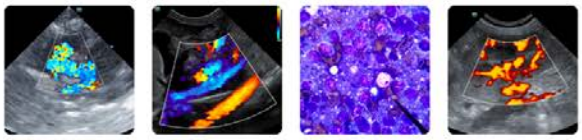


PATIENT

Watzon McNeely

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

14.5 Years

WEIGHT

3.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Best Friends Animal Clinic

REFERRING VET

Dr. Phoebe Weaver

INVOICE

72575

DATE

1/29/26

PRESENTING CLINICAL SIGNS

Watzon, a 14.5 yo MN Chihuahua, presented a few months ago for PU/PD and bloody urine. UA showed UTI, treated for this but his PU/PD did not resolve. Recheck UA showed UTI cleared. He has a hx of smegma buildup in his prepuce (cleaned out about once a week).

Abnormal PE/Chem/CBC/UA Results: Performed senior labwork two days ago - SDMA 17, Creat 1.3, BUN 48, Cystatin B 366, USG 1.026. No bacteria on UA but sent out culture to be sure.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears somewhat thickened and irregular, measuring 0.35 cm. The trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is normal in size (0.67 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (3.22 cm) with pyelectasia at 0.33 cm and occasional small cortical cysts. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.51 cm) with occasional small cortical cysts. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

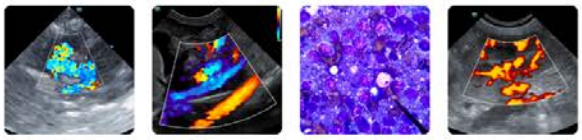
Adrenal Glands

The left adrenal gland is normal in size measuring 0.37 cm at the cranial pole and 0.39 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.

The right adrenal gland is normal in size measuring 0.43 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.

Spleen

The spleen is subjectively normal in size but irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. There is a hypoechoic solid nodule visualized cranial to the hilus, measuring 0.40 cm x 0.48 cm. Additionally there is a hypoechoic, moth-eaten/cystic appearing lesion visualized in the caudal aspect of the spleen measuring 0.90 cm x 1.09 cm.



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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. There is a complex cystic lesion visualized ventral to the gallbladder measuring 1.57 cm x 1.61 cm.

The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation.

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. Jejunum wall measures 0.31 cm. Duodenum wall measures 0.36 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 right limb of the pancreas is prominent and mottled compared to the surrounding isoechoic 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. There is a prominent hypoechoic inguinal lymph node visualized measuring 0.44 cm x 0.72 cm. omentum is of normal uniform echogenicity.

Other

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

ULTRASONOGRAPHIC FINDINGS

- Mildly thickened, irregular urinary bladder wall – Correlate with urinalysis and culture results. Findings are most consistent with cystitis type changes. Early neoplastic change cannot be ruled out.
- Decreased corticomedullary distinction in both kidneys with left-sided pyelectasia and numerous small cortical cysts – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the left

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kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

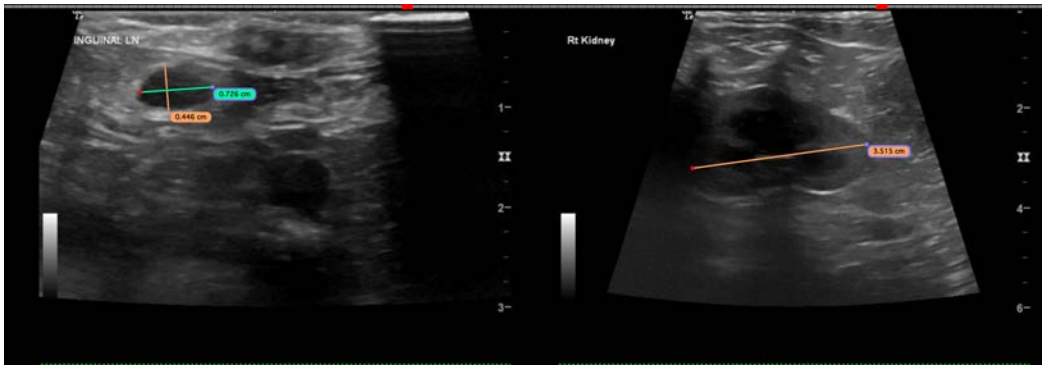
- Small, solid, hypoechoic nodule in the spleen, which deforms the splenic capsule, and a cystic/moth-eaten hypoechoic nodule – There are several, non-cavitated, hypoechoic splenic nodules visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Pancreatic changes most consistent with chronic pancreatic remodeling.
- Complex cystic structure visualized ventral to the urinary bladder – Findings are most consistent with a benign cystic lesion. Recommend continued monitoring.
- Large gallbladder debris – A large amount of debris is evident in the gall bladder with no evidence of a mucocele or associated inflammation at this time. This could represent an early mucocele or cholestasis, with minimal evidence of associated inflammation at this time. Continued monitoring of labwork and ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered.
- Prominent, hypoechoic inguinal lymph node- Findings could be consistent with a reactive or early neoplastic lymph node. Recommend a fine needle aspirate.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys have chronic changes consistent with chronic renal disease. There is pyelectasia on the left side. Recommend a blood pressure, urinalysis, culture +/- urine protein to creatinine ratio to establish a baseline and to evaluate for further treatment.

The urinary bladder is mildly distended. Subjectively, the bladder wall appears mildly thickened and irregular, possibly consistent with cystitis. Lack of urine distention could also be a factor in this appearance. If not infection is present, recommend continued monitoring of the urinary bladder wall for progressive thickening.

There are two hypoechoic nodules in the spleen. Options moving forward include a fine needle aspirate or continued monitoring with ultrasound (recheck in 8-12 weeks).



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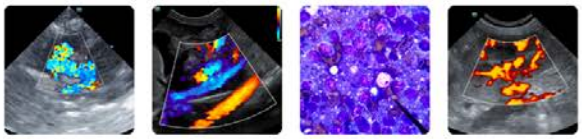

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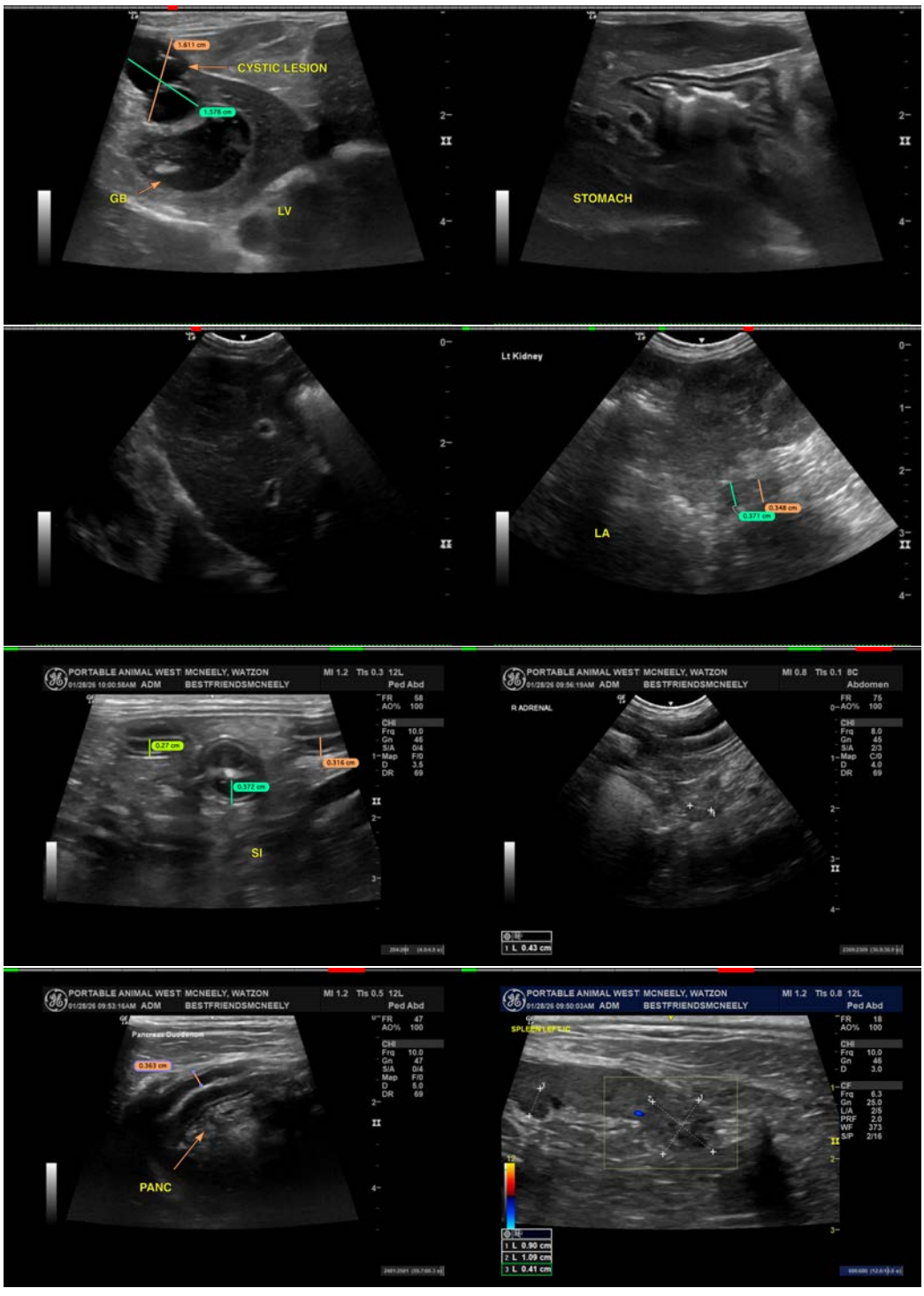

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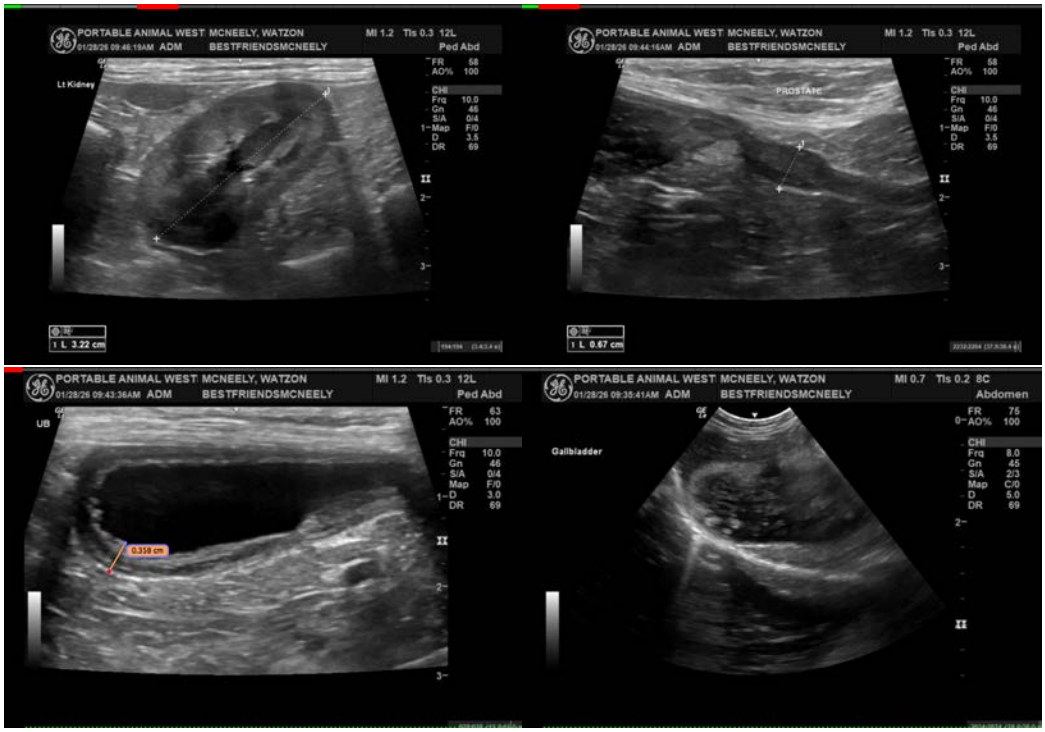

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com