



DATE
05/26/2022

PRESENTING CLINICAL SIGNS

Presents for chronic history of polyphagia, PU/PD per O. Coughing/hacking. Grade II Left Systolic Heart Murmur.

PATIENT

Riley Hershner

Current Medications: None. Gabapentin 100mg 2-3 hours prior to aus.
 Lab Results: ALP 217, Triglycerides 500, PSL 167, Thrombocytosis 485
 Monocytosis 902. UA SG 1.016- pH7 inactive sediment (dilute)

SPECIES

Canine

Radiographs: Enlarged cardiac silhouette.
 Date of Previous IntraPet Ultrasound: No previous
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.

BREED

Miniature Pinscher

Imaging Performed By: Stephanie Pearce RDCS, RVT.

SEX

FS

AGE

9 yr

WEIGHT

17.4 lb

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 has a normal shape and size. Overall echogenicity is normal with mildly reduced 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 left kidney measured 4.38 cm in length.

The right kidney has a normal shape and size. Overall echogenicity is normal with mildly reduced 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 measured 4.51 cm in length.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.65 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 0.57 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 liver is borderline enlarged and hyperechoic. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

INTERPRETED BY

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

HOSPITAL NAME

Eastern Animal
 Hospital

REFERRING VET

Dr. Haviland

INVOICE

10681ag

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.

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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Mild mucosal speckling was present in the duodenum. Bowel loops follow a typical curvilinear path with distinct wall layering. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The duodenum measured 0.41 in width. The jejunum measured 0.31 cm in width.

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 mildly hypoechoic and prominent. 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.

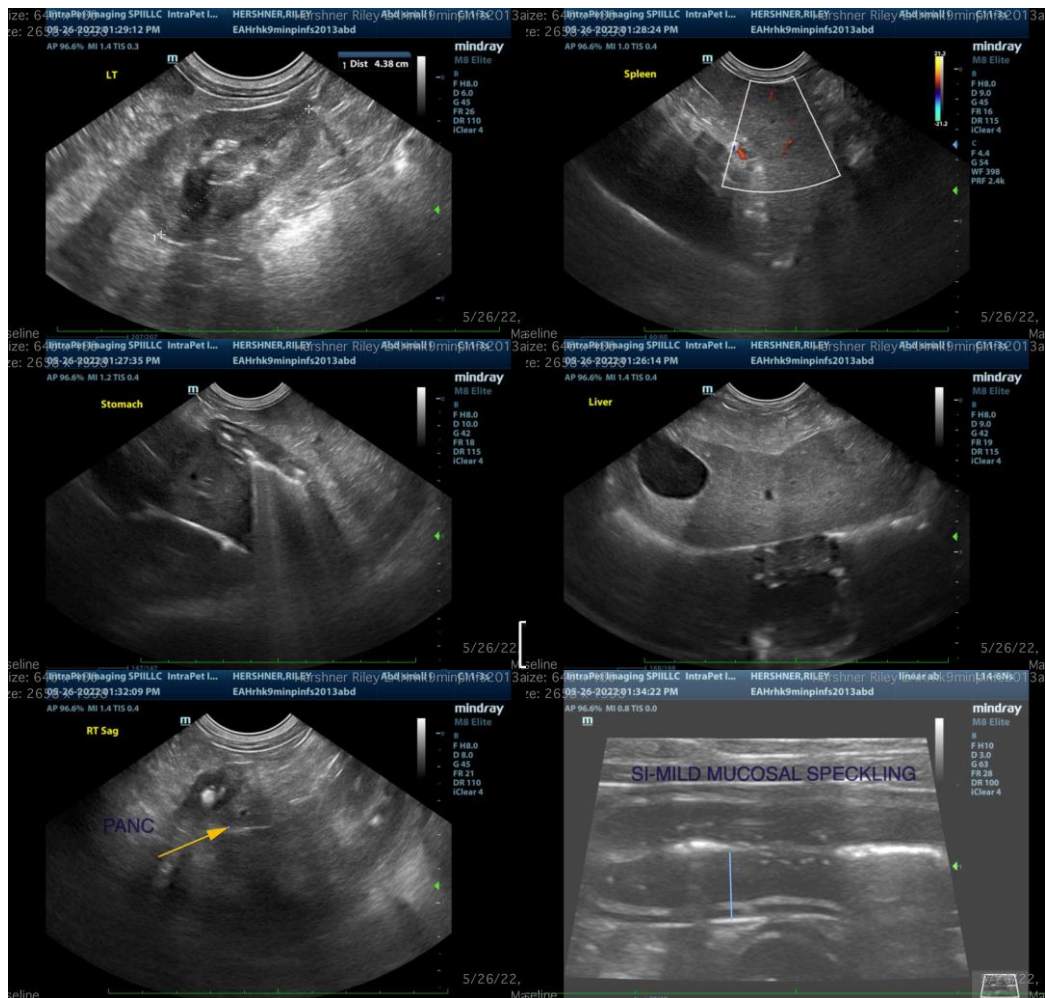
ULTRASONOGRAPHIC FINDINGS

- Borderline/hyperechoic liver. The diffuse hepatic changes are non-specific and can be seen with vacuolar hepatopathy, reactive change, nodular hyperplasia or, less likely, inflammatory/immune-mediated disease, infiltrative neoplasia, or other hepatopathy.
- Subjectively thickened small intestine with mild mucosal speckling. Bright mucosal speckling has been proposed to represent dilated lacteals or focal accumulation of mucus, cellular debris etc. in the mucosal crypts of the small intestine.
- Mildly reduced corticomedullary distinction. The bilateral renal findings are consistent with age-related change.
- Mildly prominent hypoechoic 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

No prominent focal lesions are visualized to explain the PU/PD reported. Additionally, there are no lesions associated with the liver or gallbladder. If there are additional clinical signs consistent with Cushing's, you could consider adrenal function testing, but I would suspect it is relatively early Cushing's if it is present at all. Additionally, you could consider liver function testing and a FNA of the liver if round cell neoplasia is a differential or if liver dysfunction is a concern.

The duodenum appears somewhat prominent with mild mucosal speckling. If there is no evidence of underlying GI disease, this could be an incidental finding. If there is weight loss, diarrhea or vomiting etc. then I would consider a GI panel to Texas A&M for further evaluation of the pancreas and small intestine.





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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