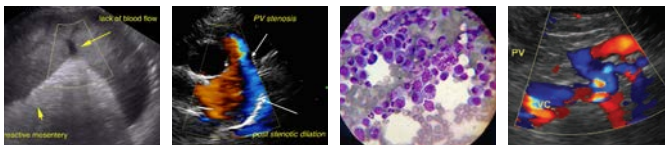

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PATIENT

Ksyusha Solovey

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Spayed Female

AGE

9 Years

WEIGHT

14 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

New Bridge VP

REFERRING VET

Dr. Abina Glennon

INVOICE

45176

DATE

2/15/23

PRESENTING CLINICAL SIGNS

R/O cystic calculi vs. mass. Was on Baytril - suspected cystic calculi seen on radiographs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall is diffusely mildly thickened (0.33 cm), 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 or masses. There are two hyperechoic soft shadowing structures visualized within the urinary bladder measuring 0.53 cm and 0.27 cm in diameter. Findings are most consistent with calculi. Correlate with abdominal radiographs to better determine the size and number of lesions present. Recommend urinalysis and culture.

The left kidney has a normal shape and size (3.68 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 (4.18 cm) with a 0.21 cm non-obstructive nephrolith. 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

The right adrenal gland is normal in size measuring 0.32 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 normal/borderline large 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.

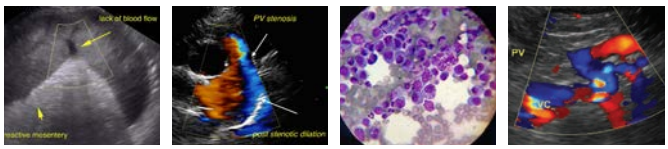
Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. 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 gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is moderately distended with fluid and shadowing material. 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. There are two



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rounded structures visualized within the gastric lumen. These appear somewhat mobile, rocking back and forth with ingesta. One structure measures approximately 2.17 cm x 0.70 cm and casts a hard shadow. A 2nd structure measures 1.99 cm in diameter and does not shadow and is of somewhat mixed echogenicity. This could be consistent with soft tissue or non-shadowing material such as some consistencies of dog food, etc. There is minimal color flow on power doppler, making a mass effect less likely but not impossible. Although the gastric lumen is distended with these objects there does not appear to be an overt obstruction at this time.

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

- Two hyperechoic soft shadowing structures visualized within the urinary bladder – Findings are most consistent with small stones.
- Heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- Shadowing intraluminal gastric material

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is discrete rounded intraluminal material visualized within the stomach. This could represent ingesta (treats, kibble, etc.), ingested foreign material, or less likely tissue/mass effect. Correlate these findings with abdominal radiographs and feeding history. If this patient was adequately fasted, consider serial radiographs, looking for emptying of the stomach. If this does not happen and the material persists, consider upper GI endoscopy to investigate further.

There are two soft shadowing hyperechoic objects visualized within the urinary bladder, most consistent with small stones. Correlate these findings with abdominal radiographs to try and determine the number and size, as I suspect the smaller stone may be small enough to pass. Recommend urinalysis and culture, as the urinary bladder wall appears diffusely thickened, most consistent with cystitis.

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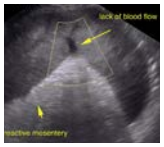
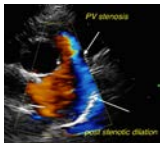
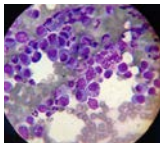
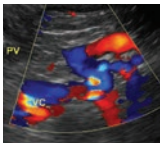

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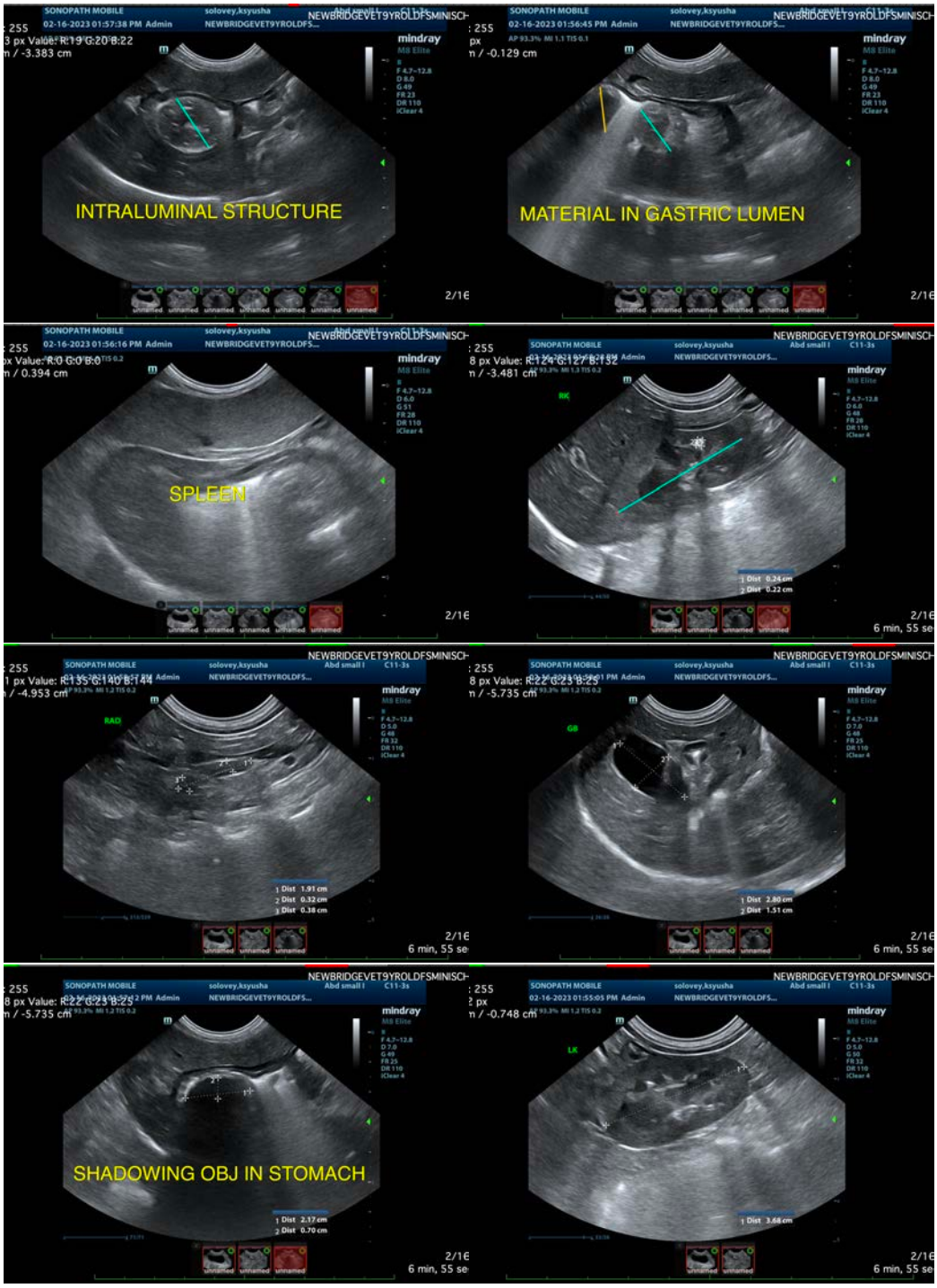
The significance of the heterogeneous liver and borderline large spleen is questionable. These changes could be normal in this individual. If liver enzyme elevations are present, then consider further evaluation for this issue.



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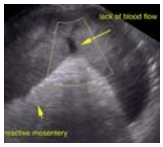
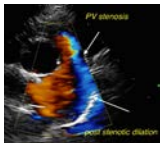
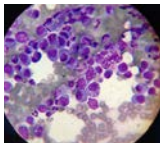
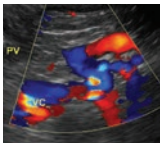

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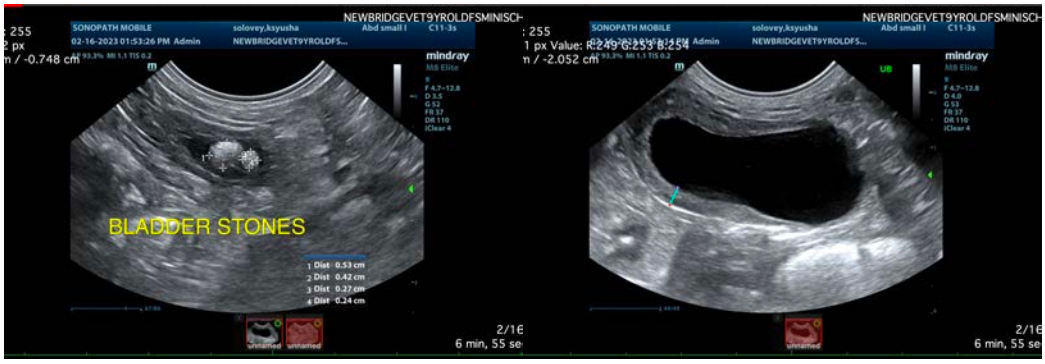

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com