

IMAGING PERFORMED BY

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Clinical Sonography & Telecytology

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**DATE PRESENTING CLINICAL SIGNS**

12/6/22  
**PATIENT** Addie Trageser  
Seen 11/16 for mild anemia and neutropenia initially diagnosed when she had a first time seizure 11/7. Anemia improved/resolved and neutrophils stable at last check 11/16. Additional history of Cardiac disease, hypertension, hypothyroidism, elevated ALP.

**SPECIES** Canine  
Current Medications: Pimobendan 5mg 1.5 in AM and 1 in PM, Gabapentin 300mg BID, Thyrotabs 0.4mg BID, Amlodipine 5mg once daily, Keppra ER 750mg BID, Hindquarter weakness blend Chinese herbs Fish oil, CBD, Dasuquin, Senilife in AM, Composure in PM  
Lab Results: 11/16: HCT 38.9%/PCV 40%, neuts 2.14K. 11/10: HCT 42.5%, neuts 1857. 11/7: HCT 33.8% (micro, norm, non-regen), neuts 2.72K  
Date of Previous IntraPet Ultrasound: No previous.  
**BREED** Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.

Foxhound  
**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX** Spayed Female  
**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.

**AGE**

6/16/10  
**WEIGHT** 26.5 kg  
The left kidney has a normal shape and size (6.93 cm) with numerous small cortical cysts. 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.

**INTERPRETED BY**

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

The right kidney has a normal shape and size (7.4 cm) with numerous small cortical cysts. 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 0.77 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 0.85 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 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 are at least two small parenchymal cysts visualized in the liver. One measures 1.19 cm, the other measures 0.96 cm.

**IMAGING PERFORMED BY**

Andi Parkinson RDMS

**HOSPITAL NAME**

Nexus Vet Specialists

**REFERRING VET**

Dr. Steele

**INVOICE**

43222

The gall bladder lumen is moderately distended. The wall appears slightly prominent/mildly thickened with 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 (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.

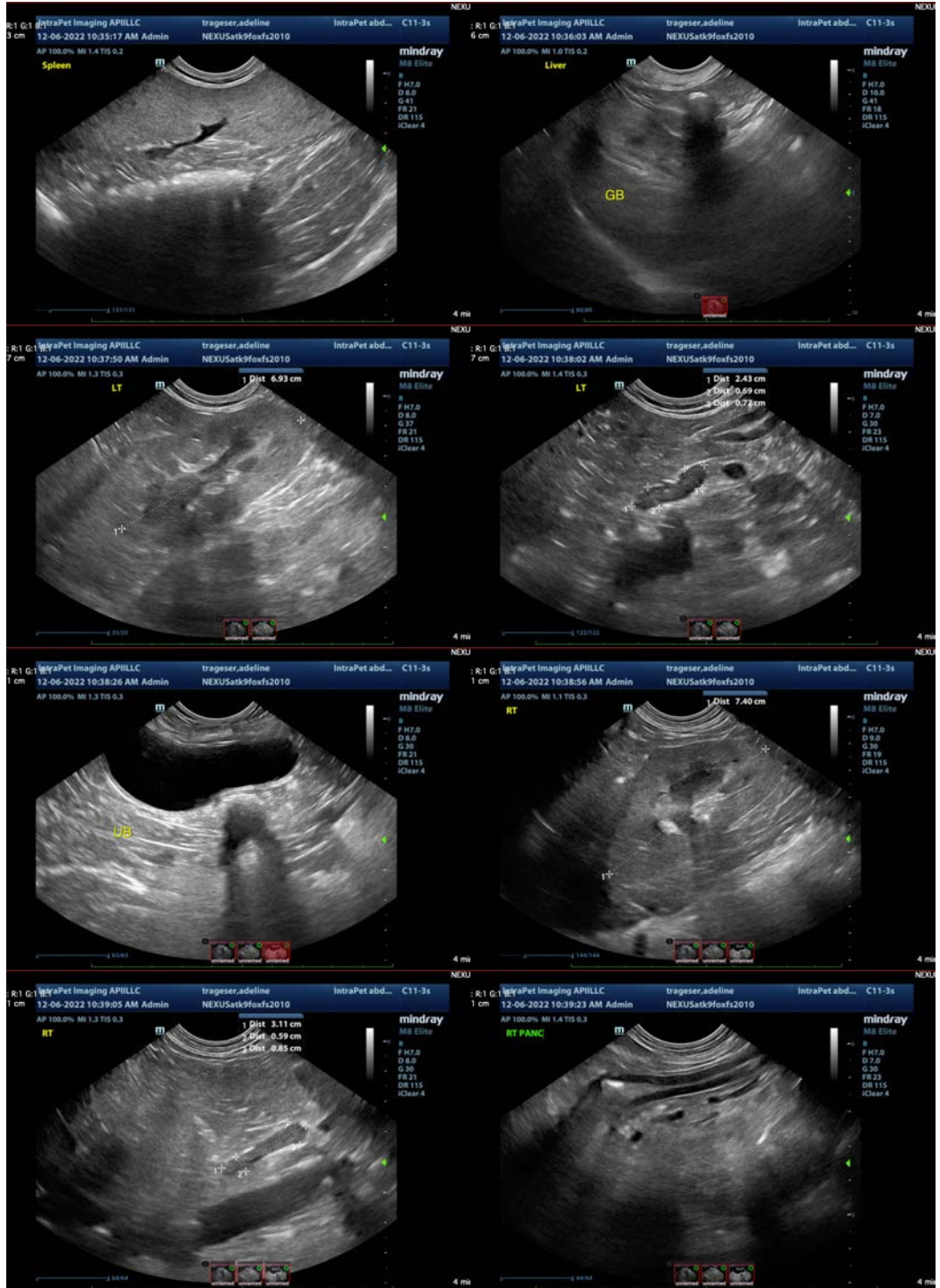
## **ULTRASONOGRAPHIC FINDINGS**

- Small cystic lesions visualized within the hepatic parenchyma – Findings are most consistent with benign hepatic cysts.
- Numerous small renal cortical cysts – These are likely incidental but can be associated with early renal disease.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The abnormalities visualized on today's exam include small cystic lesions visualized within the liver and kidneys and a moderate amount of gallbladder debris with a prominent gallbladder wall.

Further diagnostic and therapeutic recommendations regarding this exam to be made by Dr. Cara Steele.





**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.

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