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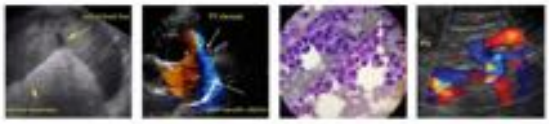


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8348

PATIENT

Meco Guinasso

SPECIES

Canine

BREED

Black Coated Terrier Mix

SEX

Spayed Female

AGE

13y

WEIGHT

34.6lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

MountainView Animal Hospital

REFERRING VET

Dr. Sarah Kalivoda

INVOICE

10141

DATE

3/23/2023

PRESENTING CLINICAL SIGNS

Sedation Alfaxalone/Butrophanol- Dog is squatting to urinate in the house which is very unusual for this patient Would like to rule out urethral/bladder mass or stones- MEDS Clindamycin 150 mg 1 T PO BID x 14 d.

Abnormal PE/Chem/CBC/UA Results: LABS attached- USG 1.019 normal urinalysis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The region of the trigone, and the urethral papillae appear free of any calculi or mass lesions. The proximal urethra (to a depth of 2cm) appears normal, but as it is visualized more distally there is irregular echogenic intraluminal material visualized, this could be consistent with tissue or echogenic debris.

The left kidney has a normal shape and size (5.57 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 (5.90 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 0.56 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.

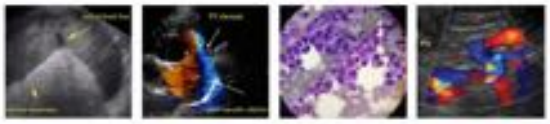
The right adrenal gland is large and slightly irregular measuring 1.34 cm at the cranial pole, 0.92 at the caudal pole, and 2.63 cm in length. It is visualized in its normal position between the right kidney and the caudal vena cava. It is somewhat abnormal in appearance in that there is an ill-defined hyperechoic region in the cranial pole measuring approximately 1.23 cm x 1.67 cm which is most consistent with a hyperechoic adrenal nodule. No evidence of vascular invasion is visualized.

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 mildly heterogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a hyperechoic nodule visualized on the right side of the liver measuring 1.98 cm x 0.57 cm. An additional small nodule is visualized at 0.49 cm in diameter.



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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 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

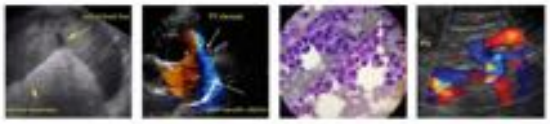
The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent lymph nodes the right sub lumbar lymph node measures at 0.38 cm and the left at 0.47 cm. There is a mesenteric lymph node visualized measuring 0.83 cm and 0.48 cm. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Echogenic material visualized within the distal urethra. I am unable to definitively distinguish between tissue and echogenic material. Correlate with urinalysis, possible traumatic catheterization, rectal exam, possible cystoscopy.
- Decreased corticomedullary distinction in both kidneys. The bilateral renal findings are consistent with age-related change.
- Mildly heterogenous liver with ill-defined hypoechoic nodules. 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. The appearance of the nodules visualized trends towards a benign lesion continued monitoring or sampling is warranted.
- Large hyperechoic cranial pole of the right adrenal. Adrenomegaly could be consistent with neoplasia (e.g., adenoma, carcinoma, pheochromocytoma), hyperplasia, inflammation, other.



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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.

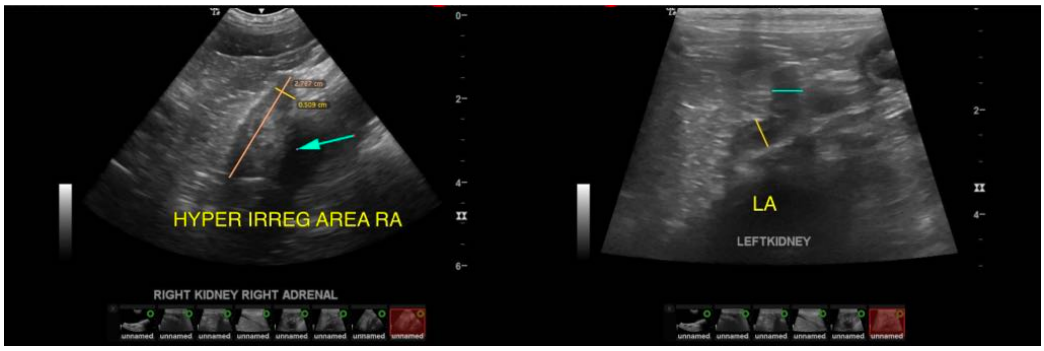
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The distal urethra appears somewhat irregular. There is soft tissue density material visualized within the lumen but in some images, this appears to have some movement consistent with some echogenic debris. Recommend a rectal exam to palpate the distal urethra for thickening, consider imaging the distal urethra before and after urination, and a traumatic catheterization, or ideally cystoscopy may be necessary to obtain biopsies and samples from the region. A positive urine BRAF test would increase the likelihood that there are abnormal cells in this region. A negative urine BRAF test is inconclusive and would require additional sampling,

The changes described in the liver are likely benign correlate with bloodwork. If liver enzyme elevations are present, then consider additional evaluation.

The cranial pole of the right adrenal appears slightly hypoechoic and enlarged. This could be a benign in lesion such as hyperplasia, or it could be an early neoplastic lesion. Additionally, this could be secreting a hormone or be non-active. Recommend a blood pressure evaluation if hypertensive. Consider measuring catecholamine levels for possible pheochromocytoma. If signs of Cushing's is present, you could consider adrenal function testing. Lastly, options to consider would be a contrast CT scan to consider surgical removal or continued monitoring with ultrasound looking for change/growth. (Recheck in approximately 8-12 weeks)

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.



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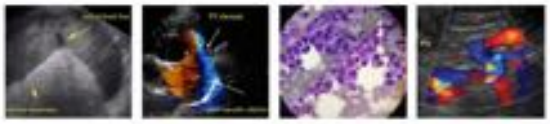

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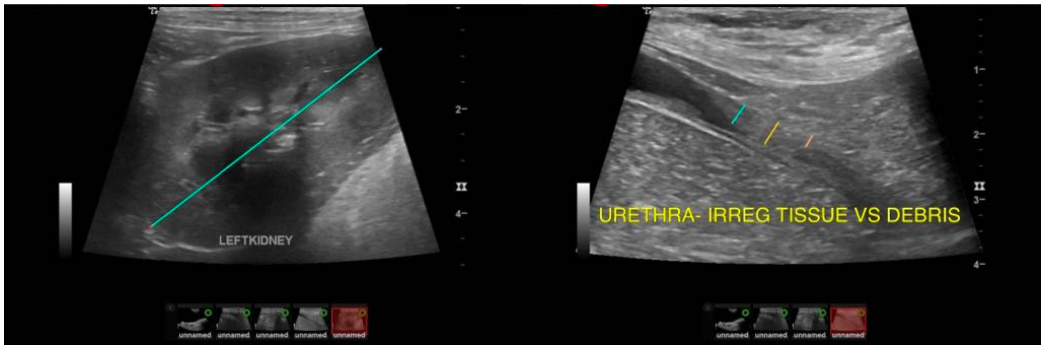

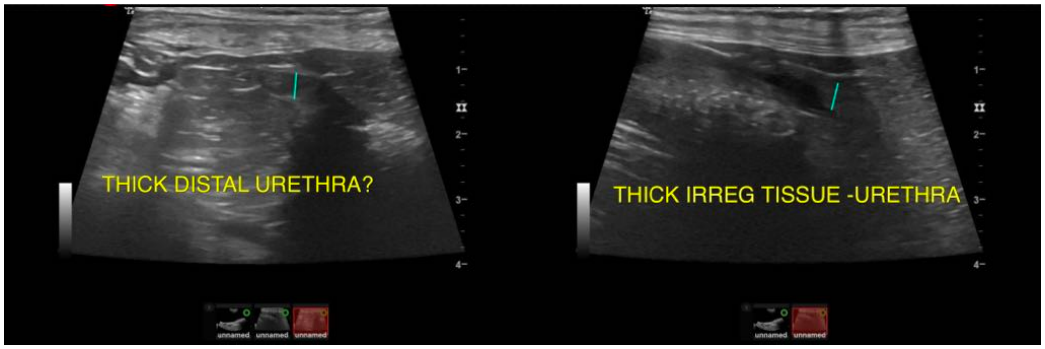

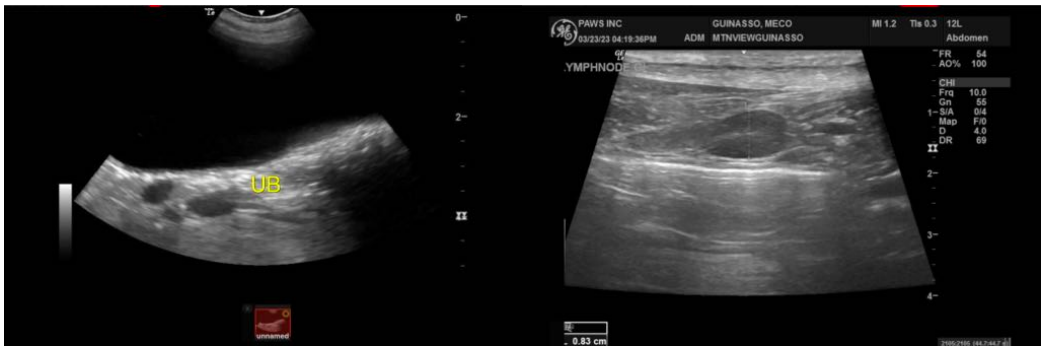

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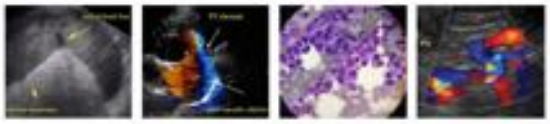

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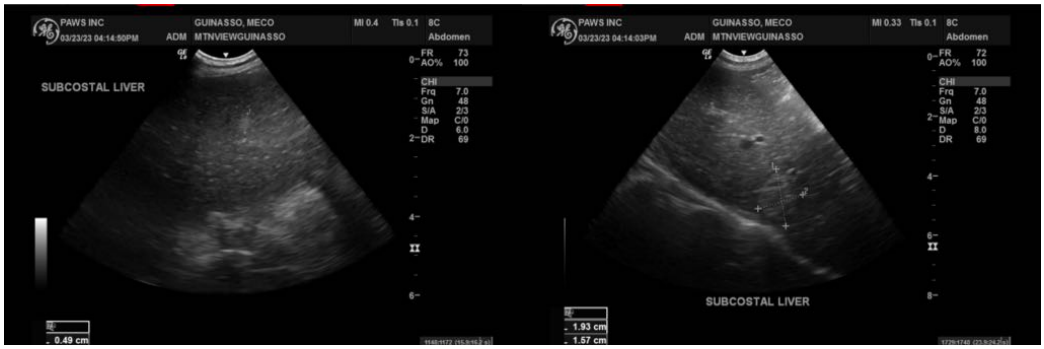

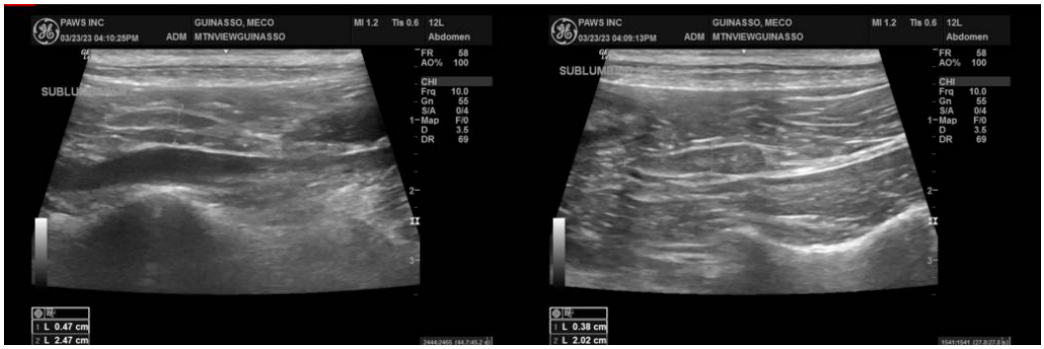

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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kathleen.sennello@sonopath.com