

**DATE**

1/26/22

**PRESENTING CLINICAL SIGNS**

History: Screening for mets. Suspect high grade cutaneous mast cell tumor.  
Current Medications: Denamarin for medium dogs, 30ct: Give 1 capsule without food 2 hours before breakfast.

**PATIENT**

Lola Chandler

Lab Results: NSF. Attached separately.  
Radiographs: Rad Review attached (chest).  
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.

**SPECIES**

Canine

Imaging Performed By: Stephanie Pearce RDCS, RVT.

**BREED**

Dachshund

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder is moderately to mildly distended with anechoic urine. The bladder wall appears mildly prominent with mucosal irregularities towards the apex. In this area the urinary bladder measures 0.55 cm in thickness. The area of the trigone and proximal urethra (to a depth of 2cm) and proximal ureteral papillae appear normal with no evidence of mass effect or calculi. Differentials include cystitis or lack of urine distension.

**AGE**

2/28/09

The left kidney has a normal shape and size (3.82 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Small, pinpoint, non-obstructive nephroliths were noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

**SEX**

Spayed Female

**WEIGHT**

13.2 lbs

The right kidney has a normal shape and size (XXcm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

Kathleen Sennello  
DVM, MS, Diplomate  
ACVIM (Small Animal  
Internal Medicine)

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.6 cm at the caudal pole It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

**HOSPITAL NAME**

Banfield Pet Hospital  
of Towson

The right adrenal gland is normal in size measuring 0.6 cm at the caudal pole It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

**REFERRING VET**

Dr. Washington and Dr.  
Teall

**Spleen**

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

**INVOICE**

95559

**Liver**

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

### ***Gastrointestinal***

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm 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. The duodenum measured as normal and the jejunum measured as normal (0.33 cm). 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 pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

### ***Free Abdomen***

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

## **ULTRASONOGRAPHIC FINDINGS**

### **PRIMARY FINDINGS:**

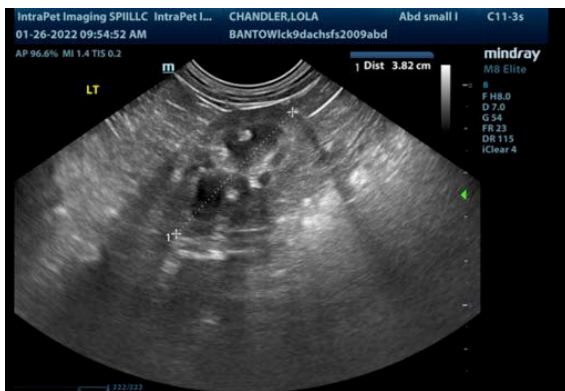
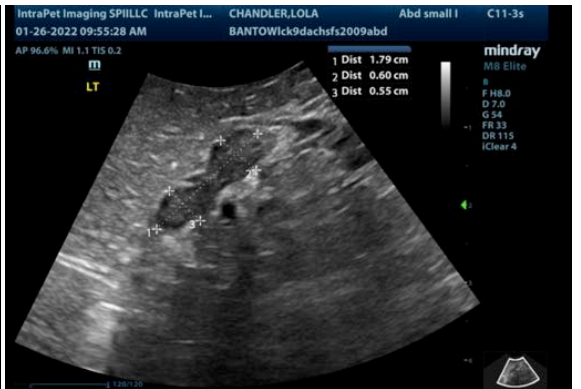
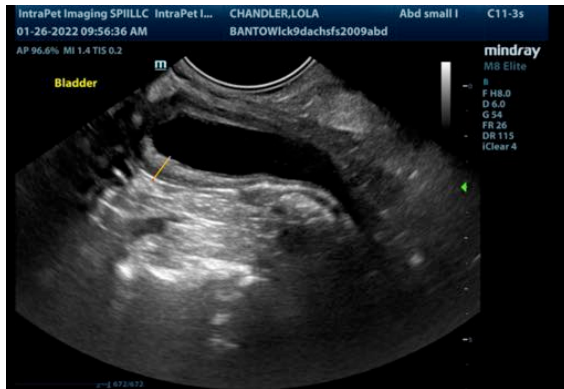
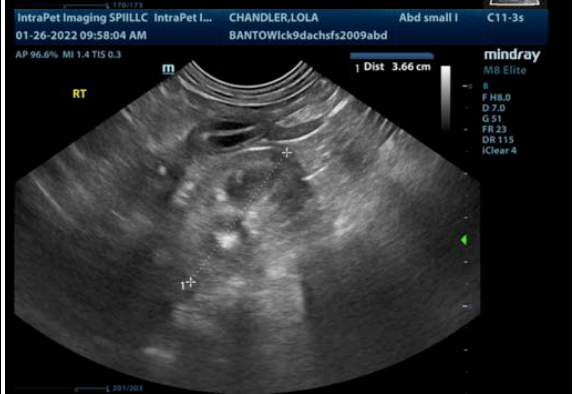
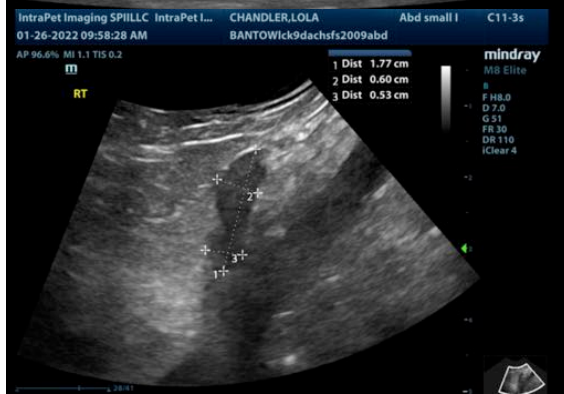
- Mildly thickened urinary bladder wall with some irregularity. The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Decreased corticomedullary of both kidneys. The bilateral renal findings are consistent with age-related change.
- Moderate gallbladder debris. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

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

There are no obvious focal lesions visualized in the liver, spleen or lymph nodes. Additionally, echogenicity is relatively normal and size is relatively normal. There was no obvious evidence of metastatic disease.

The mild irregularity in the urinary bladder could be due to lack of urine distension. Consider urinalysis and culture to rule out bacterial cystitis.

There is mild to moderate gallbladder debris, but the wall of the gallbladder appears relatively normal. This could be an incidental finding or could be consistent with early gallbladder disease. I recommend to continue monitoring. If the liver enzymes continue to rise you may need to consider reevaluation and starting Ursodiol.



**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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