

**DATE**

3/8/22

**PRESENTING CLINICAL SIGNS**

Rocky present on 3/4/22 for annual exam, and vaccines. At that time it was stated that Rocky has a poor appetite for dog food. Will only eat ground beef/turkey and rice. On physical examination, Rocky had a few lipomas and severe periodontal disease. Labwork was sent out and was unremarkable with the exception of the urinalysis (collected via natural voiding).

**PATIENT**

Rocky Miller

Current Medications: Heartgard Plus monthly.

Lab Results: UA: pH 8.5, Protein 1+, blood 1+.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Torbugrsic IV.

Stat Report: Not requested.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

**SPECIES**

Canine

**BREED**

Jack Russell

**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.

**SEX**

Neutered male

The prostate is normal in size (0.89 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

**AGE**

3/21/09

The left kidney has a normal shape and size (5.78 cm). Overall echogenicity is normal with adequate 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.

**WEIGHT**

36.3 lbs

The right kidney has a normal shape and size (5.77 cm). Overall echogenicity is normal with adequate 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 0.67 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.

**HOSPITAL NAME**

Bel Air VH

The right adrenal gland is normal in size measuring 0.47 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.

**REFERRING VET**

Dr. Young

**Spleen**

The spleen is subjectively normal in size and the echotexture is mildly mottled. The splenic capsule is smooth with no visible irregularities. Rare discrete focal hyperechoic, perivascular parenchymal abnormalities are present. The appearance of these lesions is most consistent with benign splenic myelolipomas. The blood flow through the hilus and splenic parenchyma appears normal.

**INVOICE**

96633

### **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. No focal nodules or cystic lesions are observed. The gallbladder lumen is moderately distended. The wall of the gallbladder 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.

### **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. There is air artifact in the gastric lumen. This is most likely secondary to aerophagia. This limits full evaluation of the stomach in some areas.

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.

### **Heart**

A brief view of the heart was submitted. No pericardial effusion was seen.

## **ULTRASONOGRAPHIC FINDINGS**

### **PRIMARY FINDINGS:**

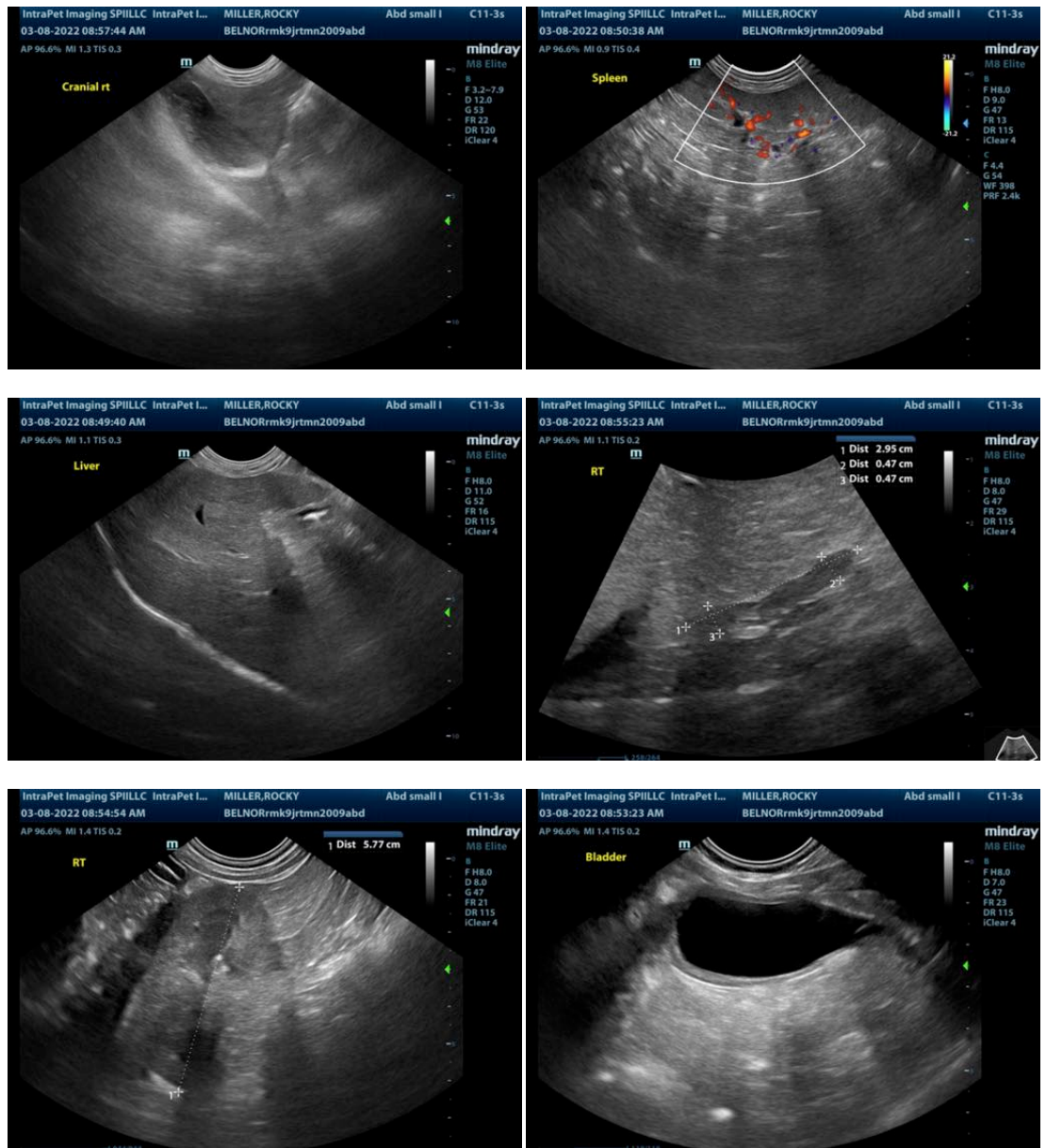
- Mildly mottled spleen with myelolipomas. The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis. These changes likely represent benign change although an underlying neoplastic process cannot be definitively ruled out. FNA could be considered.

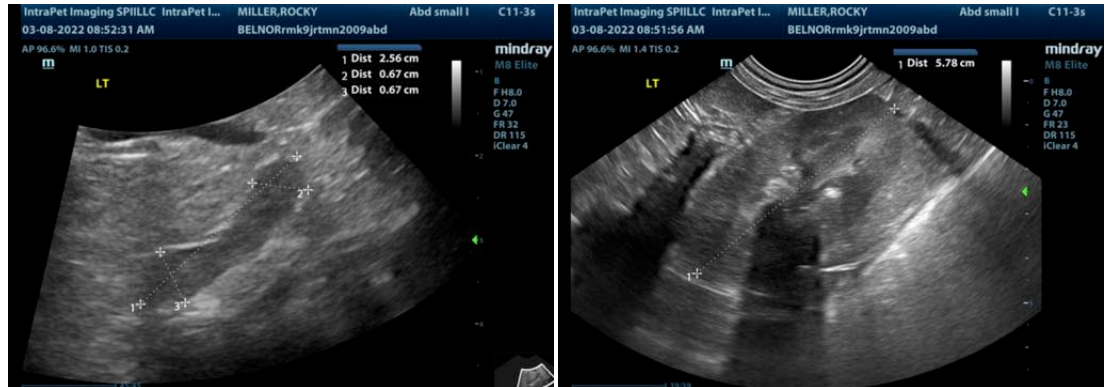
### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No significant lesions were visualized associated with the urogenital tract. No large, focal mass lesions were observed. The spleen is mildly mottled. I suspect this is within normal limits, but a FNA could be considered if there is concern for underlying neoplasia. Alternately the spleen could be rechecked in 6-8 weeks.

Consider cystocentesis for urinalysis and culture in addition to a thorough digital rectal exam to evaluate the prostate, distal urethra, etc. Consider abdominal radiographs as some stones/mineralizations are difficult to pick up with ultrasound (particularly the distal urethra).

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





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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