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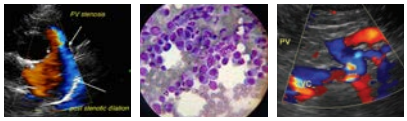

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DATE

10/19/22

PATIENT

Gunnar Brouse

SPECIES

Canine

BREED

Weimeraner

SEX

Neutered Male

AGE

4/30/13

WEIGHT

70.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Frederick Road VH

REFERRING VET

Dr. Beyer

INVOICE

42213

PRESENTING CLINICAL SIGNS

Presents for 6 month AUS recheck. Recheck splenic mass/nodule. Recheck liver. Recheck stomach and intestines (had some thickening in
past). Recheck gallbladder. Clinically doing well, began dibbling urine recently and owner noted wet spots on the sofa (has appt scheduled for
10/3/2022-will update u/s request accordingly). Hx of IBD-diagnosed via endoscopic biopsies with IM, Hx of elevated spec cpl (only mildly elevated 3/2022), Hx elevated triglycerides (slighly above normal 3/2022), liver values (continue to elevated (ALP and ALT), SBA wnl

Current Medications: Denamarin, Dasuquin, RC selected protein PW moderate calorie
Lab Results: most recent bw was 5/2022: ALT 270 U/L 18 – 121, ALKP 677 U/L 5 – 160, SBA 6/2022 wnl.
Date of Previous IntraPet Ultrasound: 11/3/21 & 4/6/22. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The prostate is normal in size (0.97 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 (6.63 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.

The right kidney has a normal shape and size (7.38 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.80 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 0.63 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 small hypoechoic nodule visualized measuring 0.67 cm x 0.77 cm (previous measurements on 4/6/22 were 0.81 cm x 0.66 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 is an ill-defined hyperechoic nodule visualized measuring 0.71 cm.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a mild amount of non-organized hyperechoic echogenic debris in the dependent portion of the gallbladder and gallbladder neck, possibly consistent with small mineralizations/sandy debris or small stones. One such structure is visualized in the distal gallbladder neck. There is no evidence of a bile duct obstruction. The bile duct is visualized proximally and measures at 0.40 cm.

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 measured 0.25 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 isoechoic mesenteric lymph node measuring 0.82 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Hypoechoic nodule in the spleen – 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. This nodule has been stable for approximately 12 months.

- Heterogeneous liver with hyperechoic nodule – 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 small hyperechoic nodule trends towards a benign process. Underlying neoplasia cannot be excluded. Recommend continued monitoring.

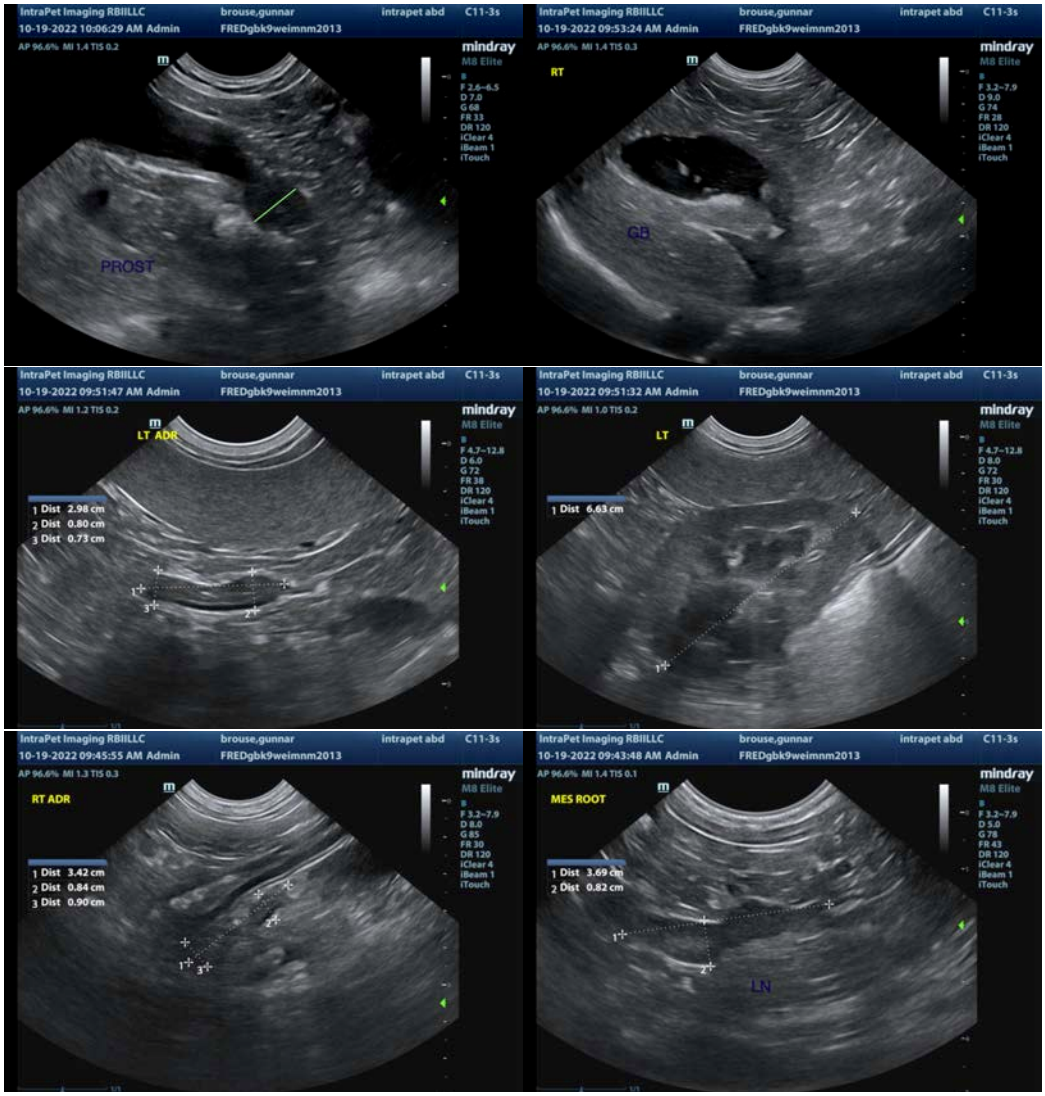
- Mild gallbladder debris with some dependent hyperechoic sandy debris/small stones – The gallbladder appears somewhat improved from previous evaluation.

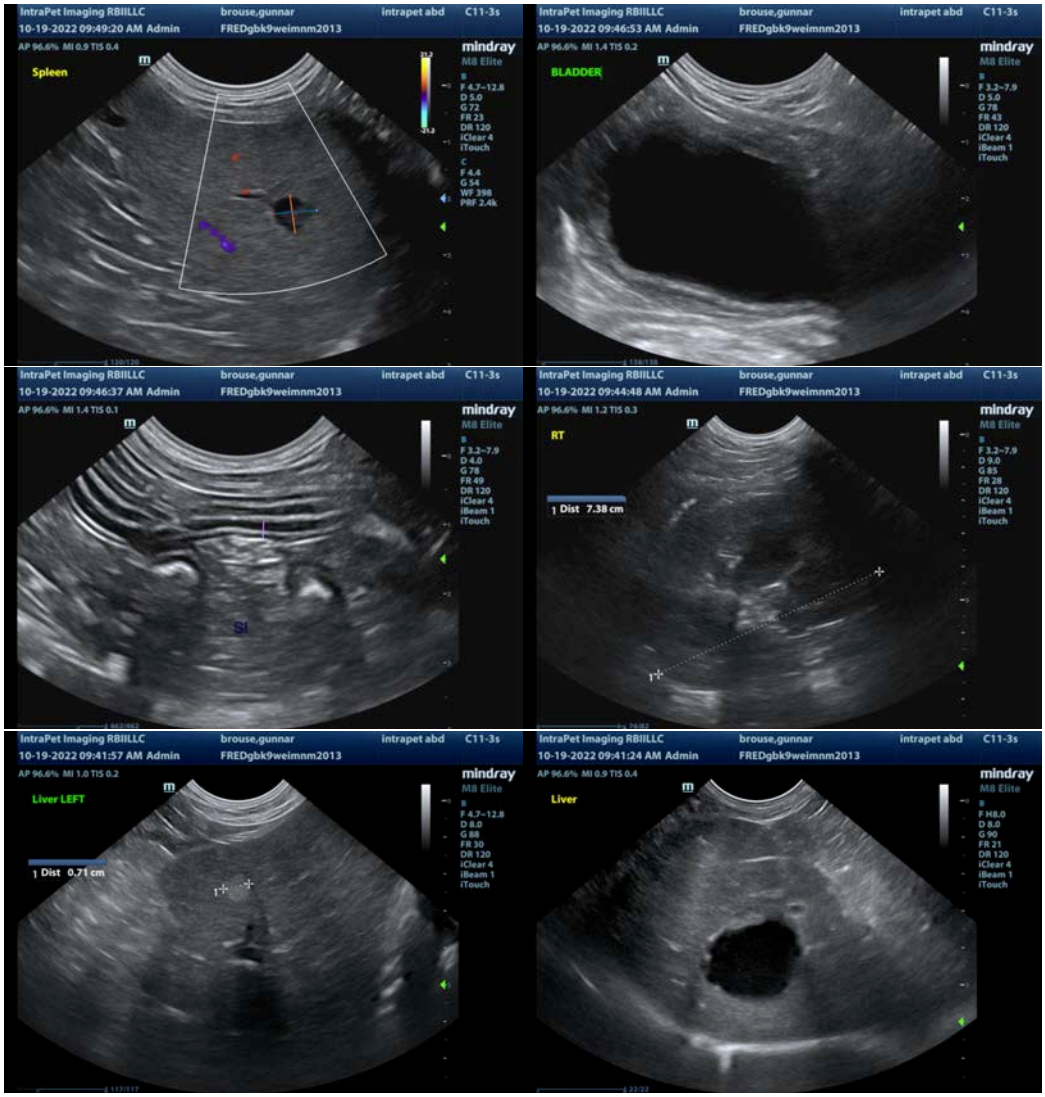
- Prominent mesenteric lymph node – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, today's scan appears stable to slightly improved from the previous scan. The splenic nodule is stable. The liver appears somewhat similar. A new hyperechoic nodule is visualized, but this has a relatively benign appearance. There is some hyperechoic debris in the gallbladder, which could be consistent with small stones, which should continue to be monitored. Ursodiol therapy could be used, and can have a potentially hepatoprotective effect, but overall the changes in the gallbladder are mild. The prominent lymph node visualized is isoechoic and likely an incidental finding.

Recommend continuation of the current treatment regimen +/- Ursodiol and consider a recheck in approximately 6 months.





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)
kathleen.sennello@sonopath.com