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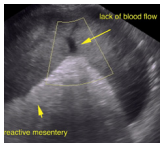
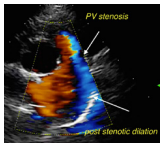
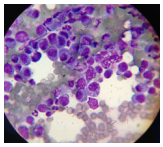
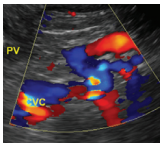




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Jake Cruz

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

14 Years

WEIGHT

20.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

The Venturing Vet

REFERRING VET

Dr. Marisa Herzog

INVOICE

36900

DATE

4/14/22

PRESENTING CLINICAL SIGNS

Appetite not great - very finicky, diarrhea on and off. Current med: metronidazole.
Abnormal PE/Chem/CBC/UA Results: Ova parasite fecal (neg). Alk. Phos. 624, ALT 179, B/C ratio 34.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended with anechoic urine. The Bladder wall is mildly diffusely thickened and irregular, measuring 0.40 cm. The trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, or masses. There is a small pinpoint shadowing mineralization visualized in the mucosa measuring 0.24 cm x 0.11 cm. These findings are most consistent with bacterial cystitis or lack of urine distention.

The prostate is normal in size (0.59 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.

The left kidney has a normal shape and size (5.37 cm) with a 0.67 cm cortical cyst. 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 (5.15 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.

Adrenal Glands

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.

The right adrenal gland is normal in size measuring 0.60 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.

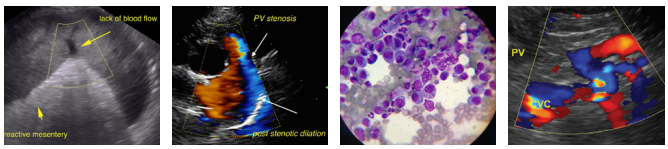
Spleen

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mildly mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are two hypoechoic nodules visualized within the parenchyma, one measuring 1.43 cm x 1.14 cm, and another measuring 0.64 cm x 0.67 cm.

Liver

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. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

The stomach is mildly dilated with mobile fluid and irregular shadowing material, most consistent with normal ingesta and gas. The gastric wall largely appears normal, but there is a hyperechoic, irregular mass effect within the gastric lumen measuring 3.4 cm x 1.83 cm. This lesion appears to arise off the superficial gastric layers, as the deeper muscularis layers appear largely intact. This lesion is tissue density and there is minimal shadowing artifact.

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 prominent and hypoechoic as 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.

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.

Other

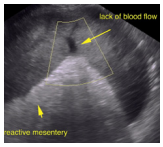
A brief view of the heart was submitted. No significant pericardial effusion was seen.

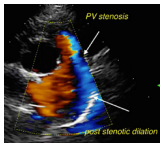
PRIMARY FINDINGS

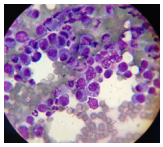
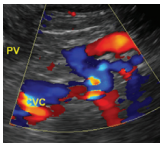
- Mass effect within the gastric lumen – Wall layering appears somewhat intact. Possible differentials would include a large polyp, mucosal mass, etc. A complete obstruction is not visualized.

- Mildly mottled spleen with two hypoechoic nodules – These lesions are moderate in size. The larger of the two does seem to deviate the splenic capsule slightly. Recommend a fine needle aspirate. There are several, non-cavitated, hypoechoic splenic nodules visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

- Large, heterogeneous 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.





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SECONDARY FINDINGS

- Mildly irregular bladder mucosa with a pinpoint mineralization – 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 a left-sided cortical cyst – The bilateral renal findings are consistent with age-related change.
- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

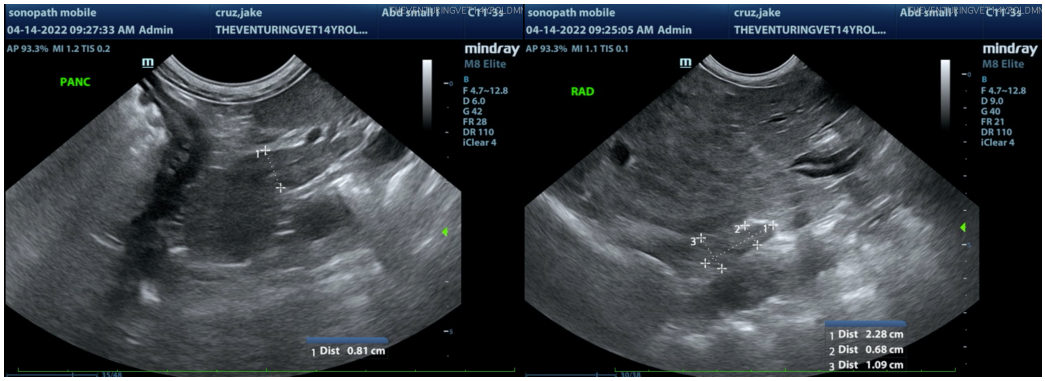
A soft tissue structure is visualized within the gastric lumen. This is suspicious for a gastric mass. This could represent a benign or neoplastic lesion, but intact wall layering favors a more benign process. Consider surgical or endoscopic evaluation.

There are hypoechoic nodules within the spleen with mild deviation of the splenic capsule. Options moving forward would include either splenectomy or a fine needle aspirate of the splenic lesions.

The liver is large and heterogeneous. No focal lesions are observed and the gallbladder appears relatively normal. I currently would prioritize the other issue, but you could consider a liver function test and a fine needle aspirate of the liver. If surgery is considered, then a biopsy of the liver could be performed. If signs of Cushing's are present, you could consider adrenal function testing when this patient is feeling better.

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

The urinary bladder is minimally distended with urine, and there is a small, hyperechoic foci. Recommend urinalysis and culture and monitoring to make sure the mineralization does not get larger or cause an obstruction. Correlate with abdominal radiographs.



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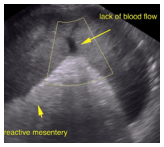

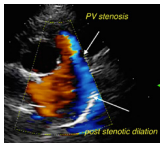

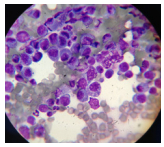
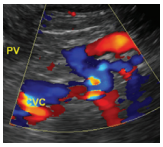

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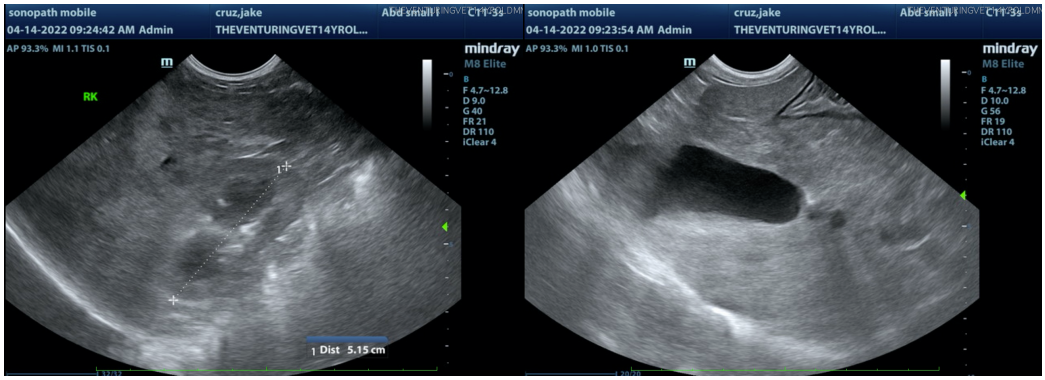

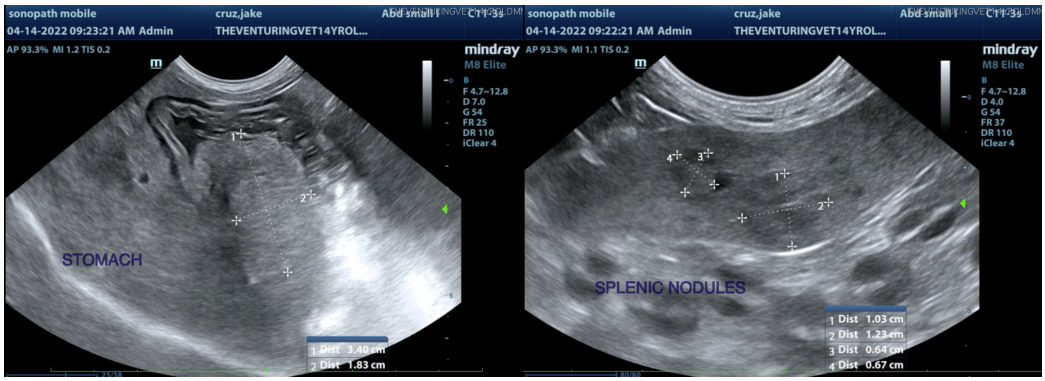

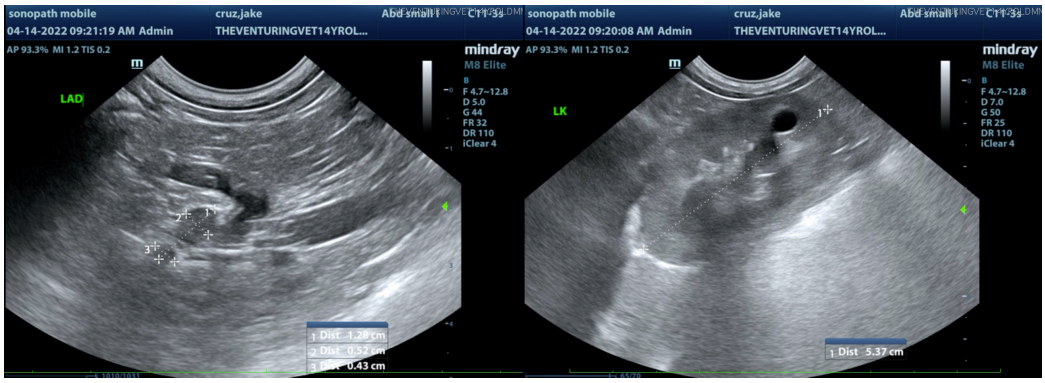

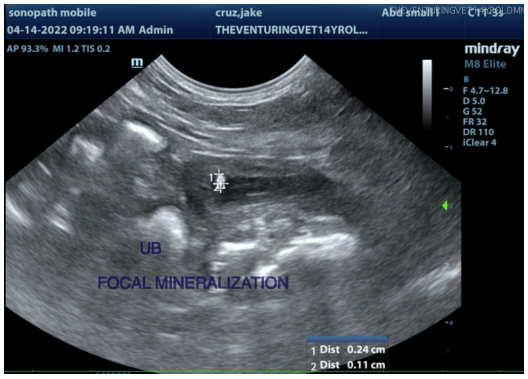

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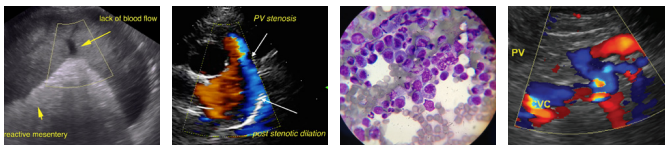

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com