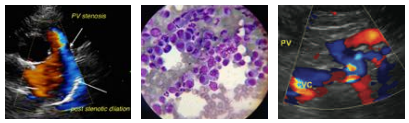
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE
2/24/22

PATIENT
Yogi Schreckinger

SPECIES
Canine

BREED
Cocker Spaniel

SEX
Spayed Female

AGE
10/28/08

WEIGHT
31.4 lbs

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

HOSPITAL NAME
Belvedere VC

REFERRING VET
Dr. Moulder

INVOICE
96297

PRESENTING CLINICAL SIGNS

Elevated ALT on previous bloodwork. AUS done with Intrapet 1/20/22. Started on Denamarin, Amoxicillin and Ursodiol. Recheck blood work showed normalized ALT. Scan to check gall bladder status.
Current Medications: Denamarin 225mg SID, Ursodiol 200mg SID, Amoxicillin 250mg BID for 28 days.
Lab Results: Normalized ALT. ALKP remains elevated. Sig elevations of PSL and Amylase.
Date of Previous IntraPet Ultrasound: 1/20/22.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, RDMS.

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 (5.61 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. Small cortical cysts were noted. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.08 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. A small 0.75 cm cortical cyst. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is borderline enlarged at 1.01 cm a 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/borderline large in size measuring 0.83 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 large in size, with smooth peripheral margins. The parenchyma is heterogenous and hyperechoic 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 is significantly distended with a large amount of echogenic intraluminal debris, which is starting to organize and create an early mucocele. There is no significant surrounding inflammation. The gallbladder appears similar to the previous scan on 1/20/22. 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 and the jejunum measured as normal (0.3 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.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Developing mucocele. The gallbladder appears relatively similar to the previous scan on 1/20/22. No significant inflammation is noted surrounding the gallbladder.

- Large, hyperechoic heterogenous 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.

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

- Borderline bilateral adrenomegaly. The bilateral adrenomegaly could be consistent with bilateral hyperplasia (e.g., secondary to pituitary-dependent hyperadrenocorticism), bilateral infiltrative neoplasia, inflammatory adrenal disease, other. Correlation with clinical findings is recommended.

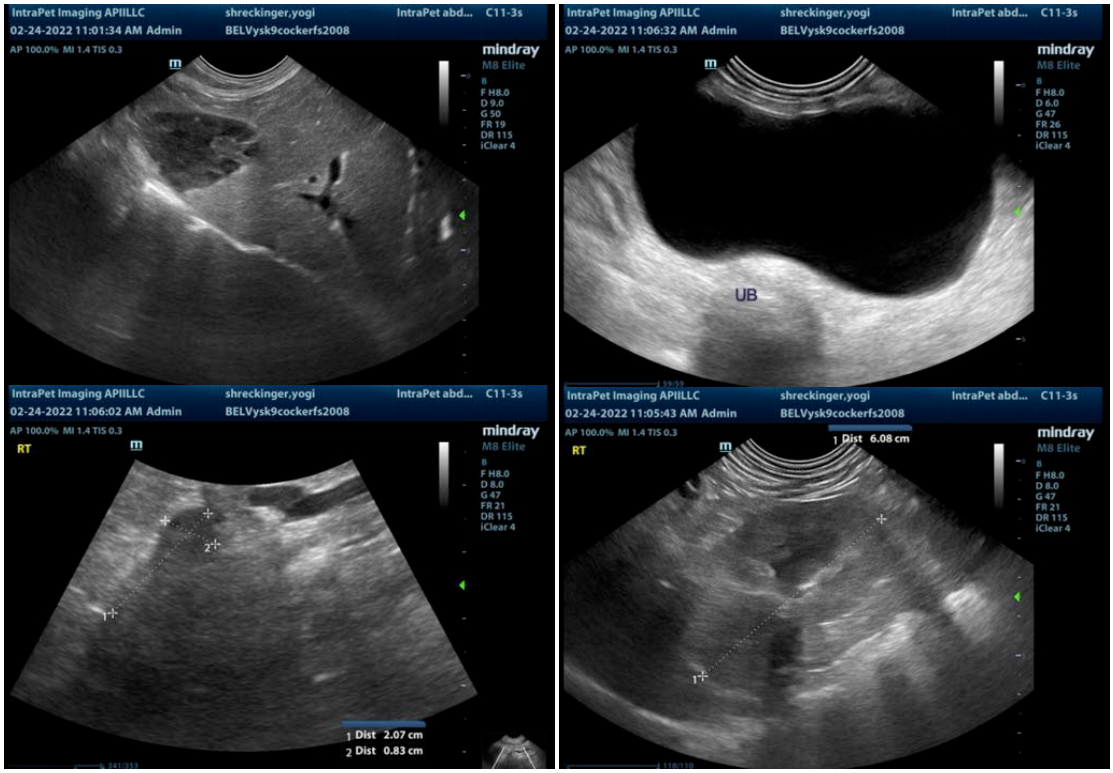
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

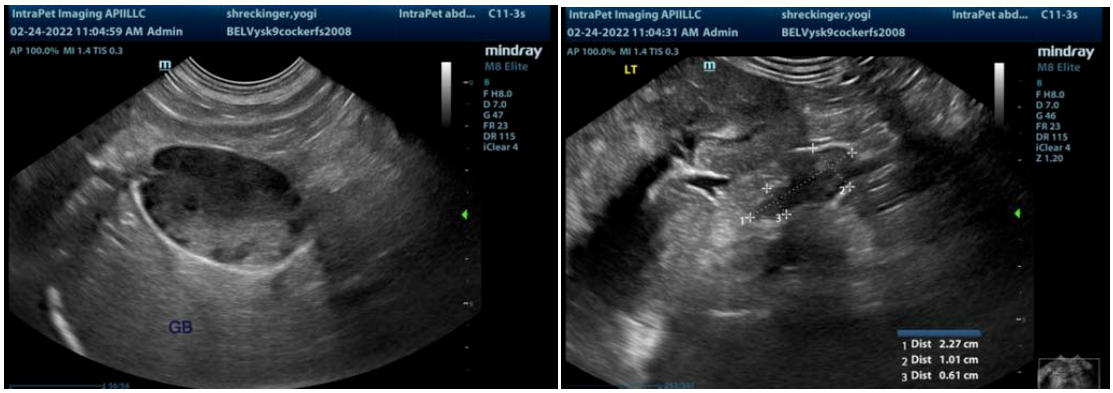
Today's scan appears relatively similar to the previous scan on 1/20/22. There is a persistent early gallbladder mucocele present with minimal surrounding inflammation. I suspect you treated cholecystitis, but the gallbladder wall abnormalities persist and can serve as enitis for recurrent episodes of cholecystitis. Options moving forward either surgical gallbladder removal or chronic Ursodiol therapy with close monitoring of the gallbladder (with lab monitoring and ultrasound) for the possible need of a cholecystectomy on an emergency basis in the future.

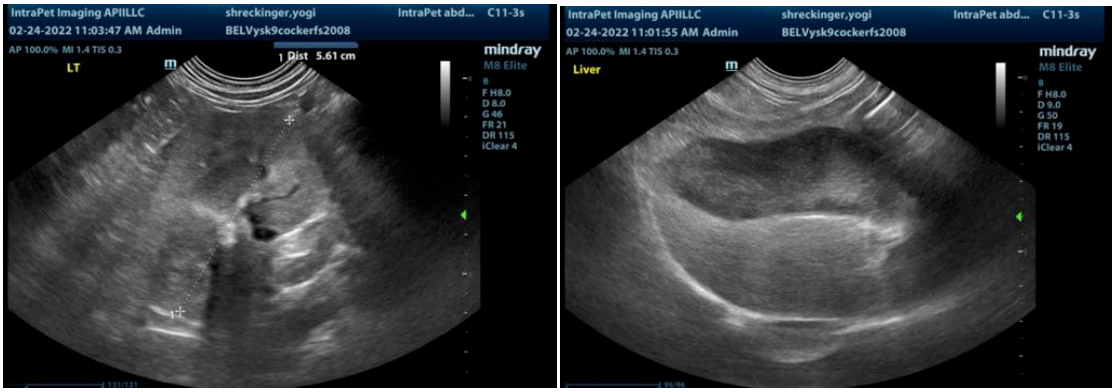
The liver is large and heterogenous and both adrenal glands are somewhat plump. This could be consistent with early Cushing's disease. If signs consistent with Cushing's are present consider adrenal function testing.

The changes observed in the kidneys are consistent with chronic progressive renal disease. Consider urinalysis and culture to obtain a baseline.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement if surgery is considered.







The information and recommendations provided are based on the images presented by the referring veterinarian. 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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