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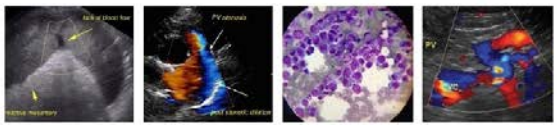

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Maddy Walsh

SPECIES

Canine

BREED

Cane Corso X

SEX

Spayed Female

AGE

6 Years

WEIGHT

39.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Sixteen Mile VC

REFERRING VET

Dr. Bile

INVOICE

45192

DATE

2/16/23

PRESENTING CLINICAL SIGNS

Persistent anemia despite negative infectious disease tests, antibiotic responsive urinary accidents since Dec 2022, hypertension, proteinuria controlled on Telmisartan meds: telmisartan, proviable, cobalequin

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 (7.2 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.

The right kidney has a normal shape and size (8.89 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.58 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 0.68 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. The spleen echotexture is heterogenous and mildly mottled, 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 but mildly irregular in contour. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. The caudodorsal aspect of the liver appears slightly irregular with no change in the parenchyma. I suspect this is a slightly irregular extension of normal liver tissue, but continued monitoring is warranted.

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.

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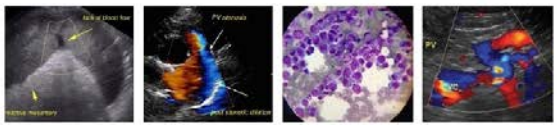

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Gastrointestinal

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. Small intestinal wall measures 0.40 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.

Other

On one clip there is a small superficial hypoechoic structure visualized measuring 1.59 cm x 4.48 cm, which could be a portion of spleen that has slightly different echotexture, but I cannot link it to the spleen. The significance/nature of this structure is uncertain.

ULTRASONOGRAPHIC FINDINGS

- Mildly mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Heterogeneous, slightly irregular 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. Continued monitoring of the slightly irregularly shaped caudodorsal aspect of the liver is warranted.
- Small, superficial hypoechoic structure – The significance of this is unclear. This could be a small portion of spleen or similar, but this cannot be confirmed.
- Decreased corticomedullary distinction in both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

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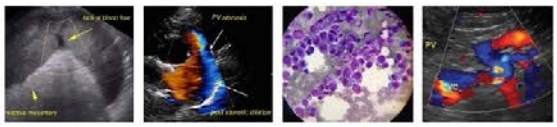

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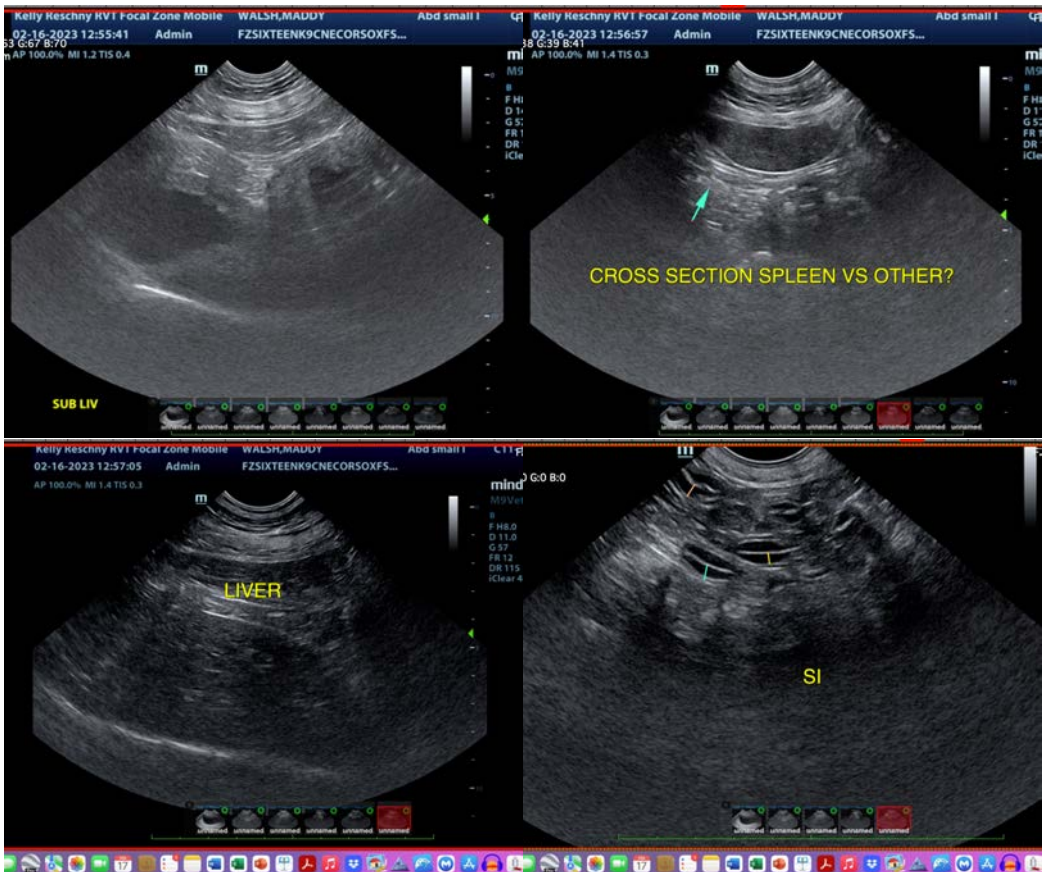
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan is generally within normal limits. The liver and spleen both appear slightly heterogeneous or mottled. The significance of this is unclear and could be within normal limits for this individual, particularly with no significant elevations of liver enzymes. Given the anemia reported, a fine needle aspirate of the spleen could be considered.

Recommend 3-view thoracic radiographs +/- abdominal radiographs, checking the stool for melena, a pathologist review of a blood smear looking for any atypical cells, and if the anemia remains non-regenerative with no identifiable cause, consider a bone marrow aspirate.

On one video clip there is a brief image of a superficial hypoechoic structure that largely resembles spleen, but I cannot get it to directly communicate. The significance of this structure is uncertain. You could consider a recheck of this region (particularly if no other cause is identified). You could also consider a fine needle aspirate of this tissue (provided power doppler finds this to be safe and using a small gauge, provided coagulation parameters are normal).

Similarly, there is a slightly irregular section of caudodorsal liver, which likely represents anatomic variation, but continued monitoring is warranted.



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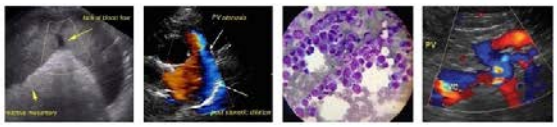

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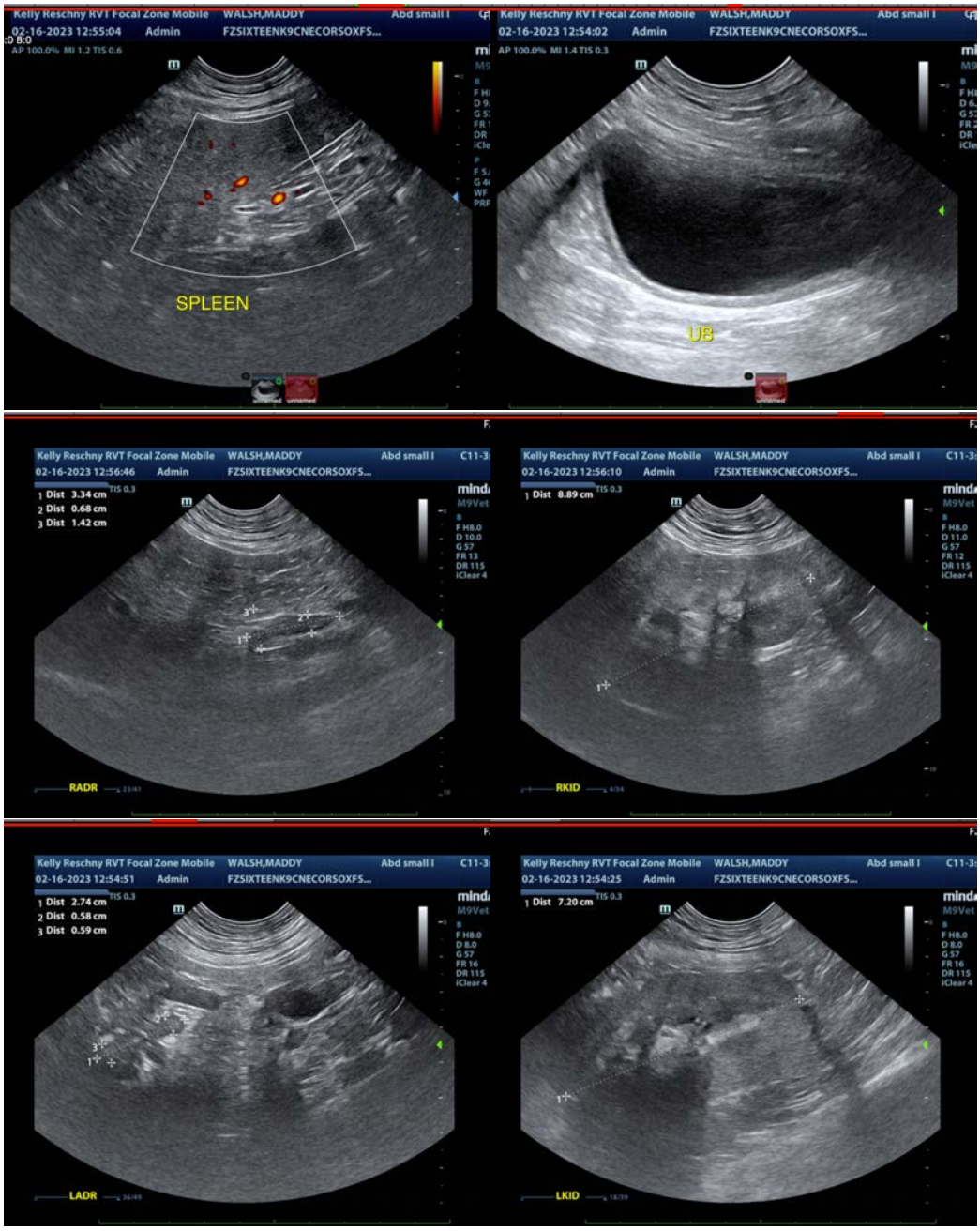

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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