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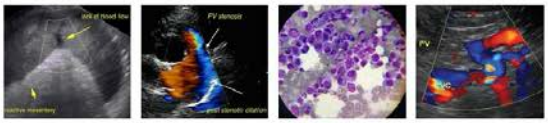

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Trouble Moore

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

11 Years

WEIGHT

9.1 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Sierra Oaks VS

REFERRING VET

Dr. Josh Ettlin

INVOICE

33996

DATE

1/5/22

PRESENTING CLINICAL SIGNS

S: Not eating - Per owner they have not been wanting to eat for months. They have changed to food around a lot. Has only been wanting to eat cooked food. Still eating, but not enough. No medications or supplement. No ftp. Off and on low energy. Eating 30-60 grams total a day. Drinking more water. NO weight loss. No c/s/v/d. Diet: Chicken and rice.
Abnormal PE/Chem/CBC/UA Results: BUN 42, proteinuria 1+,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall generally and at the trigone, ureteral papillae and visible urethra (to a depth of 2cm) appears normal with no evidence of wall thickening. There are two irregular, rounded, avascular structures visualized in the dorsal aspect of the body of the bladder. One is closer to the trigone area. These lesions create mass effects, but do not appear to have an irregular attachment to the bladder wall, and do not appear vascular. Possible differentials would include a clot, polyp, mass effect, or less likely a wad of intraluminal debris. They appear adhered to the urinary bladder int his area. There is no evidence of cystic calculi visualized. The two lesions measure 0.4 cm x 0.84 cm and 0.43 cm x 0.97 cm.

The prostate is normal in size (0.64 cm) and shape for this neutered male dog. The parenchyma is somewhat heterogeneous in that there is a hyperechoic, non-shadowing focus measuring 0.21 cm in diameter. 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 (3.4 cm). Overall echogenicity is normal with adequate 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.

The right kidney has a normal shape and size (3.72 cm). Overall echogenicity is normal with adequate 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.46 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 0.59 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 an ill-defined, hyperechoic nodule visualized within the parenchyma measuring 0.86 cm.

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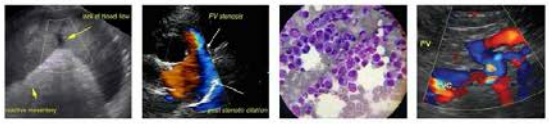

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Liver

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. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It largely measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. In some images there is the impression of some focal wall thickening or prominent rugal fold. This area measures 1.5 cm x 1.0 cm. The distinction of the gastric wall layering is adequate in all areas, and there is no impression of reduced peristaltic activity. I suspect this is a prominent irregular rugal fold (artifactual appearance of thickening), but I cannot rule out the possibility of a focal thickening/mass effect.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measured 0.34 cm. Jejunum wall measured 0.34 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 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, 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.

Other

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

PRIMARY FINDINGS

- Irregular, hypovascular, rounded structures within the bladder lumen – These structures appear tissue density. Primary differential would be blood clots. Polyps or masses cannot be excluded as a possibility.
- Hyperechoic splenic nodule – There is a non-cavitated, hyperechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

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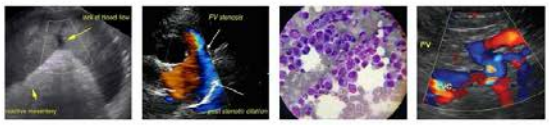

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- Prominent, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Subjectively mildly thickened small intestine – The small intestinal wall changes are most consistent with an inflammatory process (e.g., inflammatory bowel disease).
- Focal area of gastric wall thickening – The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other. I suspect this is an artifact, but continued monitoring is warranted.

SECONDARY FINDINGS

- Normal appearing prostate with subtle hyperechoic focus – I suspect this is an incidental finding, but recommended continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Many of the lesions visualized on today's scan are relatively mild and could be within normal limits for this individual.

There are two abnormal structures visualized within the urinary bladder. They appear relatively hypovascular and do not appear to be freely mobile in the urinary bladder. An obvious attachment is not visualized. Possible differentials include blood clots, polyps, organized attached mucoid debris, or masses. Recommend starting with a urinalysis and culture. If an infection is present, then treat the infection and reassess the ultrasound after treatment. If urine is sterile, then you could consider a urine BRAF test (if positive would increase suspicion for a neoplastic process). If negative, this is a non-diagnostic test, and further testing is necessary. Additionally, a traumatic catheterization would be an option.

The pancreas appears somewhat prominent, and the small intestine is subjectively thickened for a dog this small. Consider a GI panel to Texas A&M for a qualtitative PLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine.

There is a hyperechoic nodule within the spleen, and generally hyperechoic nodules tend to be more benign, but underlying neoplasia cannot be excluded as a possibility. You could consider a fine needle aspirate of this nodule, or continued monitoring with ultrasound.

Additionally, there is a small nodule in the area of the prostate, and some focal subjective thickening of the gastric wall. I suspect both of these are benign or artifactual lesions, but continued monitoring is warranted.

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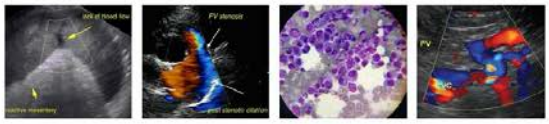

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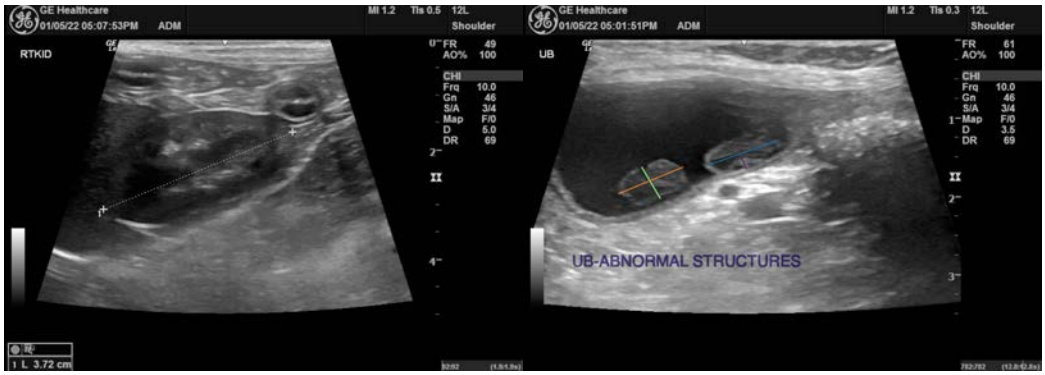

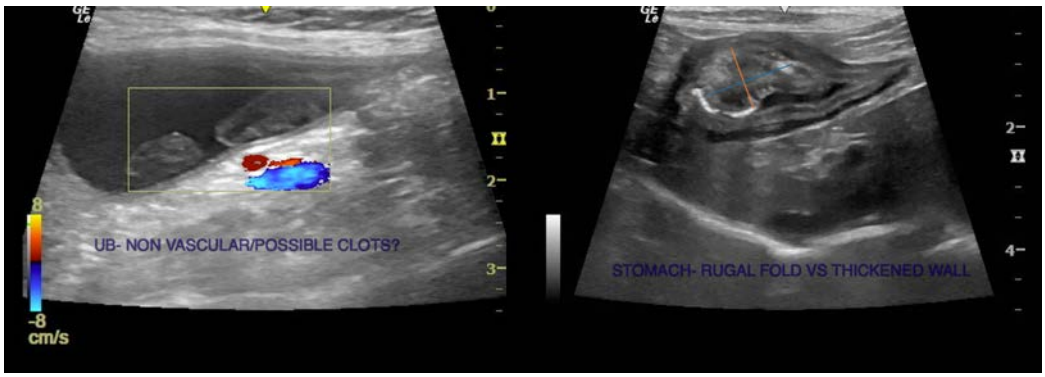

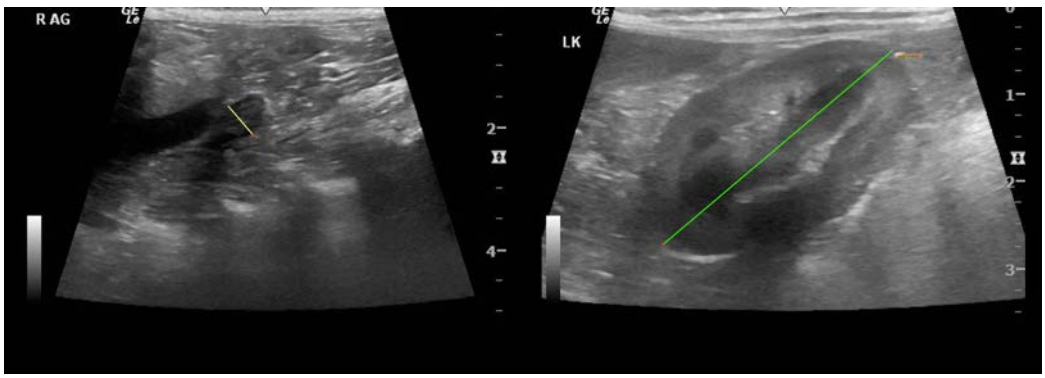

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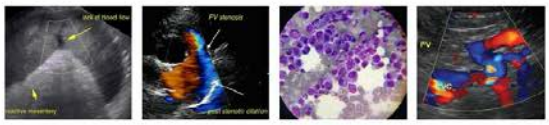

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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