

## PATIENT

Trixie Hill

## PRESENTING CLINICAL SIGNS

## SPECIES

Canine

## BREED

Havanese

PAWS Request Form: Chief Concern / Provisional Diagnosis: ~ chronic weight loss, only able to eat about 1/4 of her normal meal 5/6 l apical systolic murmur, vhs 10 on r lat rads w/ minimal tracheal compression Relevant Medical History and Physical Exam findings: ~ brief ih ultrasound, concern for abnormalities echogenic material in gall bladder, renal evaluation, and concern for bladder wall abnormality seen in trigone area x-rays concern for delayed gastric emptying, large amount of ingesta still seen in stomach on rads 3 hours post-prandial~ Recent Diagnostics: Relevant Laboratory Results / Abnormalities: ~ blood work very normal 12/17/2021 (cbc/chem/t4/ua/4dx neg)~ Current medications (include full name, dosage and frequency): ~ entyce 11 lb dose po sid prn

## SEX

Spayed Female

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

## AGE

14 Years 9 Months

### 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.

## WEIGHT

10 Pounds

The left kidney has a normal shape and size (3.5 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (3.99 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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)

### Adrenal Glands

The left adrenal gland is normal in size measuring 0.55 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.

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

The right adrenal gland is normal in size measuring 0.52 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.

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### 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.

## REFERRING VET

Dr. Sarah Kalivoda

### Liver

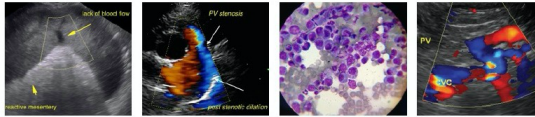
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a 0.38 cm ill-defined hyperechoic nodule visualized within the parenchyma.

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## DATE

2/24/22



**PATIENT**

Trixie Hill

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. The cystic and common bile ducts are normal/not visible.

**SPECIES**

Canine

**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.

**BREED**

Havanese

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Mild mucosal fogging is visualized in some areas. Duodenum wall measured 0.29 cm. Jejunum wall measured 0.27 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**SEX**

Spayed Female

**AGE**

14 Years 9 Months

The area of the ileocecal junction is difficult to visualize. There is a section of bowel measuring 1.8 cm in diameter that appears somewhat irregular and ill-defined with hyperechoic mesentery and a scant amount of free fluid surrounding. This could represent inflamed ileocecal junction or early bowel thickening/mass effect. The descending colon appears normal, and the colon wall is of normal thickness.

**WEIGHT**

10 Pounds

**Pancreas**

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.

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Medicine)

**Free Abdomen**

There is a small amount of free abdominal fluid visualized between bowel loops in the mid region of the abdomen. There is a mild lymphadenopathy present with lymph nodes visualized measuring 0.38 cm, 0.35 cm, 0.44 cm. The mesentery is of increased echogenicity in the mid abdomen around the slightly irregular tissue observed.

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LVT

**PRIMARY FINDINGS**

- Prominent, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Ill-defined hyperechoic nodule visualized within the liver – This lesion trends towards the appearance of a benign lesion, but continued monitoring is warranted.
- Moderate gallbladder sludge – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.
- Subjective small intestinal wall thickening with occasional areas of mucosal fogging and an ill-defined area of prominent bowel with surrounding inflammation – The significance of this is unclear, although there does appear to be some source of inflammation in the mid abdominal region. This could represent a small mass lesion or just an area of focal

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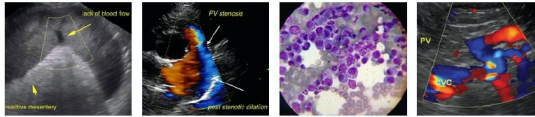
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inflammation.

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- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

**BREED**

Havanese

**SECONDARY FINDINGS**

- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

**SEX**

Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A distinct focal lesion is not observed to explain the inappetence noted, but there is a significant source of mid abdominal inflammation and an ill-defined area of abnormal bowel that could be a possible source of this inflammation.

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14 Years 9 Months

A more aggressive approach could involve an abdominal CT scan to further evaluate this region, or even exploratory surgery to obtain GI biopsies and evaluate this area, but I would be inclined to initially treat for severe gastroenteritis/pancreatitis and reassess the lesion with ultrasound if a CT scan is not possible. Additionally, I would consider sending out a GI panel with a quantitative PLI, TLI, cobalamin and folate, as there could be a degree of pancreatic inflammation contributing to this inflammatory response.

**WEIGHT**

10 Pounds

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

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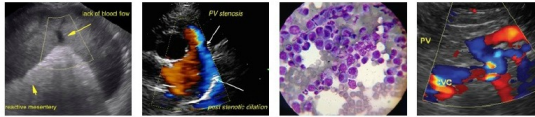
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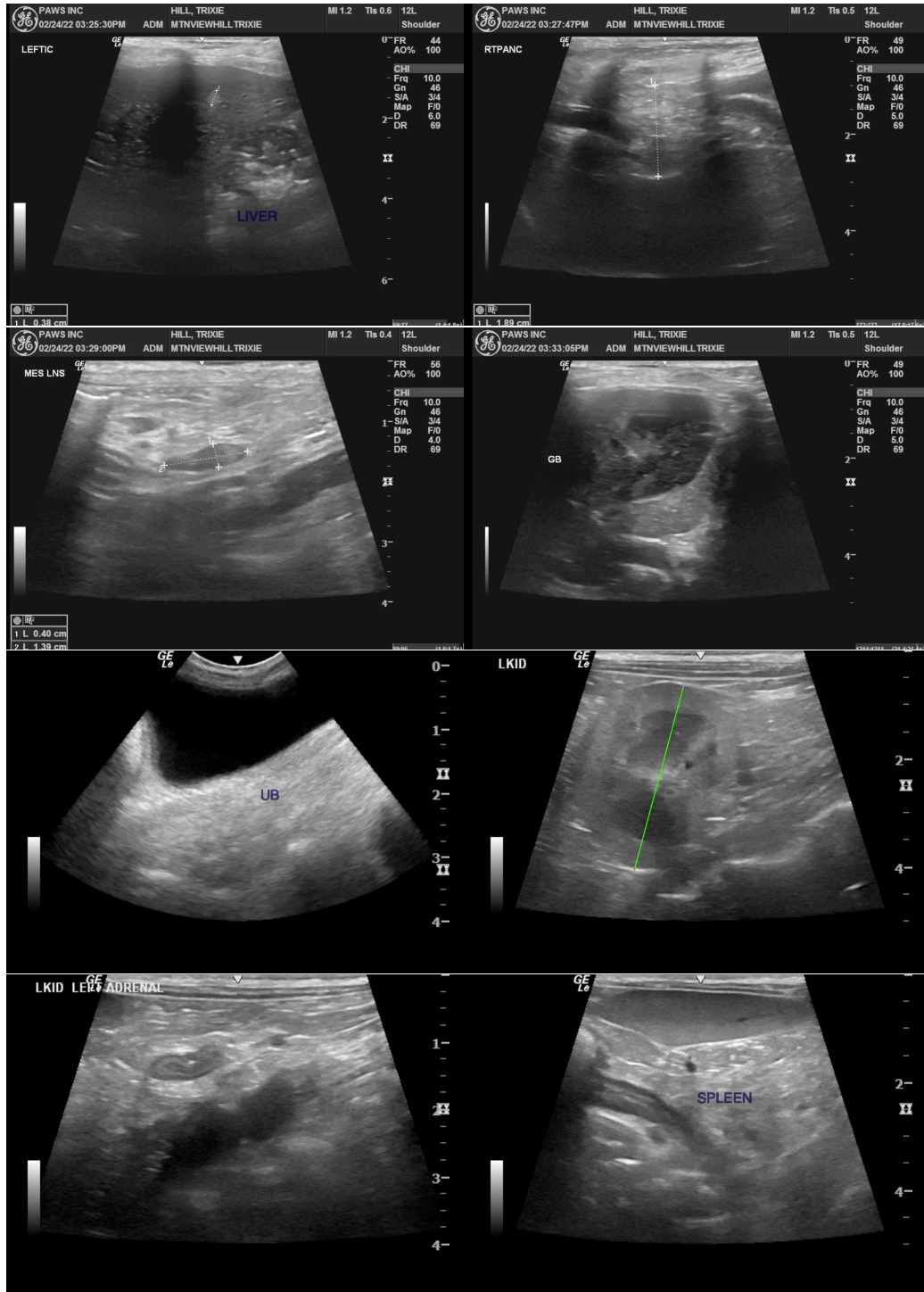
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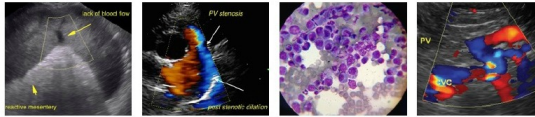
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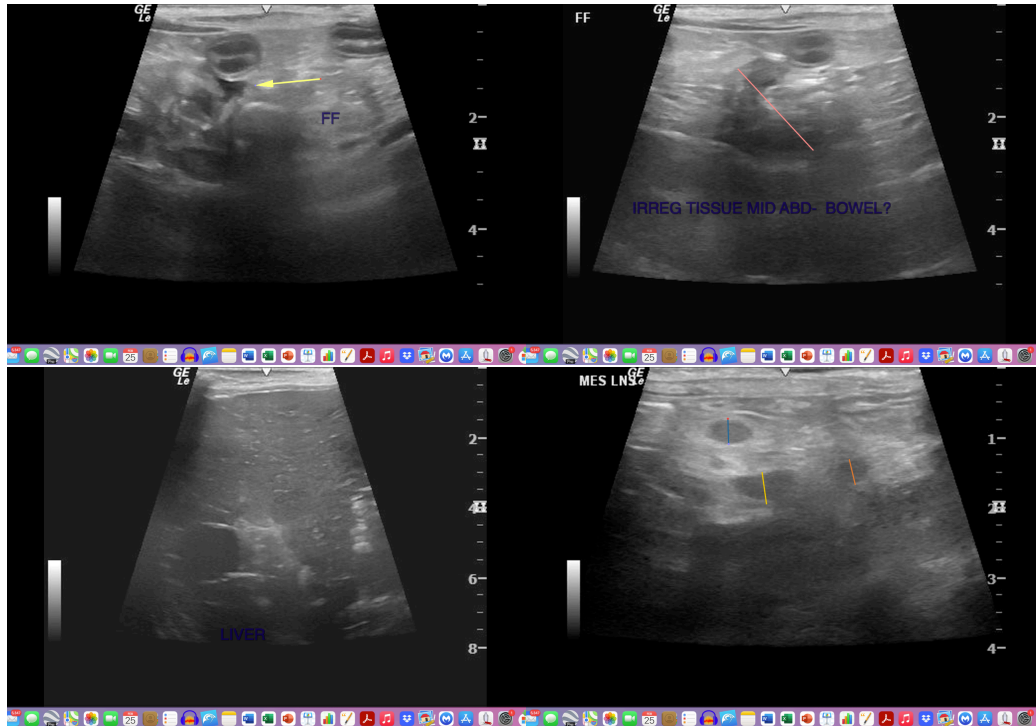
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**IMAGING BY**

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