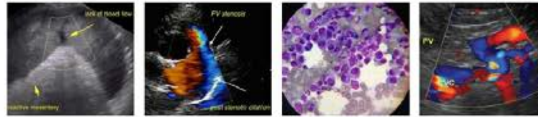


PATIENT

Piper Severence

SPECIES

Canine

BREED

Husky X

SEX

Spayed Female

AGE

7 Years 8 Months

WEIGHT

31.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Incline Vet Hospital

REFERRING VET

Dr. Abby Mulchi

INVOICE

47044

DATE

5/2/23

PRESENTING CLINICAL SIGNS

Incidental heart murmur noted on examination, grade II/VI left sided, pre-anesthetic screen, P needs TPLO, historical hypothyroidism MEDS:levothyroxine 0.8mg PO BID, joint supplement, fish oils

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.

The left kidney is borderline large in size at 8.1 cm with a large cortical cyst in the caudal pole with a diameter of 3.89 cm. Overall echogenicity is normal with adequate 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 (6.6 cm). Overall echogenicity is normal with adequate 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 0/75 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 0.75 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.

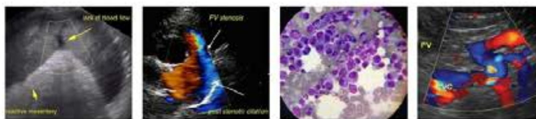
Spleen

The spleen is subjectively normal in size, 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 gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened (0.39 cm) with adherent debris and there is organization and stranding of this debris into a mucocele. There is minimal surrounding inflammation and no obvious free fluid observed. The bile duct is normal/not visible. Findings are consistent with a mucocele. Consider close monitoring and initial medical management.

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.



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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. Duodenum wall measures 0.45 cm. Jejunum wall measures 0.36 cm. 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 is no lymphadenopathy present. A sublumbar lymph node is visualized that is somewhat prominent and isoechoic, measuring 0.59 cm. The omentum is of normal echogenicity.

PRIMARY FINDINGS

- Heterogeneous liver with too numerous to count intrahepatic biliary stones – 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.

- Gallbladder mucocele with mild wall thickening and minimal surrounding inflammation – Medical management could be considered at this time with close continued monitoring.

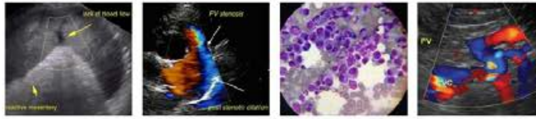
SECONDARY FINDINGS

- Cystic structure visualized in the caudal pole of the left kidney – Findings are most consistent with a large benign renal cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a gallbladder mucocele present with mild thickening of the gallbladder wall, but no overt inflammation at this time. Additionally, there are too numerous to count intrahepatic biliary stones. The bile duct is somewhat difficult to visualize but appears somewhat prominent in some areas. Reimaging with significant sedation would likely be necessary to remove the panting artifact and better visualize this region. Given lab work provided, a signficiant gallbladder obstruction doesn't appear present at this time.

Options moving forward would include medical management with chronic Ursodiol, Denamarin, +/- antibiotic therapy, particularly if a flare up is present, and close continued monitoring for progressive of this lesion into a surgical case. There is the option to prophylactically remove the gallbladder, but this



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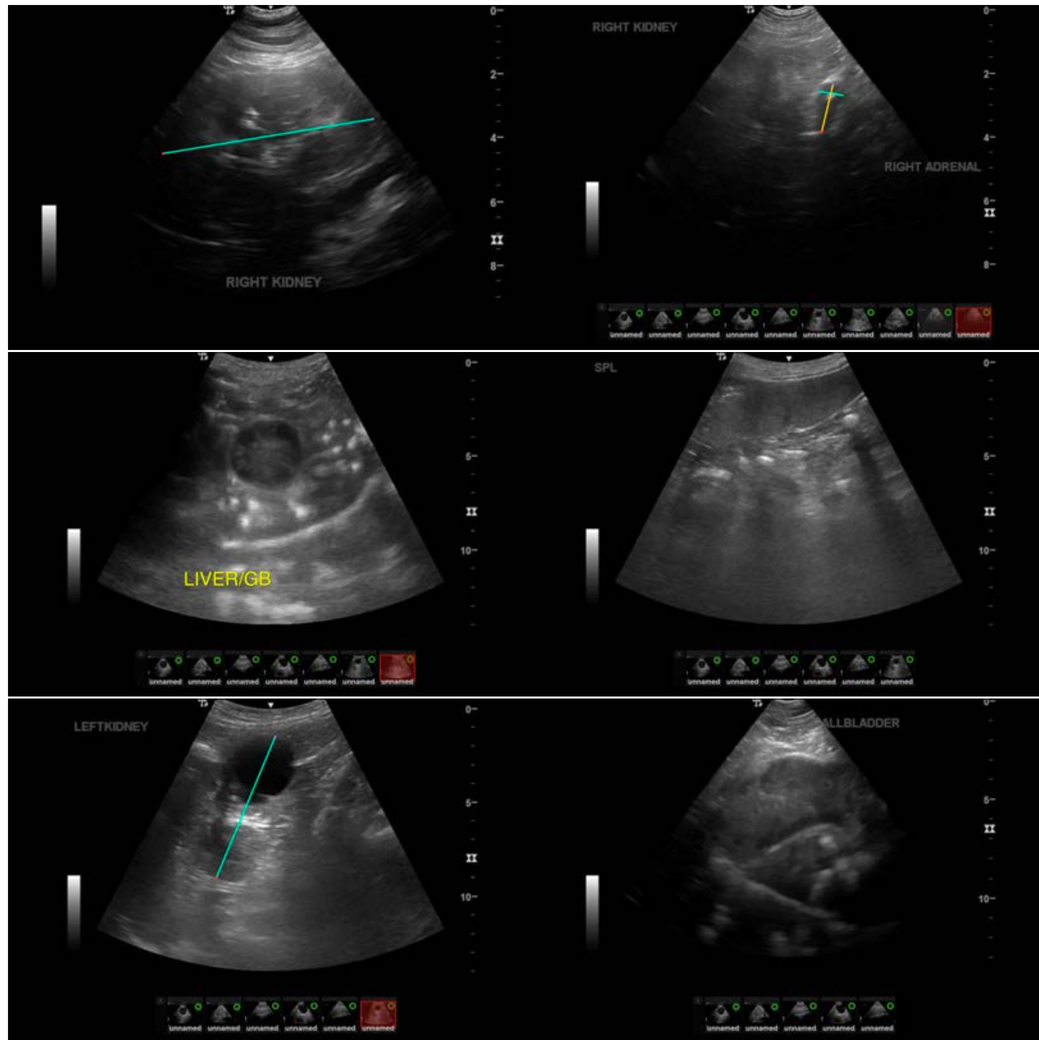
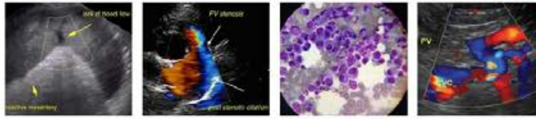
would be complicated by the numerous biliary stones, etc., and risk for a biliary obstruction is significant if stones are passing into the bile duct, and the impact of removing the gallbladder on this is unknown. Consider abdominal radiographs to obtain a baseline of the mineralizations and to try and determine if there are mineralizations in the region of the bile duct that could be monitored.

The large lest-sided renal cyst is likely incidental at this time. Continued monitoring is warranted for progression of this cystic structure.





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SPLEEN

SL LN

URINARYBLADDER

CBD DUODENUM

RIGHT PANCREAS

INTRAHEPATIC BILIARY STONES

GB

LEFTADRENAL

LK-CYST

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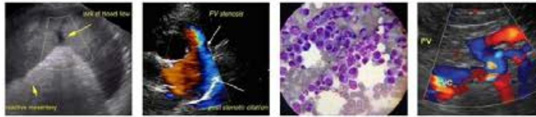

PAWS
Portable Animal Western Sonography, Inc.
IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

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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