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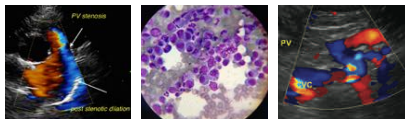

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DATE
10/22/21

PATIENT
Chi Chi Danieki

SPECIES
Canine

BREED
Chihuahua

SEX
Spayed Female

AGE
1/8/08

WEIGHT
7 lbs

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

HOSPITAL NAME
Jacksonville VC

REFERRING VET
Dr. Kablis

INVOICE
92586

PRESENTING CLINICAL SIGNS

History: 10/19/21 vomiting bile for a couple of days, not eating well. then broke with watery diarrhea
Current Medications: 10/19/21: Cerenia injection, Famotidine injection, Buprenorphine injection, owner went home with Cerenia, Gabapentin, Metronidazole. but unable to give. Entyce given 10/21/21 9pm.
Lab Results: BUN 47, cPL abnormal.
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Sedation not required for scan.
Stat Report: STAT report not requested by the veterinarian.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The majority of 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. There is a focal lesion in the apical portion of the urinary bladder with a 0.56 x 0.53 cm mass/polypoid projection visible. This could be consistent with a bladder tumor or benign polyp.

The left kidney has a normal shape and size (3.42 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 (3.55 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 0.48 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. 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. No focal parenchymal abnormalities are visualized.

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 (0.31 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.

Heart

A large, hypoechoic somewhat irregular mass lesion is observed on the heart base measuring 2.82 cm. Additionally there is approximately 0.7 cm of pericardial effusion consisting of echogenic fluid with mild tamponade.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Pericardial effusion with mass lesion at the heart base. I recommend a cardiac ultrasound. At this time there is no evidence of right sided heart failure and no obvious metastatic lesions in the abdomen.
- Small, mass lesion in the apical portion of the urinary bladder. This lesion can be consistent with a neoplastic or benign polypoid lesion. Sampling would be necessary in order to differentiate. I recommend urinalysis and culture.

SECONDARY FINDINGS:

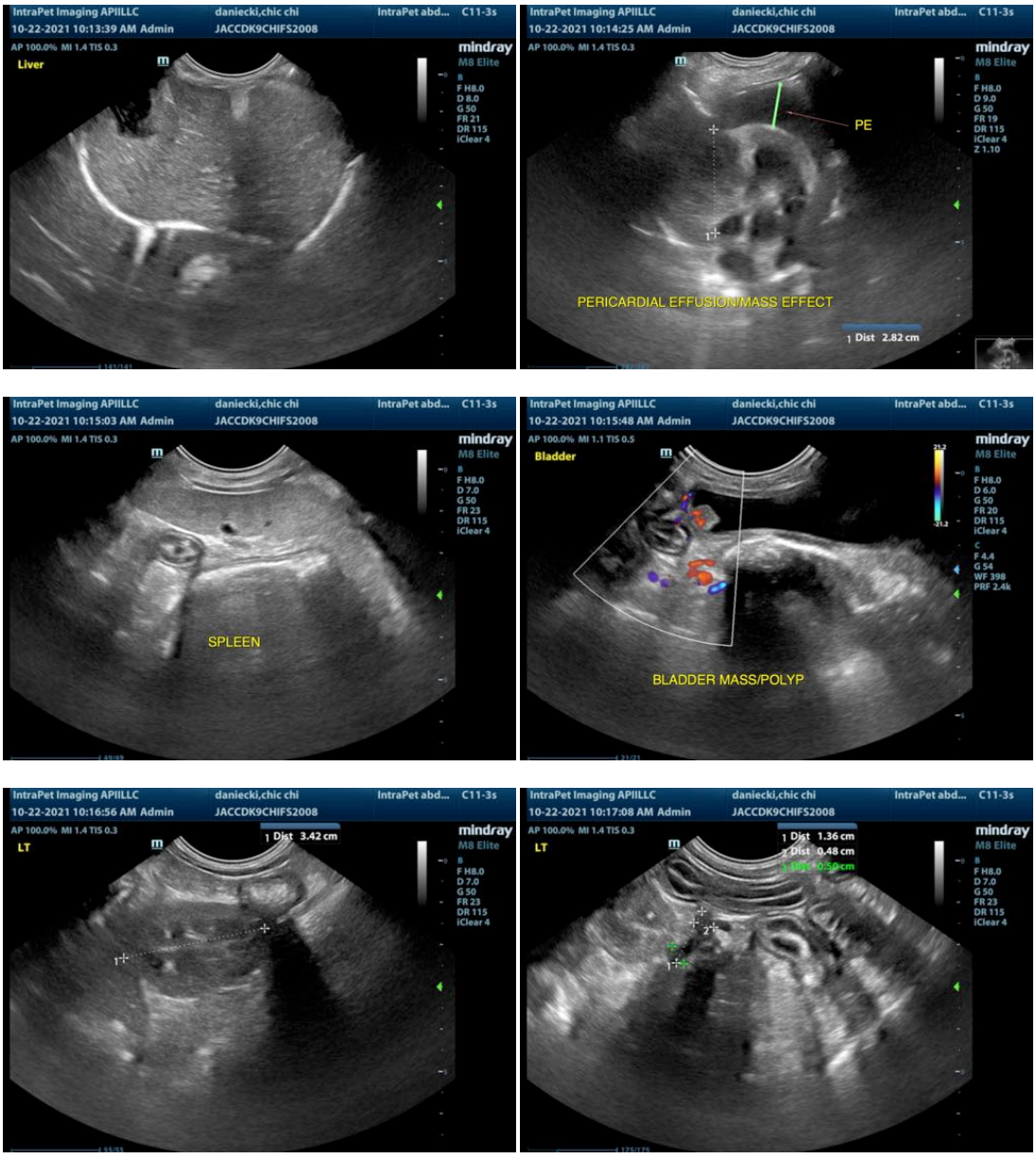
- Mild gallbladder sludge. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

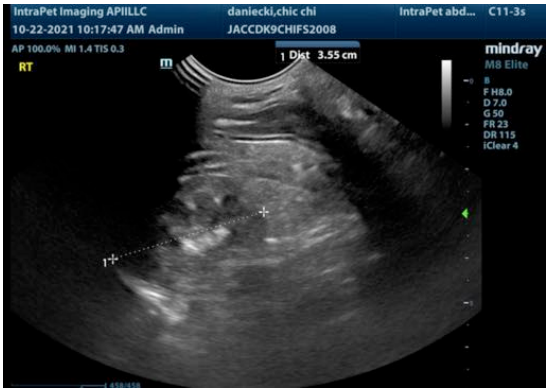
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

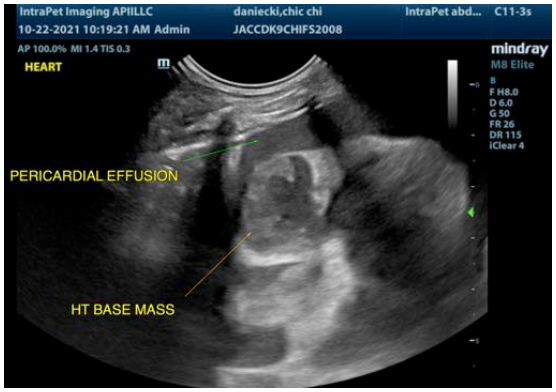
A focal abdominal lesion responsible for the symptoms reported is not identified. There is a small mass effect in the urinary bladder which could be an early TCC or polypoid lesion. It is small and in the apical portion of the urinary bladder and unlikely to be causing any symptoms at this time. Options moving forward include urinalysis and culture, BRAF mutation testing (positive test increases the likelihood for a neoplastic process,

a negative test is non-diagnostic) and continued monitoring with ultrasound. A more aggressive approach could involve cystoscopy for biopsy or possible traumatic catheterization.

Unfortunately pericardial effusion and a heart base mass was also identified. There is no free fluid in the abdomen or other mass effects to indicate a possible metastatic lesion. I recommend cardiac ultrasound with possible pericardiocentesis or pericardectomy for both diagnostic and therapeutic purposes. I recommend three view thoracic radiographs to look for evidence of metastasis or concurrent intrathoracic disease. Although the symptoms reported don't obviously relate to the cardiac lesions there could be some correlation. I recommend to continue symptomatic care for the vomiting and diarrhea reported.







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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