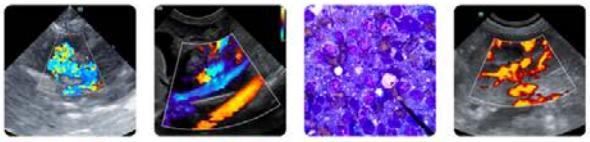


PATIENT

Pawco Rough Start Rescue Society

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

8 Years 2 Weeks

WEIGHT

6.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Britannia Kingsland Veterinary Clinic

REFERRING VET

Dr. Katie Radcliffe

INVOICE

71635

DATE

11/6/25

PRESENTING CLINICAL SIGNS

Pawco presents for evaluation of persistent liver enzyme and white blood cell elevation, with concurrent radiographic findings of hepatomegaly and urolithiasis. The primary concern is a persistent elevation in ALP and white blood cell count that has not resolved with antibiotic therapy. Radiographs confirmed hepatomegaly. Abdominal radiographs also identified the presence of both renal liths and uroliths. It is unknown if the patient is exhibiting PU or PD (PUPD) in foster care. An abdominal ultrasound is scheduled to be performed before a potential cystotomy. Other historical issues include marked obesity and severe dermatological disease, which has reportedly resolved since the patient was rescued. Behavioral aggression is noted to be improving. The patient's history prior to rescue is unknown.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The ventral and apical bladder wall appear irregular and significantly thickened, measuring at 0.49 cm, with an irregular mucosal surface. In the dependent portion of the urinary bladder there are numerous (at least 4) shadowing calculi, creating a pile of mineralized debris. The region of the trigone, ureteral papilla and proximal urethra appear free of any mass lesions or calculi.

The prostate is normal in size (0.57 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 (3.82 cm) with pinpoint cortical mineralizations. 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.88 cm with occasional pinpoint cortical mineralizations. 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, infarcts or hydroureter. Renal vasculature is normal.

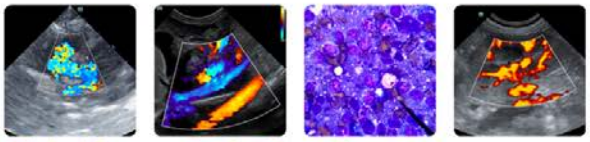
Adrenal Glands

The left adrenal gland is “plump” measuring 0.37 cm at the cranial pole and 0.53 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 0.58 cm at the cranial pole and 0.41 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 (1.25 cm), 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.



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Liver

The liver is large in size with rounded margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation.

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. Duodenum wall measures 0.38 cm. Jejunum wall measures 0.27 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 right limb of 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. There is a prominent sublumbar lymph node near the urinary bladder measuring 0.46 cm. There are clusters of lymph nodes near the ileocecal junction. Examples measure 0.32 cm and 0.25 cm. An occasional jejunal lymph node is visualized, examples measure 0.32 cm and 0.37 cm. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- "Plump" left adrenal gland and normal right adrenal gland – Findings could be consistent with anatomic variation, mild hyperplasia, etc.
- Thickened, irregular urinary bladder wall with numerous bladder stones in the dependent region – Recommend urinalysis and culture and radiographs to better assess the number and size of stones present.
- Pancreatic changes most consistent with chronic pancreatic remodeling.
- Large, hyperechoic liver – The diffuse hepatic changes are non-specific and can be seen with vacuolar hepatopathy, reactive change, nodular hyperplasia or, less likely, inflammatory/immune-mediated disease, infiltrative neoplasia, or other hepatopathy.

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- Gallbladder distended with non-organized intraluminal debris and some debris adhered to the gallbladder wall – A large amount of debris is evident in the gall bladder with no evidence of a mucocele or associated inflammation at this time. This could represent an early mucocele or cholestasis, with minimal evidence of associated inflammation at this time. Continued monitoring of labwork and ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered.
- Subjectively mildly thickened small intestine – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).
- Mild diffuse reactive lymphadenopathy with a very prominent, likely reactive lymph node near the urinary bladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder wall is highly irregular, and there are numerous stones visualized in the dependent portion. Findings are most consistent with cystitis, although a neoplastic process cannot be ruled out. Recommend urinalysis, culture and cystotomy to remove the stones for analysis and culture.

The liver is large and hyperechoic, possibly consistent with a vacuolar hepatopathy. Consider a liver function test prior to considering surgery. If this is normal, then consider liver biopsy at the time of cystotomy for further evaluation.

The left adrenal gland is “plump”. Th right adrenal gland appears normal in size. These changes could be consistent with early Cushing’s. Consider reevaluation once the patient has recovered from surgery and is in a stress-free environment, and urination and drinking habits can be evaluated.

There is a large amount of debris visualized in the gallbladder. Recommend initiating chronic Ursodiol therapy and continued monitoring of the gallbladder.

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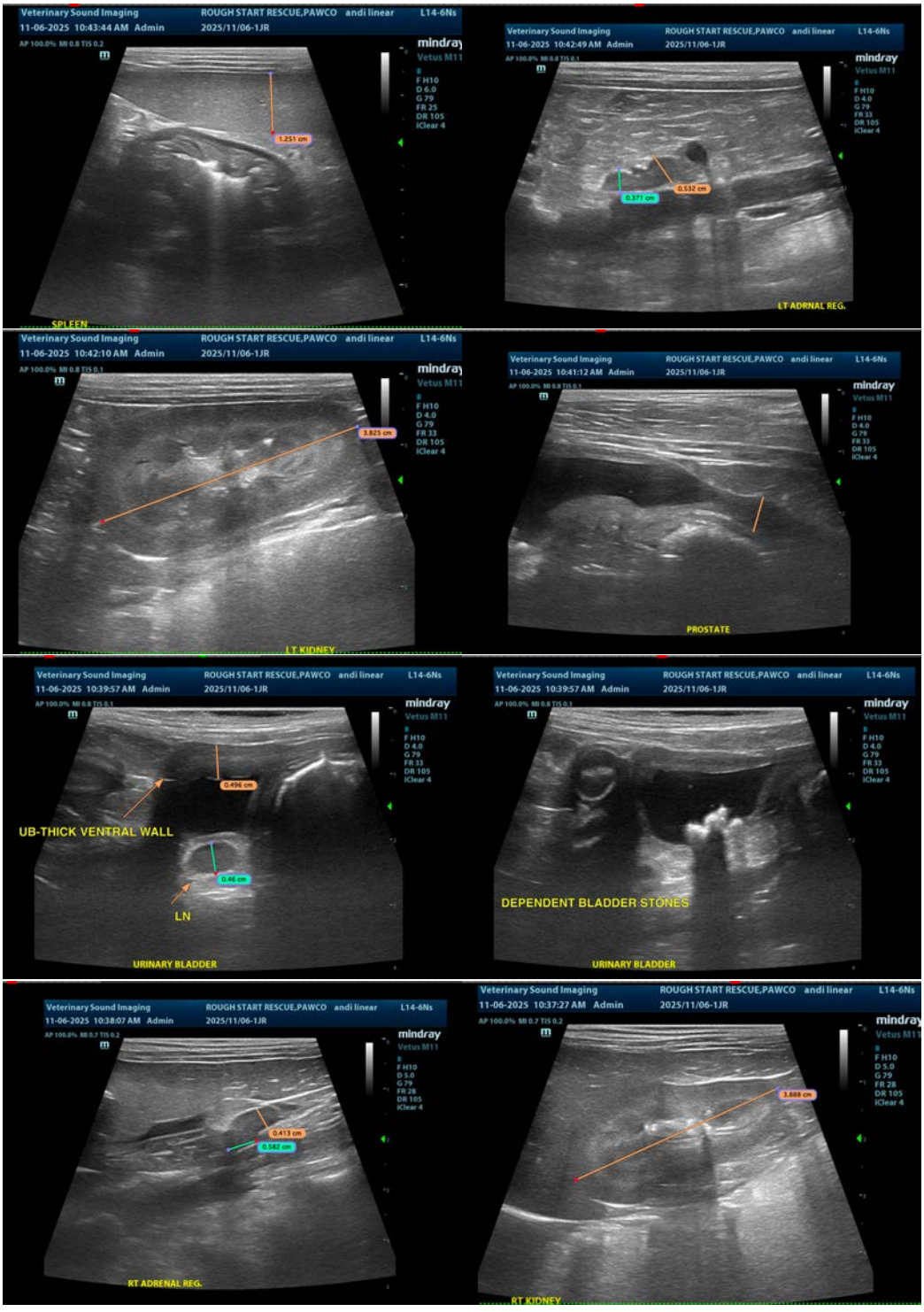

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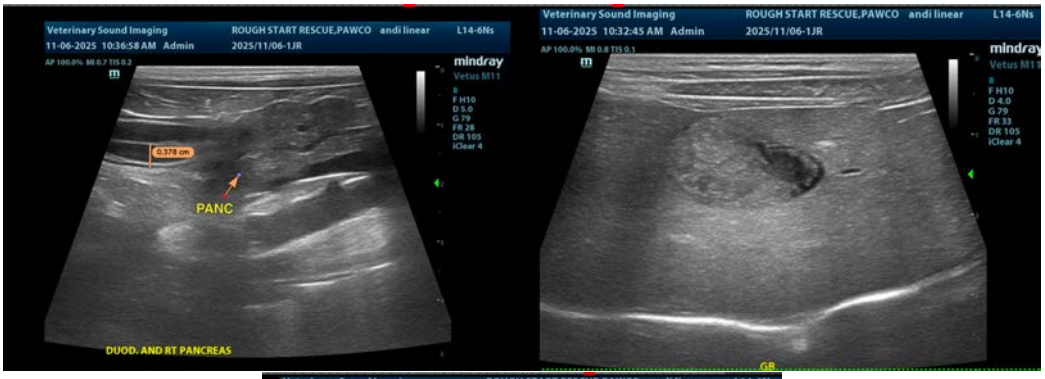

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com