



PATIENT PRESENTING CLINICAL SIGNS

Gracie Cheng Cardio - grade 5 murmur. Has already been started on pimobendan and clinically is doing fine. Abdo - marked spec CPL elevation at 1674 with trending upwards ALP. History of CKD.

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: IRIS stage 2. Spec CPL 1674.

BREED

Terrier X

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

The urinary bladder is moderately distended with anechoic urine. The Bladder wall is diffusely mildly thickened, and the mucosa is mildly irregular (0.33 cm). The trigone, ureteral papillae, and visible urethra (to a depth of 2cm) appear normal with no evidence of severe mucosal irregularities, masses, or cystic calculi. Findings are most consistent with bacterial cystitis or lack of urine distension. Recommend urinalysis and culture.

Spayed Female

AGE

14 years

The left kidney has a normal shape and size measuring 3.66 cm with significant pyelectasia measuring 0.42 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 nephroliths, infarcts, or hydroureter. Renal vasculature is normal.

WEIGHT

6kg

The right kidney has a normal shape and size measuring 3.73 cm with significant pyelectasia measuring 0.46 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 nephroliths, infarcts, or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

IMAGING PERFORMED BY

The left adrenal gland is normal in size measuring 0.52 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.

Dr. Sarah Barthelemy

The right adrenal gland is normal in size measuring 0.50 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.

HOSPITAL NAME

Britannia Kingsland
Veterinary Clinic

Spleen

REFERRING VET

Dr. Radcliffe

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.

INVOICE

Liver

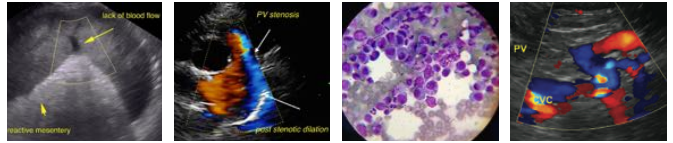
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The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are at least two ill-defined hypoechoic lesions visualized in the liver measuring 1.35 cm and 2.50 cm in diameter.

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The gallbladder lumen is moderately distended. The wall of the gall bladder appears with normal thickness and there is no surrounding inflammation. There are numerous small hyperechoic foci visualized within the gallbladder and the proximal bile duct, most consistent with small choleliths. Examples of these measure at 0.36 cm and 0.38 cm.



PATIENT

Gastrointestinal

Gracie Cheng

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.

SPECIES

Canine

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The visualized areas of the 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 (0.41 cm), and the jejunum measured as normal (0.32 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with an obstruction or a mass effect observed.

SEX

Spayed Female

The ileocecal junction was visualized, exhibited normal intact wall layering, and is subjectively of normal thickness. Sections of the 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.

AGE

14 years

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.

WEIGHT

6kg

Free Abdomen

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(Small Animal Internal
Medicine)

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.

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

- Diffusely mildly thickened urinary bladder wall. The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Decreased corticomedullary distinction in both kidneys with significant bilateral pyelectasia. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the kidneys could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Prominent mottled pancreas. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

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- Large 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 these lesions trends towards a benign process, although underlying neoplasia cannot be ruled out.
- Small choleliths visualized in the gallbladder and proximal bile duct. No evidence of obstruction is present at this time.



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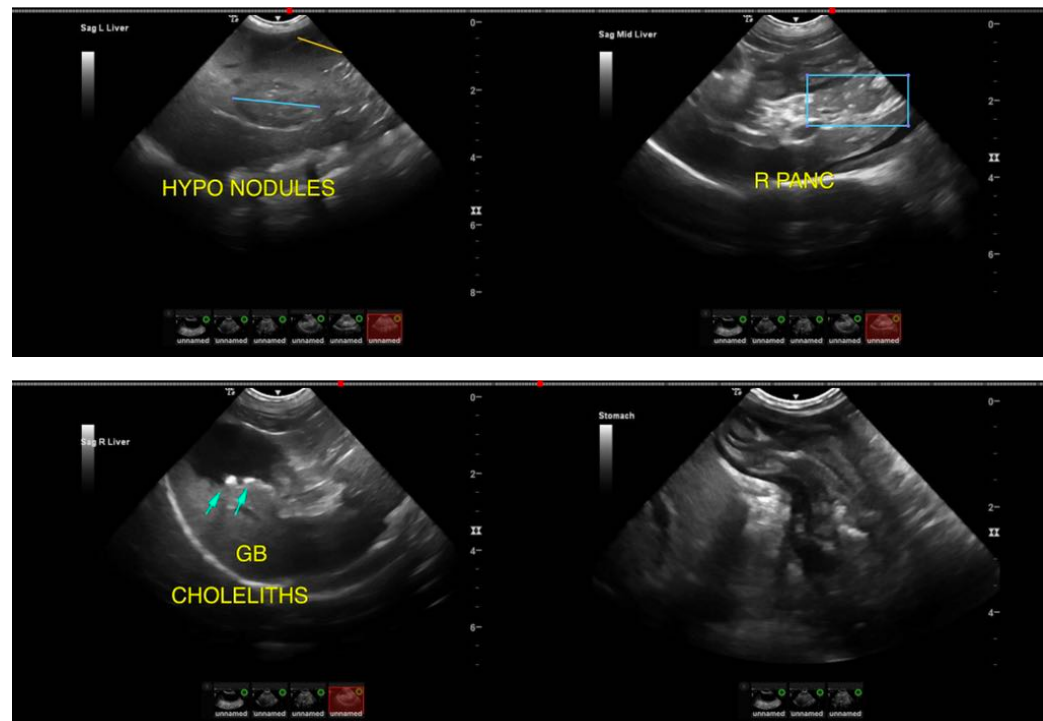
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

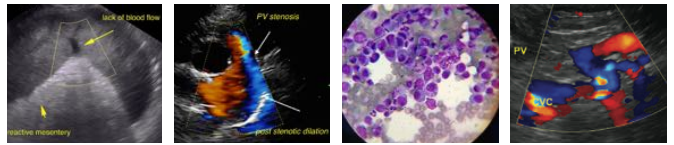
The pancreas is visible and slightly prominent and mottled. These changes are most consistent with previous of episodes of pancreatitis, although mild current pancreatitis is possible. No mass lesions were visualized.

Both kidneys have significant pyelectasia and reduced corticomedullary distinction. Recommend a urinalysis and culture to screen for possible pyelonephritis. Recommend a blood pressure evaluation as well to screen for underlying hypertension.

There are some ill-defined hypoechoic lesions visualized within the liver. I suspect these are most consistent with benign-type changes, but continued monitoring is warranted. If significant liver enzyme elevations are present, consider a liver function test and a fine needle aspirate of the liver (provided coagulation parameters are normal).

Additionally, there are some small choleliths present with no evidence of an obstructive process at this time. If there is a significant increase in cholestatic enzymes and/or bilirubin, recommend reevaluation of the ultrasound for the progression of this lesion. Ursodiol therapy could be considered.





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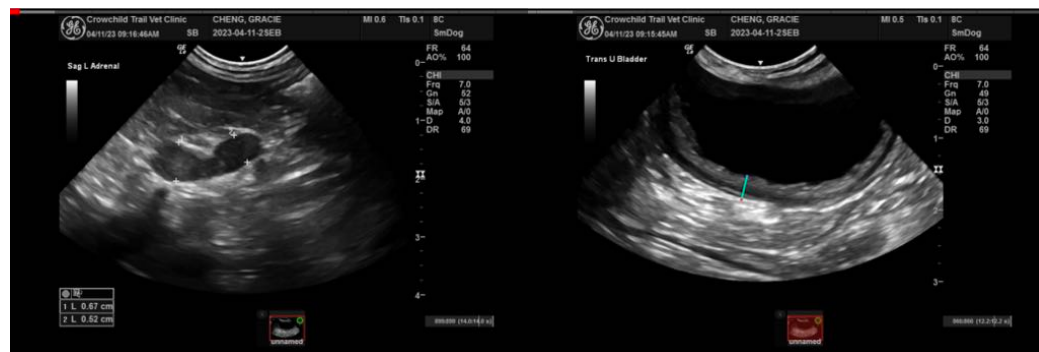
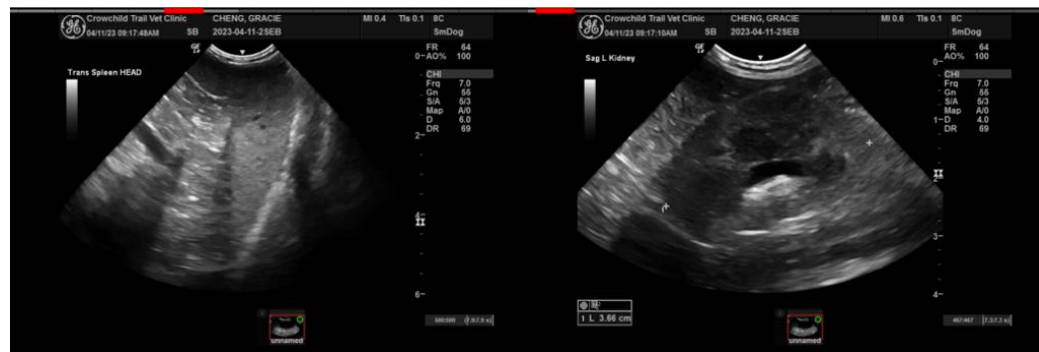
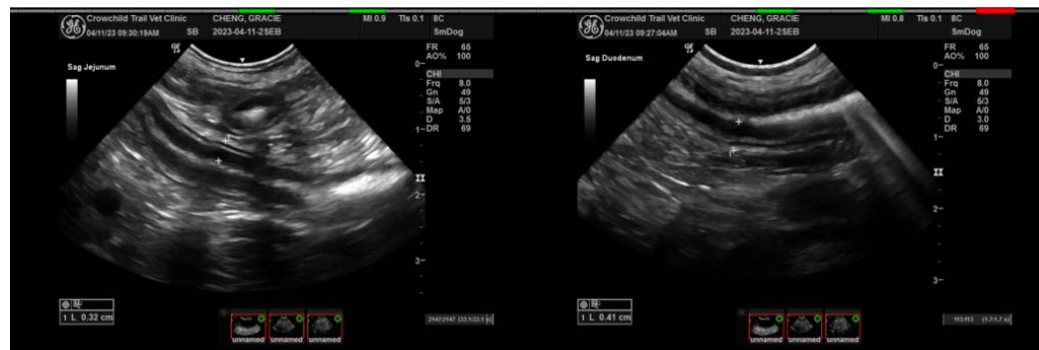
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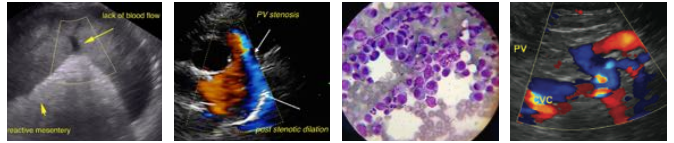
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



PATIENT

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

Gracie Cheng

kathleen.sennello@sonopath.com

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