

IMAGING PERFORMED BY

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Clinical Sonography & Telecytology

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DATE PRESENTING CLINICAL SIGNS

11/22/22 Rapid wt loss over the last 2 months. Decreased appetite. No V/D.
Area of decreased detail caudal to stomach on rads. Heart appears enlarged on rads, P has intermittent HM.

PATIENT

Rudy Keelan Current Medications: Clindamycin 7days, Gabapentin 7days, Rimadyl 5days
Lab Results: See attached.
Radiographs: See attached.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

BREED

Jack Russell Terrier

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended with anechoic urine. The Bladder wall is diffusely mildly thickened (0.43 cm in the apical region), and the mucosa is mildly irregular. The trigone, ureteral papillae, and visible urethra (to a depth of 2cm) appear normal with no evidence of severe mucosal irregularities, masses or cystic calculi. Findings are most consistent with bacterial cystitis or lack of urine distension. Recommend urinalysis and culture.

AGE

2/18/09

The prostate is normal in size (0.87 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.

WEIGHT

10.3 Pounds

The left kidney has a normal shape and size (3.86 cm). 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.

INTERPRETED BY

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

The right kidney has a normal shape and size (3.54 cm). 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.

IMAGING PERFORMED BY

Stephanie Warga
RDCS, RVT

Adrenal Glands

The left adrenal gland is borderline large and slightly irregular, measuring 0.68 cm at the cranial pole, 0.83 cm at the caudal pole, and 1.96 cm in length. It is observed in its normal position cranial to the left renal artery. It is somewhat unusual in appearance in that the caudal pole has an ill-defined hyperechoic region/nodule measuring approximately 1.14 cm x 0.68 cm, which does not appear to deviate the shape of the adrenal significantly. No evidence of vascular invasion visualized.

HOSPITAL NAME

Greenbrier Vet Clinic

The right adrenal gland is normal in size measuring 0.66 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.

REFERRING VET

Dr. Dellinger

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.

INVOICE

42906

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 an ill-defined hyperechoic region dorsal and to the right of the gallbladder. Within this region is a hypoechoic nodule measuring approximately 1.22 cm x 1.2 cm. The hyperechoic region measures 2.2 cm x 1.53 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 mild 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 0.26 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.

PRIMARY FINDINGS

- Ill-defined hyperechoic region in the caudal pole of the left adrenal – Findings could be consistent with a benign lesion (hyperplasia, etc.), or an early neoplasia lesion (carcinoma, pheochromocytoma, etc.).
- Ill-defined hyperechoic area of tissue dorsal to the gallbladder – This hyperechoic tissue has a hypoechoic nodule in the center. The significance of this lesion is uncertain. It could be a hypoechoic nodule with surrounding fat, inflammatory tissue, etc. A benign or neoplastic lesion is possible.
- Mild thickening of the apical portion of the urinary bladder – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.

ULTRASONOGRAPHIC FINDINGS

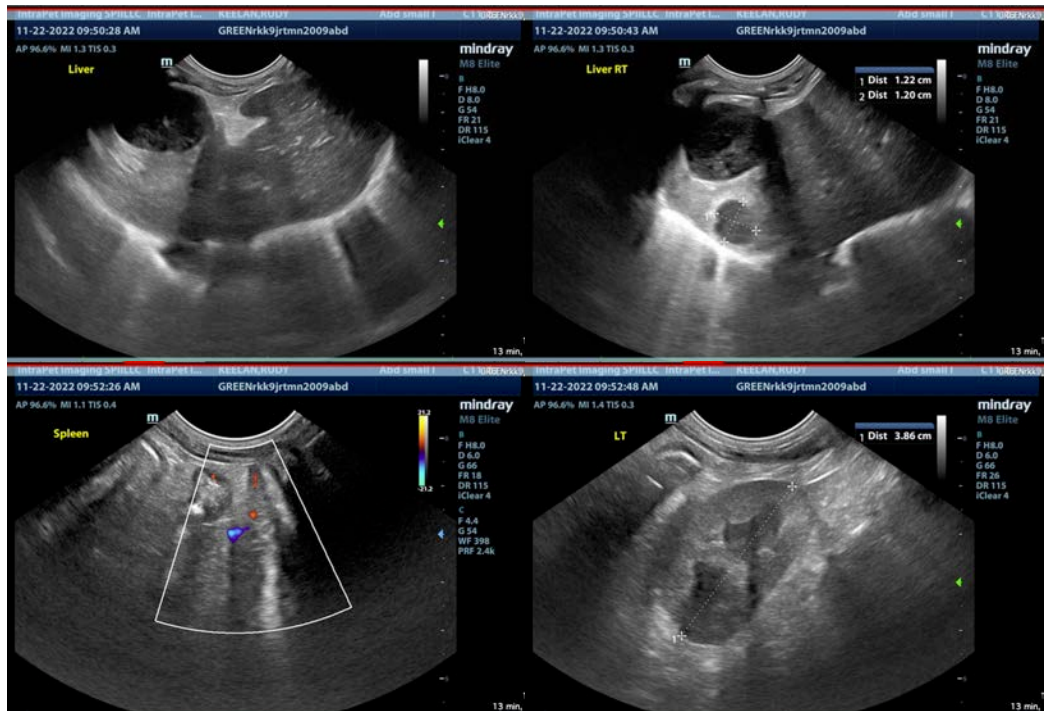
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

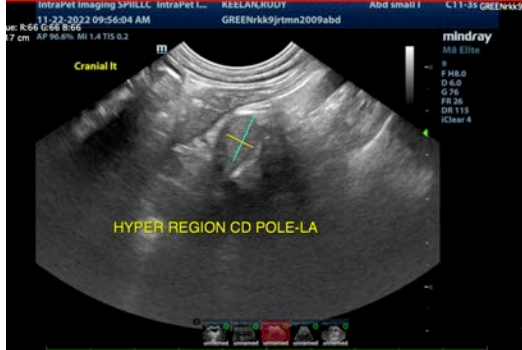
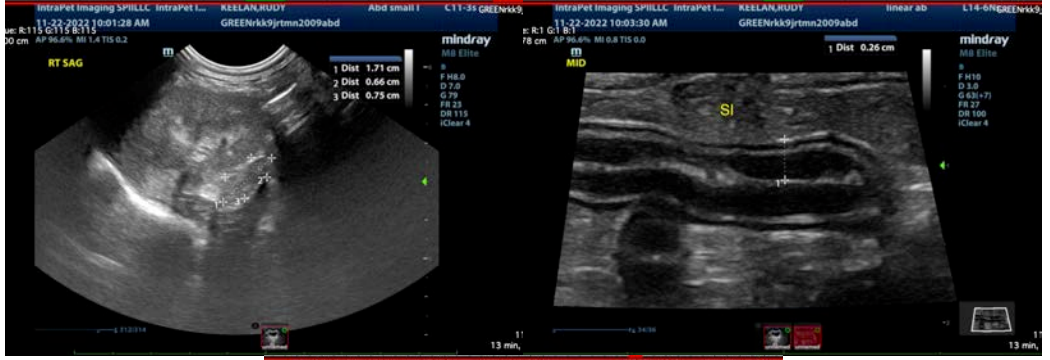
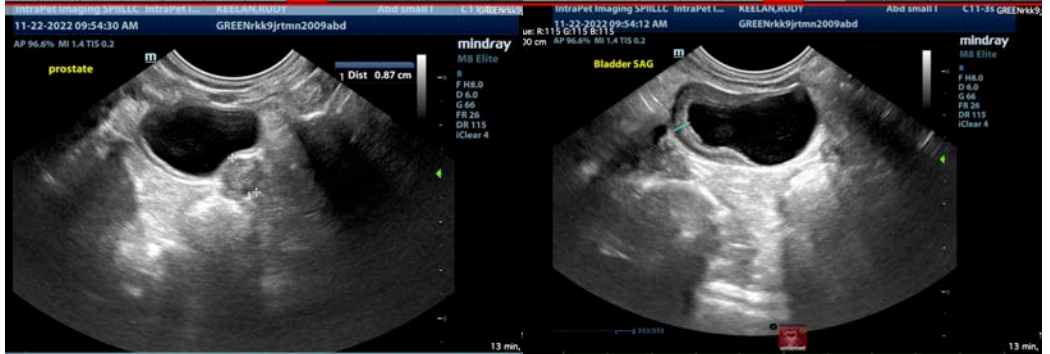
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The significance of the hyperechoic region in the left adrenal is uncertain. This could represent an incidental finding/benign lesion or could represent an early neoplastic lesion. For now, I would consider a blood pressure evaluation. If hypertension is present, consider measuring catecholamine levels. If no hypertension is present, consider continued monitoring of this lesion with ultrasound for change/growth (recheck ultrasound in 2-3 months).

Additionally, there is an ill-defined hyperechoic area of tissue dorsal to the gallbladder and the liver. This hyperechoic tissue has a hypoechoic center. The significance of this lesion is unclear. This could represent some fatty tissue with a hyperechoic nodule with a hypoechoic center. I suspect this region would be very difficult to fine needle aspirate, so continued monitoring with ultrasound is recommended.

An obvious cause for the weight loss and inappetence reported is not visualized. You could consider the possibility of underlying gastrointestinal disease that is not showing significant ultrasonographic lesions, although no significant GI signs are present. Consider a GI panel to Texas AYM (qualitative PLI, TLI, cobalamin and folate) to look for further evidence of underlying gastrointestinal disease. Recommend current bloodwork.





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)
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