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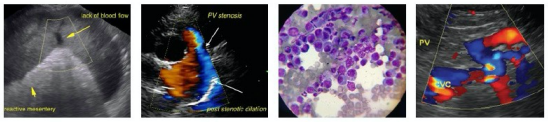

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Flora Brownlee

SPECIES

Canine

BREED

West Highland Terrier

SEX

Spayed Female

AGE

11 Years 11 Months

WEIGHT

23 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

MountainView AH

REFERRING VET

Dr. Sarah Kalivoda

INVOICE

36749

DATE

4/7/22

PRESENTING CLINICAL SIGNS

PAWS Request Form: Chief Concern / Provisional Diagnosis: ~recheck gall bladder and splenic changes from prev. u/s recheck ultrasound these are the previous findings PRIMARY FINDINGS • Prominent mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving. • Mottled, patchy spleen with a hypoechoic small nodule – The diffuse splenic changes are nonJacques SECONDARY FINDINGS • Mild gallbladder polyps – The significance of the gall bladder polyps and debris is unclear. This could represent an early mucocele, cholestasis, or chronic inflammation, or could be an incidental finding. INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS A discreet abdominal mass was not visualized on today's scan. Many of the changes observed could be age related and are likely incidental. The pancreas does appear somewhat prominent, but if there are no symptoms associated with pancreatitis, this may indicate a previous episode and some remodeling change. There are some patchy, ill-defined lesions associated with the spleen. I suspect these are incidental, but they should be monitored, and a fine needle aspirate could be considered. ~ Relevant Medical History and Physical Exam findings: ~history of osteoarthritis and dermatitis~ Recent Diagnostics: Relevant Labratory Results / Abnormalities: ~ history of proteinuria that is well controlled w/ benazapril blood pressure recheck to be performed to day no clinically sig. chem or cbc findings on prev. labwork Current medications (include full name, dosage and frequency): ~ benazapril 5 mg 1 t po sid Relevant Radiograph Findings(email radiographs if available): ~n/a~

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, or masses. There is a very small 0.19 cm, hyperechoic foci within the urinary bladder, most consistent with a very small stone, likely small enough to be passed.

The left kidney has a normal shape and size (4.8 cm) with numerous small cortical cysts. 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 (4.56 cm) with small cortical cysts. 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 0.53 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.

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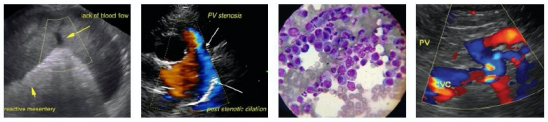

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The right adrenal gland is normal in size measuring 0.36 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size and irregular in shape. The spleen echotexture is heterogenous and mottled. The blood flow through the hilus and splenic parenchyma appears normal. There are numerous ill-defined hyper- and hypoechoic lesions as well as some small, motheaten cystic type lesions. Today a 0.44 cm hypoechoic cystic appearing lesion is visualized within the parenchyma. Overall, the appearance of the spleen is similar to that of the last exam (10/28/21).

Liver

The liver is subjectively normal in size, and irregular. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. A hyperechoic nodule is visualized at 0.77 cm within the parenchyma.

The gall bladder lumen is moderately distended. The wall of the gall bladder has small, irregular polypoid projections and 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.

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 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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent lymph nodes. The left sublumbar lymph node measures 0.75 cm in diameter. The right measures at 0.45 cm. A mesenteric lymph node is visualized at 0.47 cm. The omentum is of normal echogenicity.

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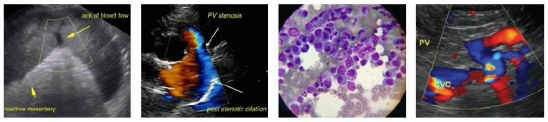

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Other

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

PRIMARY FINDINGS

- Mottled, irregular spleen with a hypoechoic, cystic appearing lesion – 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. The spleen is very irregular, but it appears relatively stable to the previous exam approximately 6 months ago.

- Heterogeneous, irregular liver with hyperechoic nodule – 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 hyperechoic nodule has the general appearance of a benign nodule, but continued monitoring is warranted.

- Small gallbladder polyps – These are subtle and appear very stable.

- Prominent sublumbar lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. Recommend a good rectal exam to make sure there is no anal gland enlargement, and continued monitoring.

SECONDARY FINDINGS

- Small, hyperechoic foci within the urinary bladder – Recommend urinalysis and culture and continued monitoring. This stone is likely small enough to pass.

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No dramatic changes have occurred since the last scan just over 6 months ago. The spleen is still very mottled with some discrete lesions, which may be slightly worse, but not dramatically so. The kidneys have age related change, and the pancreas is very prominent, but given the stability of this lesion and lack of symptoms, this is likely an incidental finding. Recommend continued monitoring of the abdominal lymph nodes, gallbladder, spleen, and liver.

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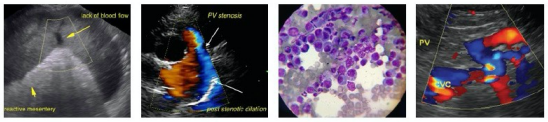

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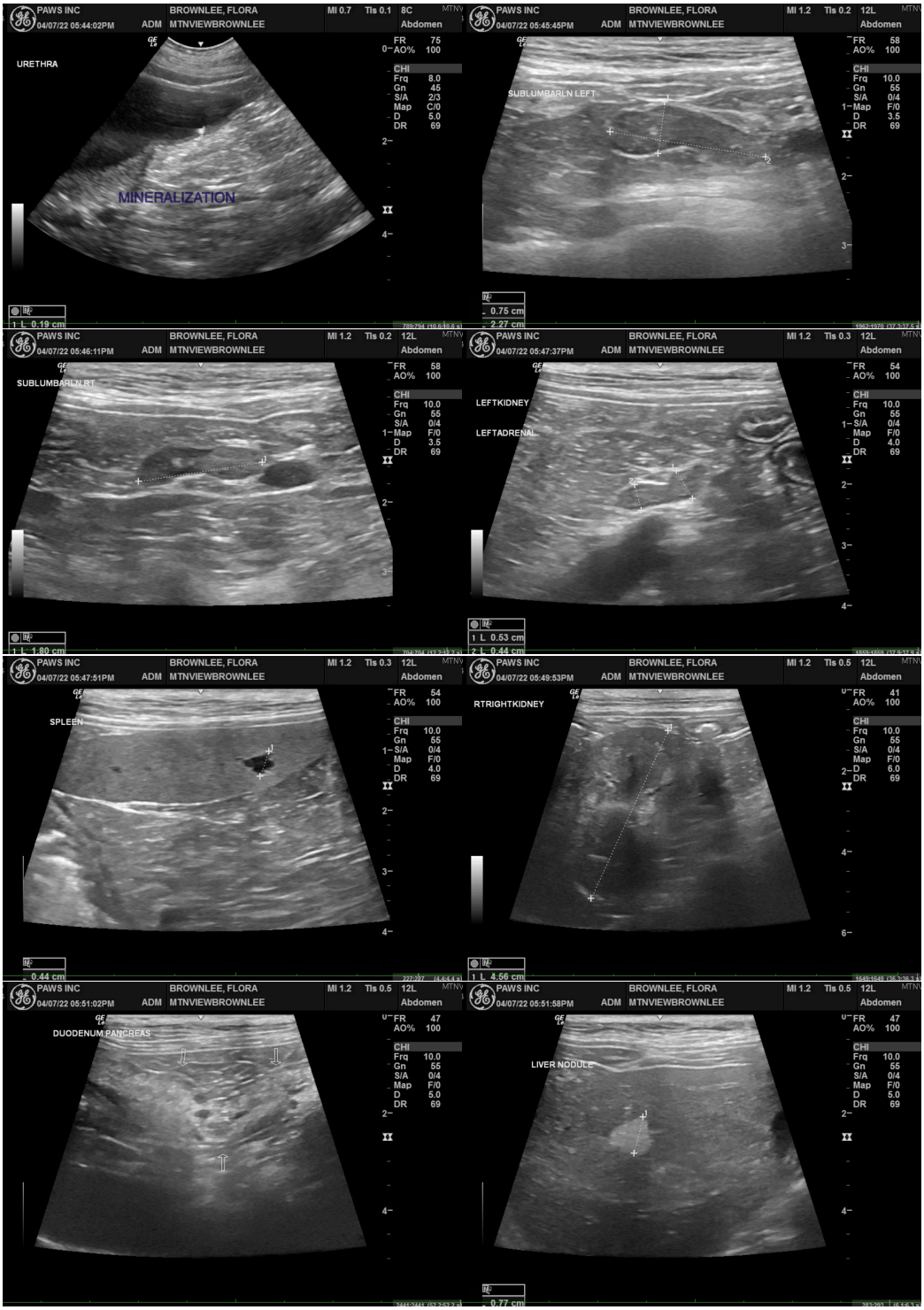

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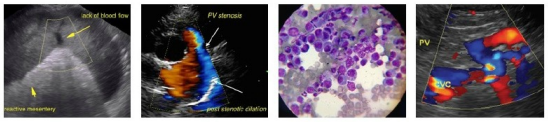

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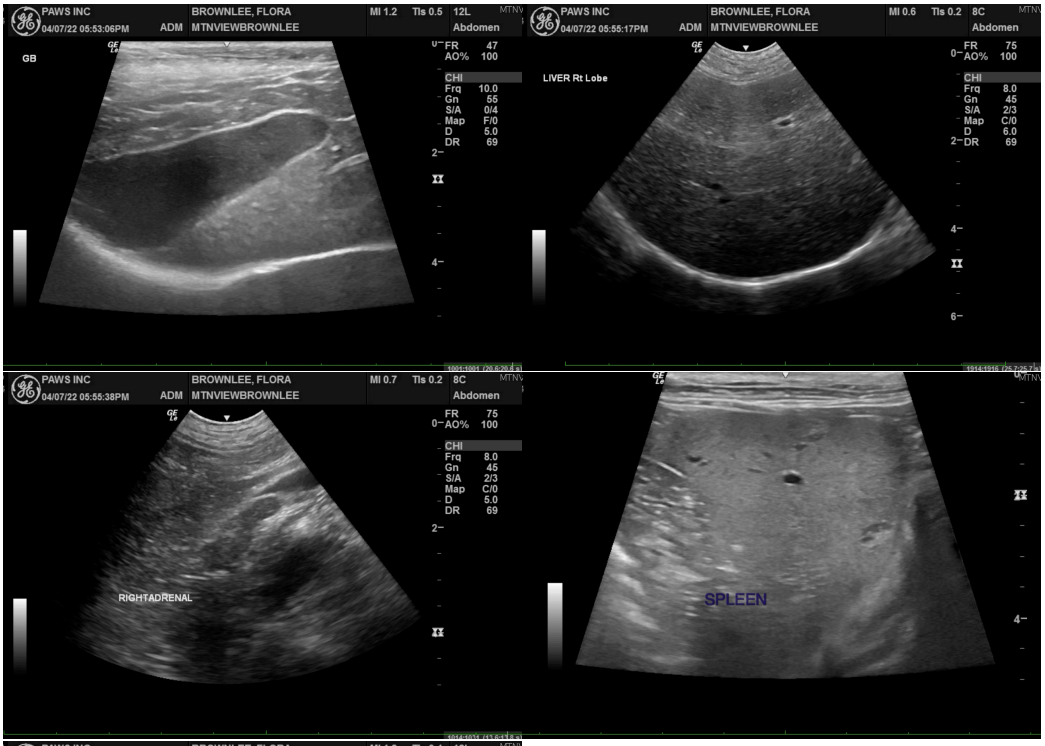

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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