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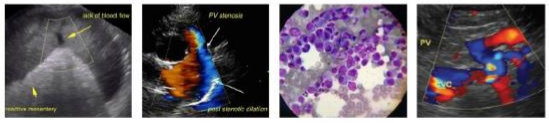


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

**PATIENT**

George Salmeri

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

19 Pounds

**INTERPRETED BY**

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

**IMAGING BY**

Loetitia Saint-Jacques, LVT

**HOSPITAL NAME**

South Reno VH

**REFERRING VET**

Dr. Schmitt

**INVOICE**

37345

**DATE**

5/3/22

## PRESENTING CLINICAL SIGNS

Sweet dog no sedation needed- Thoracic x-rays: Subjectively heart appears enlarged. Vertebral heart sum method not working in software. Mild diffuse interstitial pattern all fields and bilaterally. Rest of cardiac or pulmonary structures are unremarkable. Abdominal x-rays: Mostly ingesta filled normally dilated small intestine. Feces predominantly in large intestine and mildly to normal dilated. There is gas and what appears to be cecum and mildly dilated. Spleen is either elongated or enlarged. Stomach is mildly distended with material in it. What is seen of kidneys and liver are unremarkable. Urinary bladder is mildly distended and there are several small pinpoint mineral opacities in it visible on both lateral views but not on the VD view. A: Urinary bladder: Multiple small bladder stones or possibly one large one. Moderate splenomegaly. Heart murmur 3/6-
Abnormal PE/Chem/CBC/UA Results: PSL 211- UA: Specific Gravity 1.050 pH 6.0 Protein 1+ Chemistry screen: No significant finding CBC: No significant finding Heartworm test antigen: Negative Fecal: No eggs or parasites seen Urinalysis: Increased specific gravity likely causing falsely increase protein and bilirubin.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is moderately distended with anechoic urine. The Bladder wall is very mildly irregular. The area of the trigone, ureteral papillae and proximal urethra appear normal with no evidence of any mass lesions or thickening. There is a small amount of dependent sandy debris/small stones visible with an area of mineralization measuring approximately 0.67 cm, and some pinpoint stones measuring at 0.2-0.25 cm.

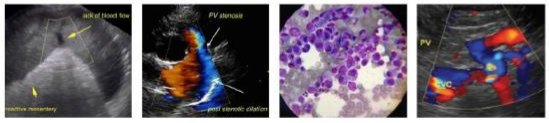
The prostate is normal in size (0.90 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.9 cm) with non-obstructive nephroliths measuring 0.39 cm and 0.32 cm. Overall echogenicity is normal with adequate 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.83 cm) with pinpoint non-obstructive nephroliths and a large nephrolith measuring 0.35 cm. Overall echogenicity is normal with adequate 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, infarcts or hydroureter. Renal vasculature is normal.

### *Adrenal Glands*

The left adrenal gland is normal in size measuring 0.59 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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The right adrenal gland is normal in size measuring 0.52 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 subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. 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 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, 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

- Small amount of mineralized dependent debris in the urinary bladder – findings are most consistent with sandy debris/small stones.

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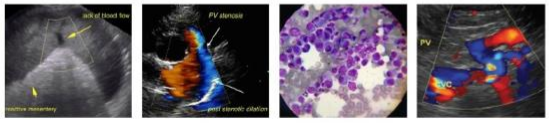

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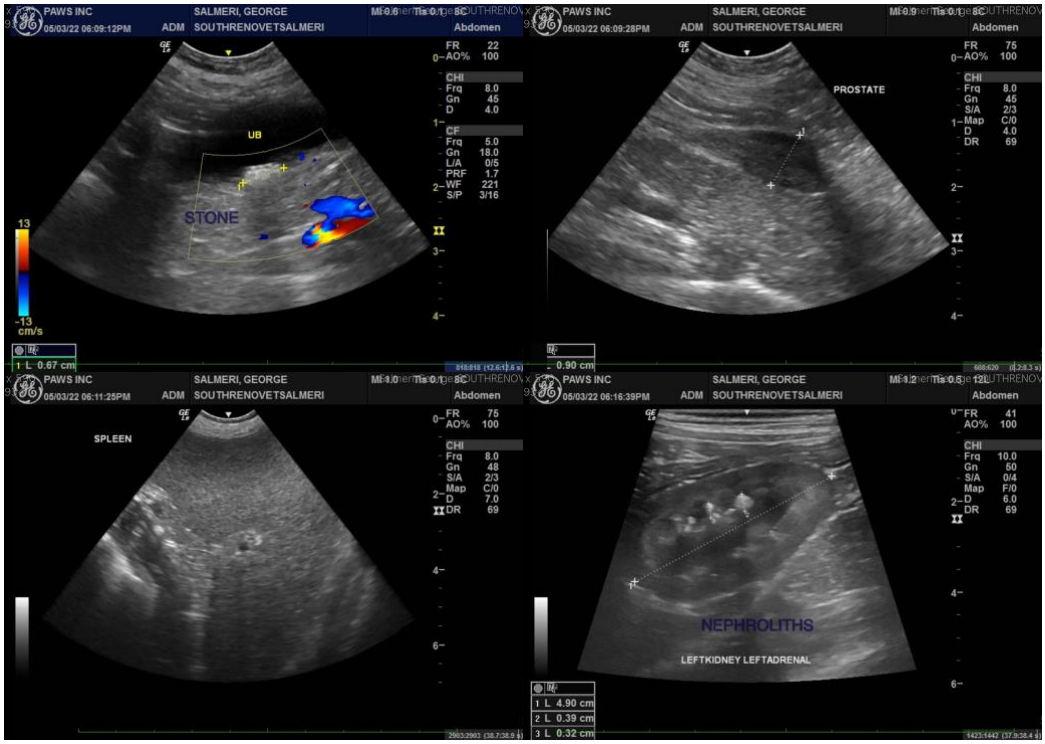
- Non-obstructive nephroliths visualized in both kidneys – The hyperechoic mineralized foci observed at the corticomedullary junction of the left/right kidney are consistent with small, non-obstructive nephroliths.
- Moderate gallbladder debris – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are non-obstructive stones visualized in both kidneys and sandy debris/small stones visualized within the urinary bladder. Recommend urinalysis and culture. There is no evidence of an obstructive process at this time. Continued monitoring is warranted. If this patient becomes clinical for the bladder stones, then surgical removal may be considered. Correlate these findings with radiographs.

There is a moderate amount of debris visualized within the gallbladder. If liver enzyme elevations are present, I would consider starting Ursodiol and continuing monitoring. If liver enzymes are normal, then continued monitoring is sufficient.



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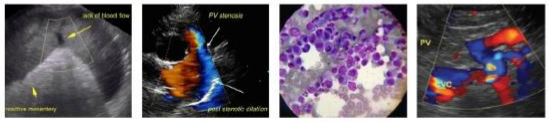

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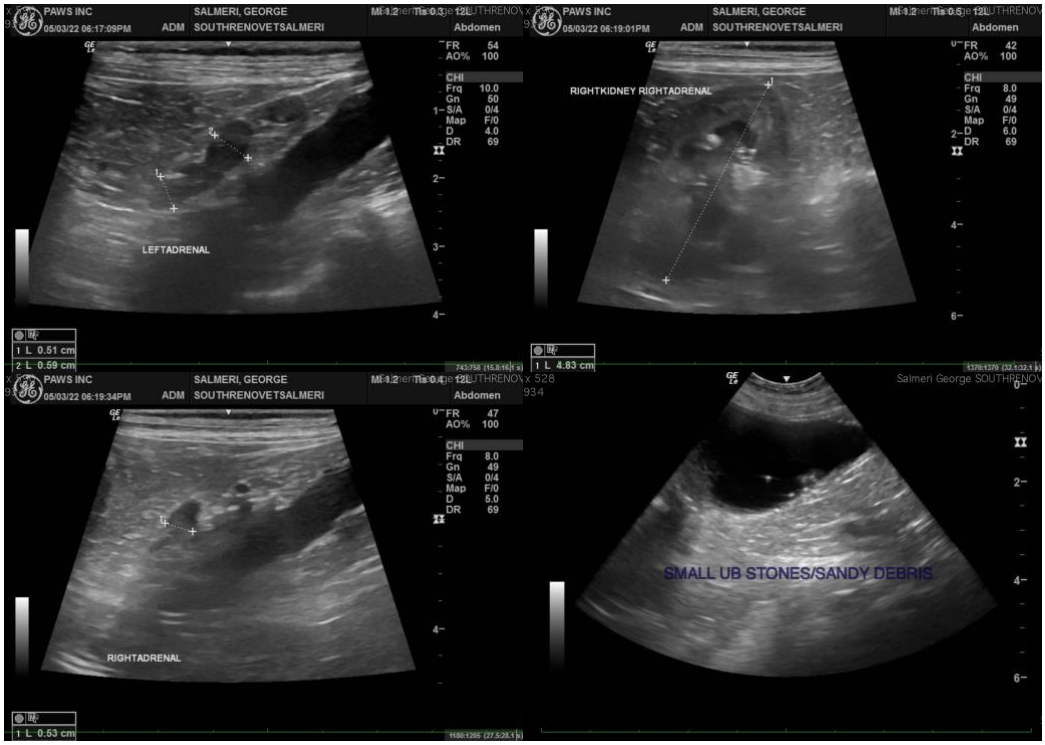


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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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