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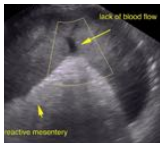
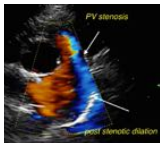
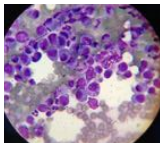
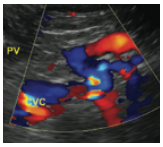

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PATIENT

Pebbles Vernitsky

SPECIES

Canine

BREED

Terrier

SEX

Spayed female

AGE

13 ½ years

WEIGHT

16.18 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Ashley Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

Dr. Hovis

INVOICE

42619

DATE

2/7/23

PRESENTING CLINICAL SIGNS

History: increased ALT for several years, not eating well now
Abnormal PE/Chem/CBC/UA Results: ALT 163 (12-118) BUN 32 (6-31) Crea 1 (0.5-1.6), radiographs normal, bile acids normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was an irregular elongated mass measuring 0.88x0.56cm attached at its base to the apex of the bladder with majority of mass tissue suspended and floating in the lumen. A second polypoid mass was present with a thin stalk attachment to ventral bladder wall. There was otherwise normal wall layering with no uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. The left kidney measured 4.03 cm and the right kidney measured 3.84 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.7 cm in length and 0.41 cm at the cranial pole and 0.58 cm at the caudal pole. The right adrenal gland measured 1.2 cm in length, 0.72 cm at the cranial pole and 0.37 cm at the caudal pole.

Spleen

The spleen was normal in size with a slightly mottled or coarse parenchyma and smooth capsule. Multifocal variably sized hyperechoic nodules are most consistent with benign myelolipomas. Normal splenic vasculature with no signs of congestion or thrombosis.

Liver

The liver is subjectively normal in size with normal contours and structure. The parenchyma is slightly heterogenous with a coarse appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally

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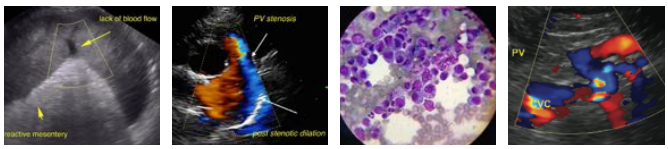

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed. The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

1. Urinary bladder polyps
2. Splenic hyperechoic nodules, slightly mottled parenchyma
3. Degenerative renal changes
4. Coarse liver parenchyma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS.

There is no ultrasonographically evident cause of reported GI signs in this abdominal study. Pancreas and GI tract are within normal limits. Consideration for dietary indiscretion, food sensitivity/allergy or mild inflammatory bowel disease is reasonable. While not sonographically evident, pancreatitis cannot be completely ruled out. Empiric treatment for GI signs including anti-nausea, appetite stimulant and fluid support as clinically indicated is warranted. A diet trial with hydrolyzed protein or select protein diet could be considered if food sensitivity is suspected clinically. Additional diagnostics to be considered include GI panel (TLI/PLI/cobalamin/folate), baseline cortisol +/- ACTH stimulation test fecal pathogen panel, thyroid testing, and thoracic radiographs to rule out occult neoplasia, cardiac disease and esophageal disease as potential causes. Ultimately GI biopsy may be required for more definitive diagnosis if the patient is not responsive to medical treatment.

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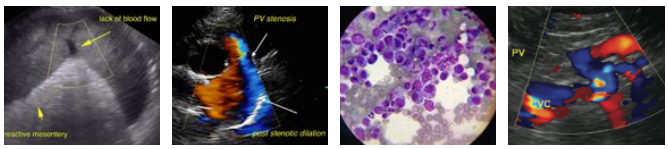

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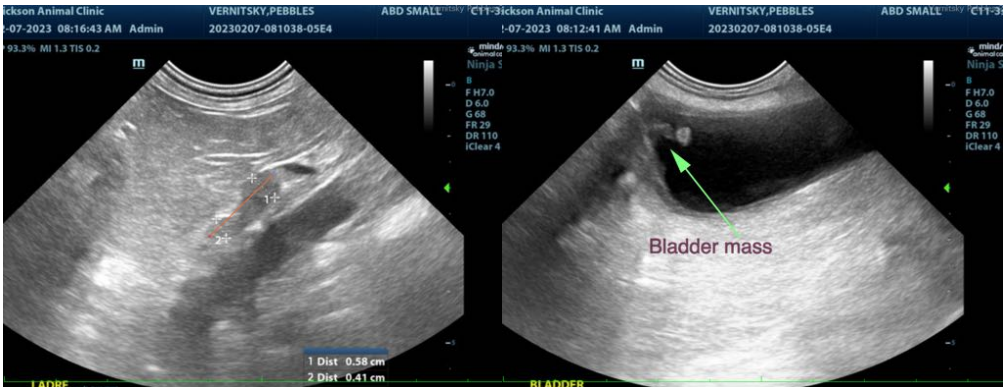
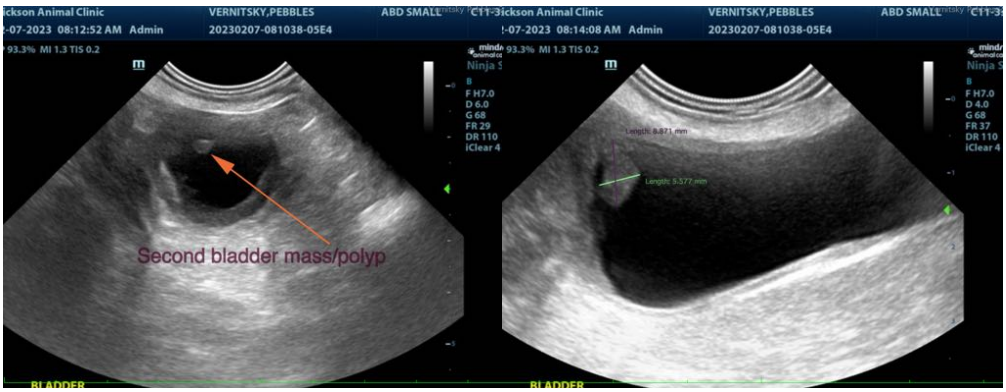
Liver changes are a common benign age related change, but infiltrative disease (lymphoma, MCT, other) cannot be definitively ruled out. No significant disruption of architecture noted to suggest significant pathology. In the face of elevated liver enzymes (though mild and possibly clinically insignificant), fine needle aspirate is recommended to further characterize parenchymal changes, especially if any weight loss is noted or for baseline cytological assessment.

Urinary bladder masses are most consistent with benign polyps. These are generally incidental findings common in older dogs but they may act as a nidus of infection and inflammation. Correlate clinical significance with urinalysis findings. Consider urine culture to screen for occult UTI. This is not the typical appearance or location of transition cell carcinoma, but a urine CADET BRAF test to screen for this possibility could be considered in an abundance of caution or if clinically warranted.

Splenic changes are a common age related change and nodules are most consistent with benign myelolipomas. but infiltrative disease (lymphoma, MCT, other) cannot be definitively ruled out. No significant disruption of architecture noted to suggest significant pathology. Fine needle aspirate could be considered to further characterize parenchymal changes if clinically indicated, especially if any weight loss is noted or for baseline cytological assessment.

Renal changes are likely age related degeneration. Correlate clinical significance with blood work/urinalysis findings and clinical signs.





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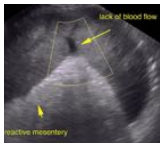
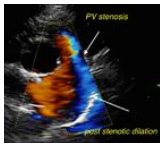
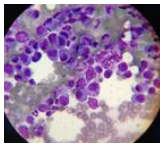
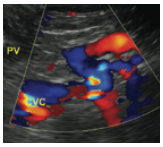

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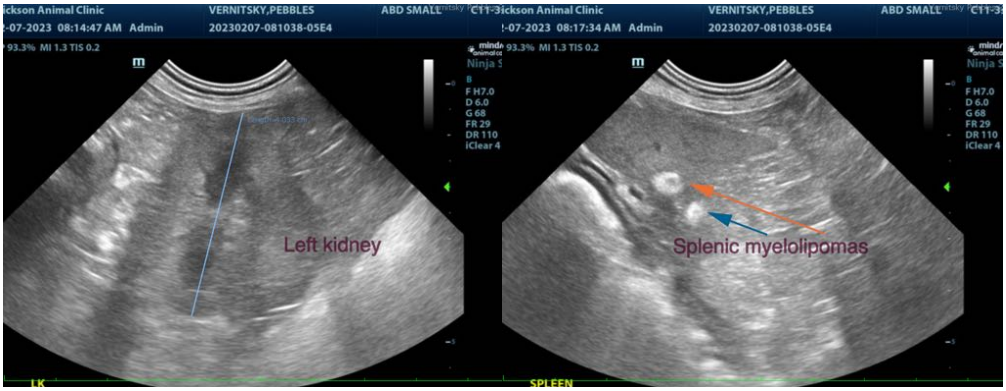

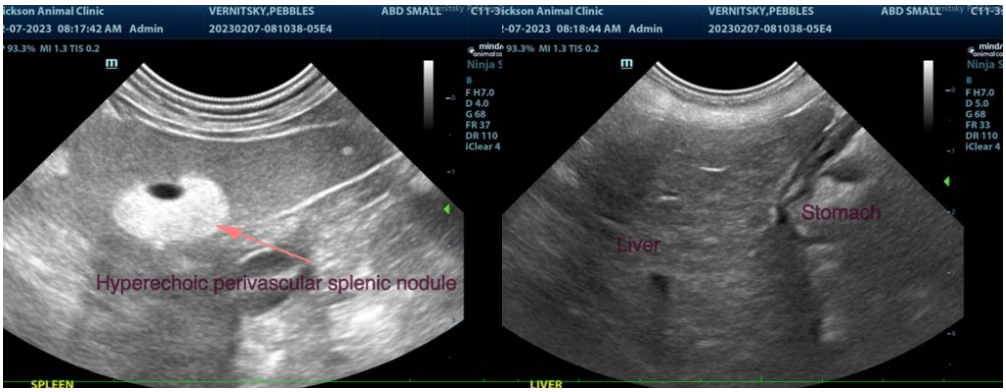

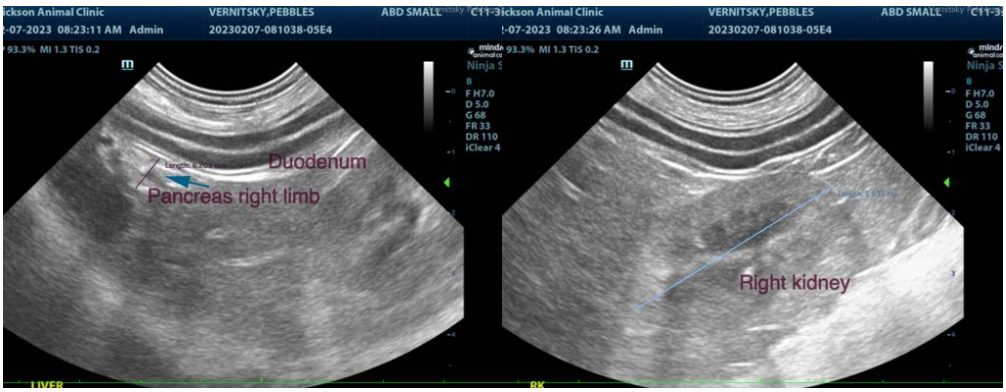

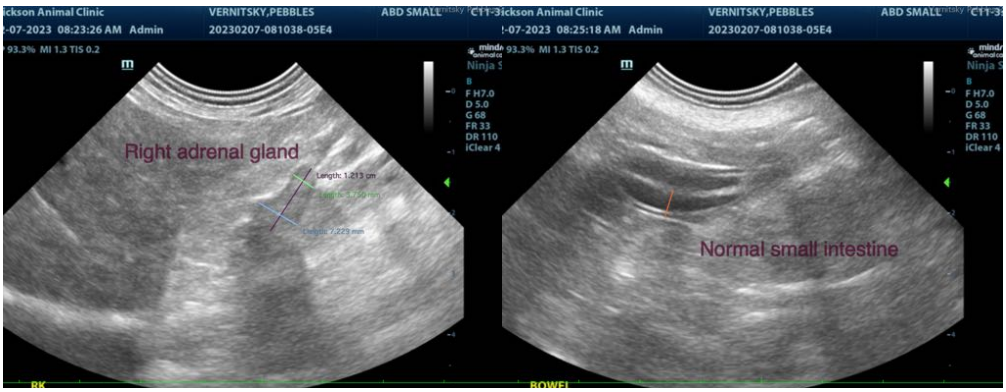

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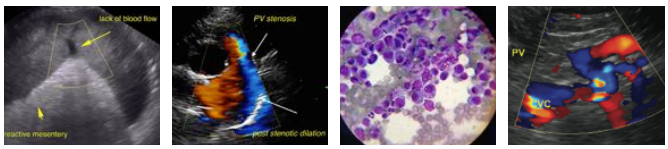

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC
info@SonoPath.com