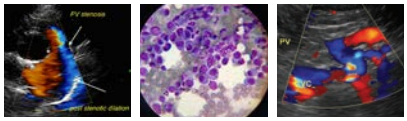
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

11/30/22

PATIENT

Fancy Keagle

SPECIES

Canine

BREED

Terrier X

SEX

Spayed Female

AGE

2/1/11

WEIGHT

38.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Frederick Road VH

REFERRING VET

Dr. Beyer

INVOICE

43019

PRESENTING CLINICAL SIGNS

Proteinuria (much improved 7.0, 6.6) most recent 10/4/2022; elevated ALT and ALP, elevated spec cpl; underlying allergic disease. Recheck previous u/s abnormalities- Mild gastric thickening. Subjectively benign hepatopathy with expansive nodule or mass, technically mass, yet non-disruptive.

Current Medications: Hills g/d diet, Telmisartan 15 mg PO q 24 hours
Dasuquin Advanced
Lab Results: 10/4/2022: U PRO/CREA 2.2, USG 1.018 (this is >50% decrease from prior UPC 4-6 weeks after diet change and initiation of telmisartan). BP very difficult to fully assess due to disposition- 9/6/2022: 180 mmHg. 9/6/2022: ALT 167 U/L 18 – 121, ALKP 308 U/L 5 – 160.
Date of Previous IntraPet Ultrasound: 8/10/22. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: DVM 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 left kidney has a normal shape and size (5.66 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 (6.26 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 0.68 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 0.79 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. No focal parenchymal abnormalities are visualized.

Liver

The liver is large in size, and normal in 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 isoechoic mass effect visualized within the parenchyma with a diameter of 3.39 cm. This appears similar to the previously escribed isoechoic mass measuring 4.75 cm x 3.04 cm on 8/20/22.

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, including a small amount of hyperechoic shadowing debris, most consistent with mineralized debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a slightly increased thickness of 0.87cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is slightly diminished, and the wall appears slightly mottled. There is no impression of reduced peristaltic activity. No 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 (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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

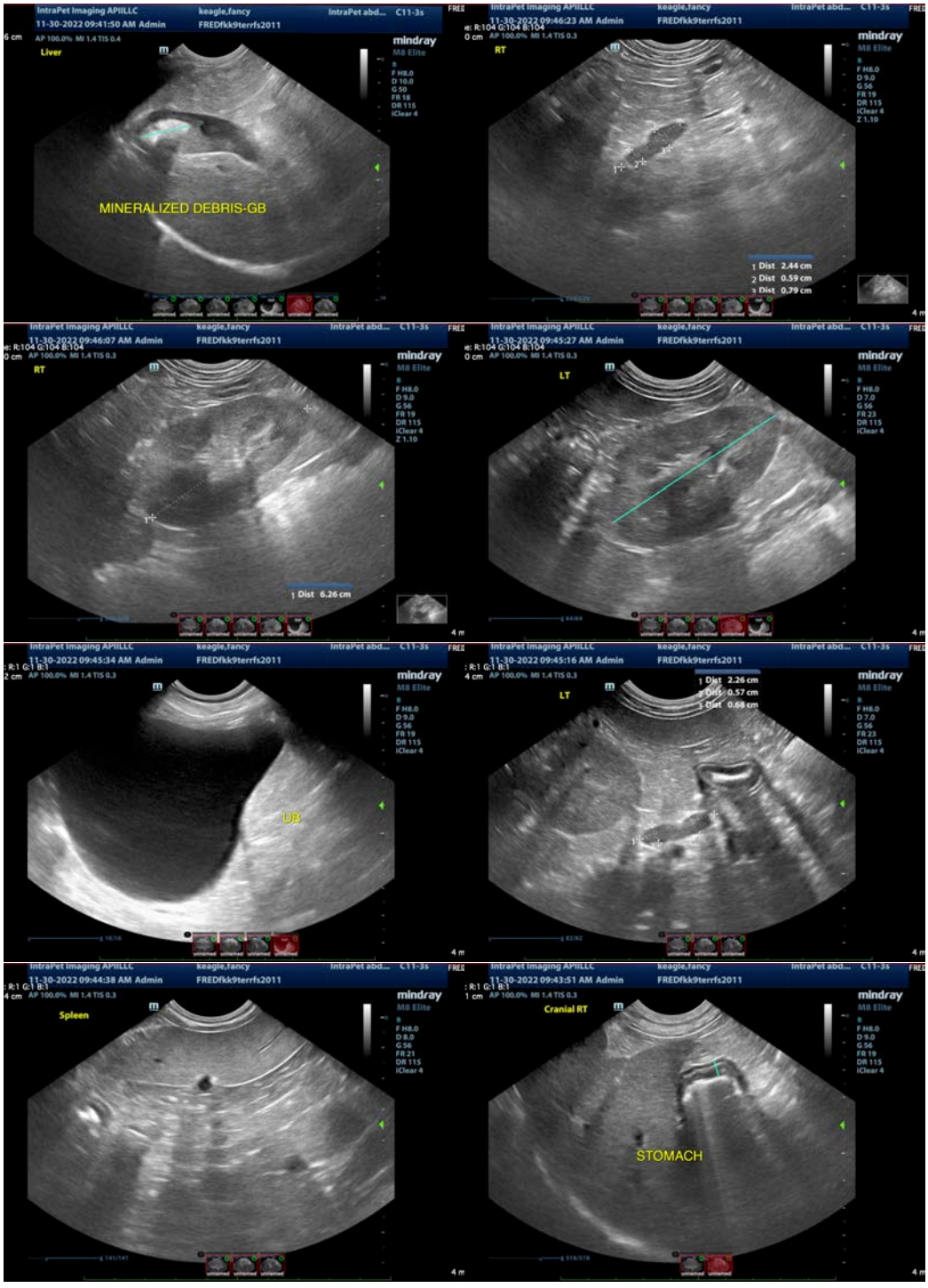
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

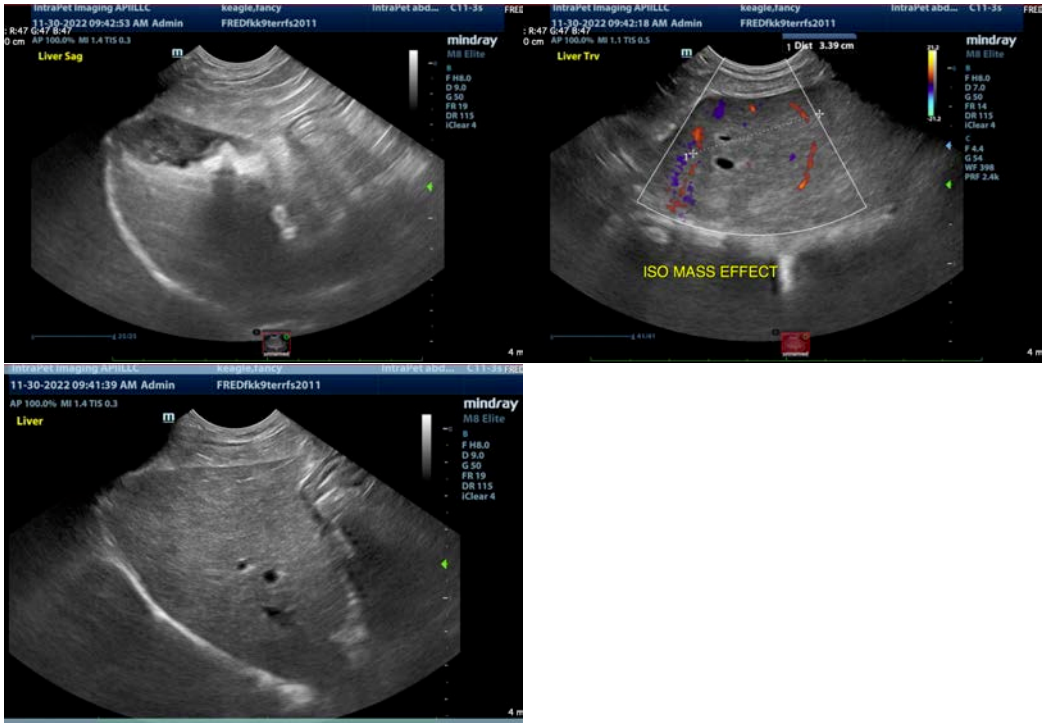
ULTRASONOGRAPHIC FINDINGS

- Isoechoic mass effect visualized within the liver – This lesion was previously imaged 8/20/22 and appears relatively stable. Differentials include a benign or neoplastic mass lesion, regenerative nodule, etc.
- Moderate gallbladder debris with mineralized shadowing debris – There is no associated inflammation or gallbladder wall thickening observed. Recommend continued monitoring +/- chronic Ursodiol therapy.
- Diffuse stomach wall thickening with mild mottling – The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other. This is stable from the previous scan.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan is relatively stable from the previous scan. Bloodwork submitted indicates a significant azotemia. This would likely be most consistent with an acute on chronic episode. Correlate with any recent changes. Recommend a urinalysis and culture, etc. Telmisartan can cause azotemia in some individuals, so this may be a contributing factor. The elevations in the liver enzymes are somewhat non-specific. The mass lesion could be contributing. Consider a fine needle aspirate of the liver and a liver function test. I would consider 3-view thoracic radiographs (if not already done) and chronic Ursodiol therapy both for the gallbladder debris observed and a possible cholestatic hepatopathy.


IntraPet Imaging APIILLC
11-30-2022 09:41:50 AM Admin
keagle,fancy
FREDfkk9terrfs2011
Liver
MINERALIZED DEBRIS-GB
mindray
IntraPet Imaging APIILLC
11-30-2022 09:46:23 AM Admin
keagle,fancy
FREDfkk9terrfs2011
RT
1 Dist 2.44 cm
2 Dist 0.59 cm
3 Dist 0.79 cm
IntraPet Imaging APIILLC
11-30-2022 09:46:07 AM Admin
keagle,fancy
FREDfkk9terrfs2011
RT
1 Dist 6.26 cm
IntraPet Imaging APIILLC
11-30-2022 09:45:27 AM Admin
keagle,fancy
FREDfkk9terrfs2011
LT
IntraPet Imaging APIILLC
11-30-2022 09:45:34 AM Admin
keagle,fancy
FREDfkk9terrfs2011
UB
IntraPet Imaging APIILLC
11-30-2022 09:45:16 AM Admin
keagle,fancy
FREDfkk9terrfs2011
LT
1 Dist 2.26 cm
2 Dist 0.57 cm
3 Dist 0.68 cm
IntraPet Imaging APIILLC
11-30-2022 09:44:38 AM Admin
keagle,fancy
FREDfkk9terrfs2011
Spleen
IntraPet Imaging APIILLC
11-30-2022 09:43:51 AM Admin
keagle,fancy
FREDfkk9terrfs2011
Cranial RT
STOMACH



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