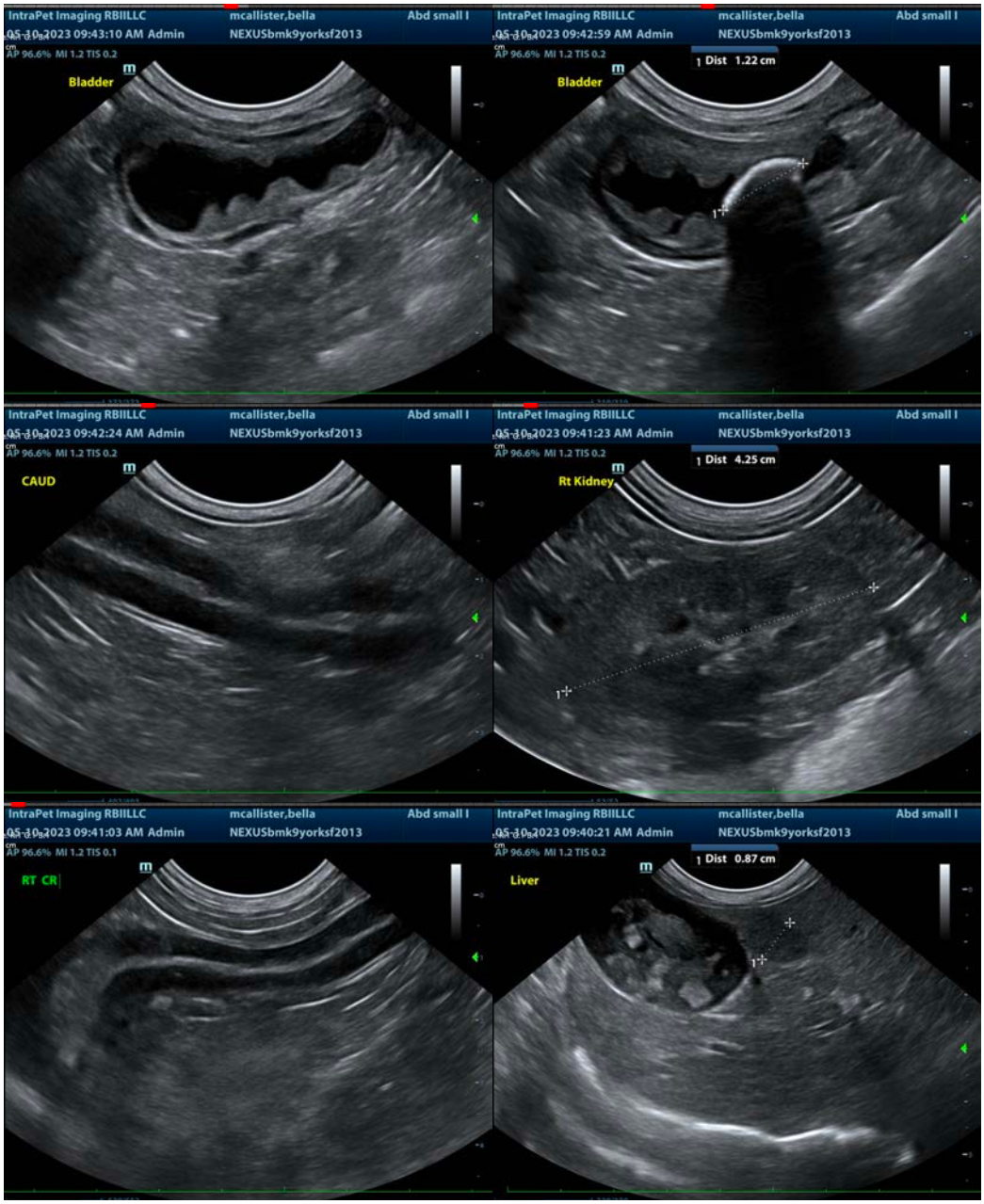
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Bladder
IntraPet Imaging RBIILLC
mcallister,bella
Abd small I
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NEXUSbmk9yorksf2013
AP 96.6% MI 1.2 TIS 0.2
1 Dist 1.22 cm
Bladder
IntraPet Imaging RBIILLC
mcallister,bella
Abd small I
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NEXUSbmk9yorksf2013
AP 96.6% MI 1.2 TIS 0.2
CAUD
IntraPet Imaging RBIILLC
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NEXUSbmk9yorksf2013
AP 96.6% MI 1.2 TIS 0.2
1 Dist 4.25 cm
Rt Kidney
IntraPet Imaging RBIILLC
mcallister,bella
Abd small I
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AP 96.6% MI 1.2 TIS 0.1
RT CR
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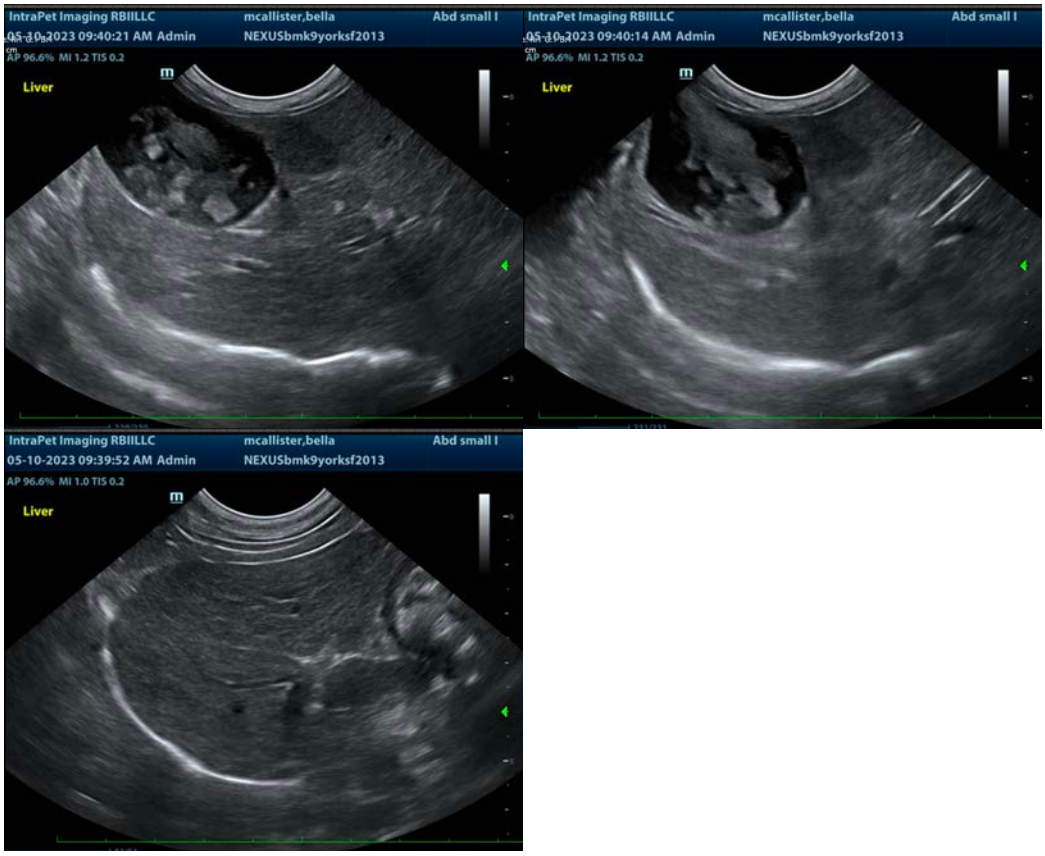
Liver



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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com