

**DATE PRESENTING CLINICAL SIGNS**

1/4/23

History of lower airway disease; routine senior blood panel revealed (sent to IDEXX) large number WBCs and rbc's, NO bacteria, 4+ epithelial cells, cysto sample, repeated sample 1 week later, cysto (in-house)

PATIENT

Gidget Fitzsimmons

WBCs and rbc's no change, casts noted; in-house culture, no growth
no obvious urinary signs per owner. Pet will sometimes not urinate as much and other times will have 3 spots on pee pads, per owner has been like this whole life, no PU/PD

SPECIES

Canine

Current Medications: chronic hydroxyzine

BREED

Kyi-Leo

Lab Results: SDMA 8 ug/dL 0 - 14, CREA 0.9 mg/dL 0.5 - 1.5, BUN/UREA 29 mg/dL 9 - 31, TP 7.8 g/dL 5.5 - 7.5, ALB 3.6 g/dL 2.7 - 3.9, GLOB 4.2 g/dL 2.4 - 4.0, HEMOLYSIS INDEX 3+, LIPEMIA INDEX 2+, SP GRAVITY 1.035, BLOOD 1+, PH >=9.0, PROTEIN 2+, UROB NORMAL, WBC UAM 30-50 HPF 0 - 5, RBC UAM 20-30 HPF, BACTERIA NONE SEEN, EPI CELL 4+ (>10)/HPF, no crystals

SEX

Spayed Female

second sample: White Blood Cells : >50 /HPF, Red Blood Cells : 38 /HPF

Bacteria, Cocci : None detected, Bacteria, Rods : None detected, Squamous Epithelial Cells : None detected, Non-Squamous Epithelial Cells : 3 - 5 /HPF, Hyaline Casts : >1 /LPF, Non-Hyaline Casts : Suspect presence, no crystals, in-house culture no growth.

AGE

6/20/13

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**WEIGHT**

8.4 Pounds

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, 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.

INTERPRETED BY

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

The left kidney is normal in size but slightly irregular, likely due to a previous infarct. The left kidney measures 3.0 cm. Overall echogenicity is normal with adequate 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 or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Frederick Road VH

The right kidney has a normal shape and size (3.59 cm). Overall echogenicity is normal with adequate 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.

REFERRING VET

Dr. Beyer

Adrenal Glands

The left adrenal gland is normal in size measuring 0.37 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.

INVOICE

43919

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, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a hypoechoic nodule visualized within the splenic parenchyma measuring 0.65 cm x 0.30 cm.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are occasional ill-defined hypoechoic nodules visualized. One of these nodules on the right side measures 0.92 cm x 0.62 cm.

The gall bladder lumen is moderately distended. The wall of the gall bladder 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. Jejunum wall measures 0.19 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. There is a prominent, hypoechoic, slightly mixed echogenic lymph node visualized adjacent to the colon, measuring approximately 0.90 cm x 0.74 cm. The mesentery appears hyperechoic around this lymph node.

Other

A brief view of the heart was submitted. No significant pericardial effusion was seen.

ULTRASONOGRAPHIC FINDINGS

- Small hypoechoic nodule visualized within the splenic parenchyma – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Heterogeneous liver with occasional ill-defined hypoechoic nodules – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The appearance of the nodules favors a benign process, but continued monitoring is warranted.
- 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 but seems unlikely to be causing a current issue. Recommend continued monitoring.

- Prominent, irregular, large lymph node associated with the colon – This lymph node is very prominent and somewhat irregular. Recommend sampling, as this could represent an inflammatory, neoplastic, or infectious cause.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

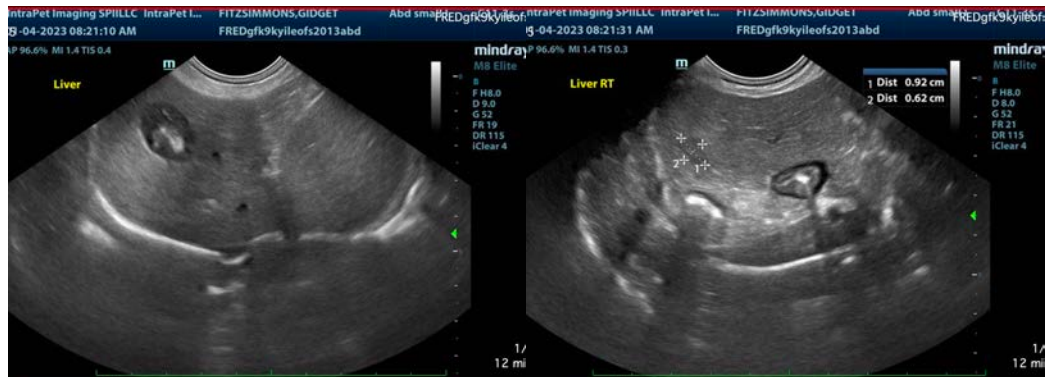
No abnormalities are visualized associated with the urinary bladder. The wall appears smooth and there is no thickening evident. Additionally, the trigone appears normal, and the proximal urethra can be visualized for several centimeters. A source for the inflammation reported is not readily visualized. Options would include continued monitoring, provided a good digital vaginal exam and rectal exam is performed, or you could consider a cystoscopy to better evaluate the vaginal vault, urethra, and bladder. A urine BRAF test could be considered. If it is positive, I would consider cystoscopy. A negative test is non-diagnostic, and therefore not very helpful.

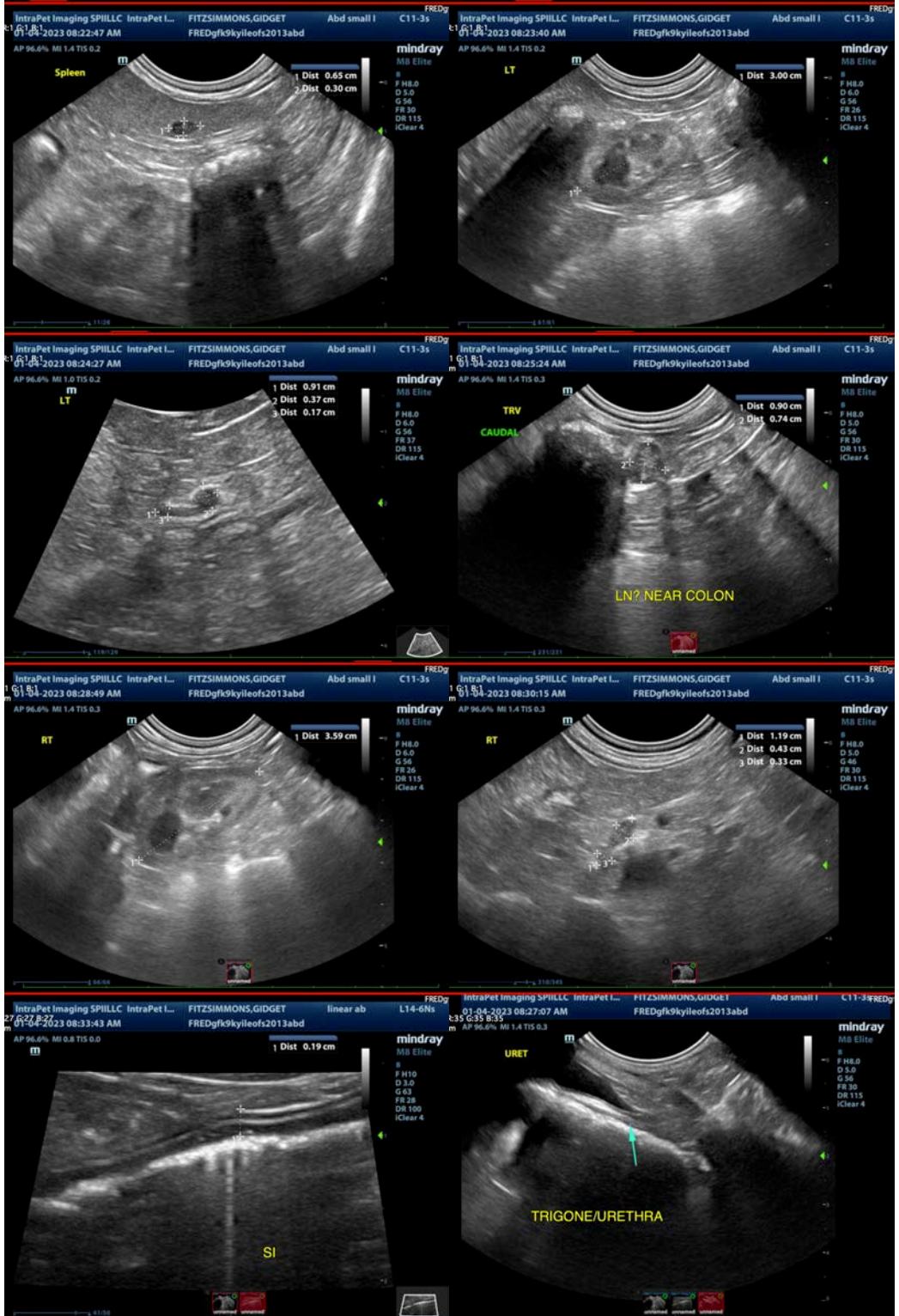
There is a small nodule visualized in the spleen. This could represent a benign or early neoplastic process. If possible, consider a fine needle aspirate or continued monitoring with ultrasound.

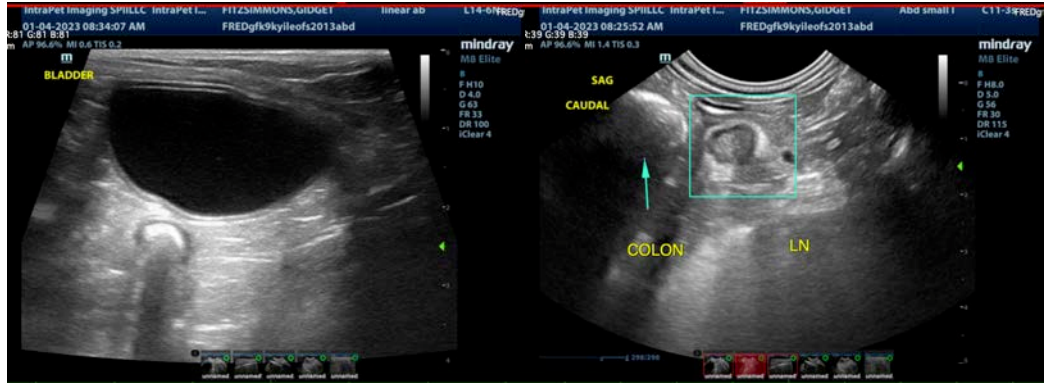
The liver appears somewhat heterogeneous with some ill-defined nodules. The appearance of these nodules favors a benign process, but continued monitoring is warranted, and if liver enzyme elevations are present you could consider fine needle aspirate +/- liver function test.

A large irregular structure most consistent with a lymph node is visualized adjacent to the colon. This does not have the appearance of a typical lymph node, as it is somewhat irregular, slightly heterogeneous, and is surrounded by some mildly hyperechoic mesentery. Recommend a rectal exam to evaluate the anal glands for any abnormalities. Additionally, evaluate the pelvic limbs, etc. for any growths or irregularities. If possible, recommend a fine needle aspirate of the suspected lymph node, as it has a significantly abnormal appearance. If this is not possible, recommend close continued monitoring.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.







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.

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