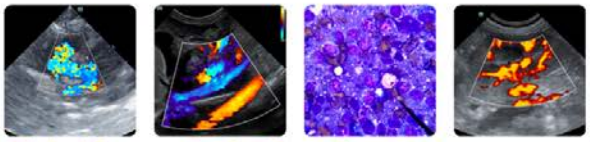

PATIENT

Princess Leia Trigo

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

12 Years

WEIGHT

11 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Marilyn Davila

INVOICE

74996

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PRESENTING CLINICAL SIGNS

Px presented as a referral for a double study due to Hx of Mitral and Tricuspid valve regurgitation and incidences of a reoccurring uterine mass. Owner reports some coughing and abdominal distention. Biopsies and FNAs of the uterine mass have been performed and the latest results came back as a Uterine Papillary Cystadenoma.

Abnormal PE/Chem/CBC/UA Results: Last echocardiogram and abdominal ultrasound report performed attached below for your reference.

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 (4.18 cm) with occasional small cortical cysts. Overall echogenicity is slightly hyperechoic with mildly reduced 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 is small and difficult to visualize with minimal recognizable architecture. It measures 1.92 cm in length. This is most consistent with a dysplastic/atrophied kidney.

Adrenal Glands

The left adrenal gland is “plump” measuring 0.55 cm at the cranial pole and 0.69 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 borderline “plump” measuring 0.56 cm at the cranial pole and 0.67 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.

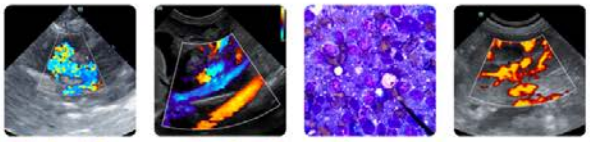
Spleen

The spleen is subjectively normal in size (0.88 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a hyperechoic nodule visualized near the hilus measuring 0.21 cm, most consistent with a benign myelolipoma.

Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is mildly 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 gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of non-organized, mixed echogenicity debris with some



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hyperechoic, possibly mildly mineralized debris. There is no evidence of bile duct dilation. Gallbladder wall measures at 0.10 cm.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.37 cm 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. There is a focal section of gastric wall consistent with a hypoechoic nodule measuring 0.88 cm x 1.5 cm.

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 0.39 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 visible/mildly mottled in the left limb. 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

The region of the uterus appears normal with no evidence of a mass effect.

ULTRASONOGRAPHIC FINDINGS

- Mild age related changes visualized associated with the left kidney, and a right dysplastic/atrophied right kidney.
- Borderline “plump” adrenal glands – Findings could be consistent with anatomic variation or mild early hyperplasia.
- 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.
- Large gallbladder debris – A large amount of debris is evident in the gall bladder with no evidence of a mucocele or associated inflammation at this time. This could represent an early mucocele or cholestasis, with minimal evidence of associated inflammation at this time. Continued monitoring of labwork and ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered.

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- Focal hypoechoic nodule in the gastric wall – Possible differentials would include an adenoma, carcinoma, early round cell neoplasia, leiomyoma, leiomyosarcoma, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No significant lesions were visualized associated with the region of the uterus/uterine body. This area appears stable from the previous exam 10/2023.

The liver is large and heterogeneous. Correlate with current lab work, looking for additional evidence of a possible primary hepatopathy.

Additionally, the gallbladder is large and distended with mixed echogenicity non-organized debris. The gallbladder wall is not overtly thickened but slightly prominent. Organization into a mucocele is not evident, but gallbladder debris, cholecystitis, etc. is still a concern. Recommend starting chronic Ursodiol therapy and continued monitoring. If other signs of cholecystitis are present, you could consider a course of antibiotics if clinically appropriate.

There is a small nodule in the gastric wall. Options moving forward would include likely surgical biopsy or continued monitoring with ultrasound. The exact location in the stomach is uncertain. If a window for sampling is available, a fine needle aspirate could be considered but may be challenging.

Consider repeat ultrasound in 8 weeks to reassess the gastric wall and the gallbladder with current treatment.

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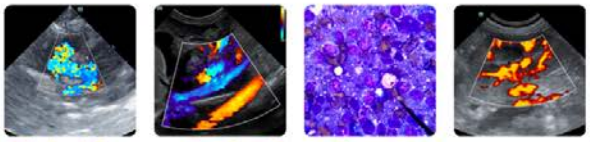

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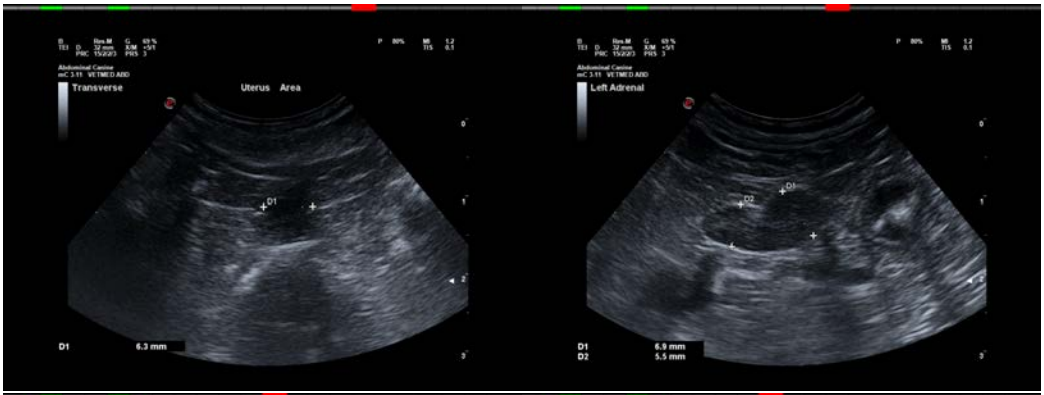

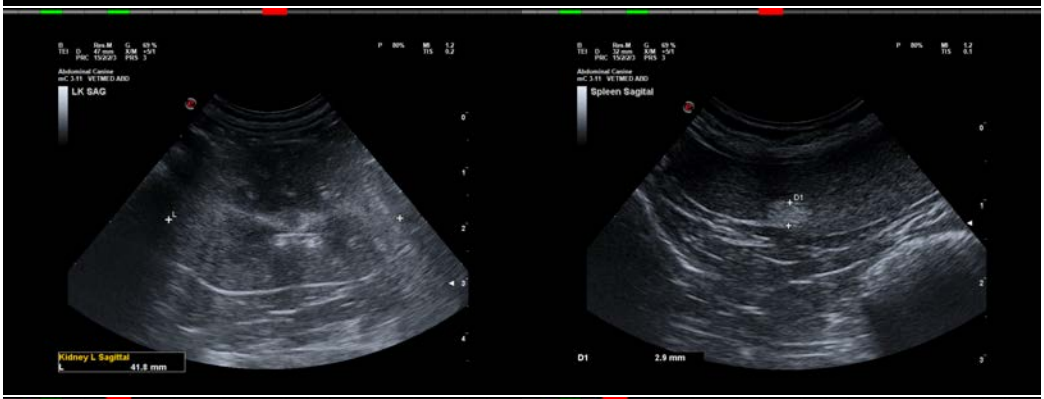

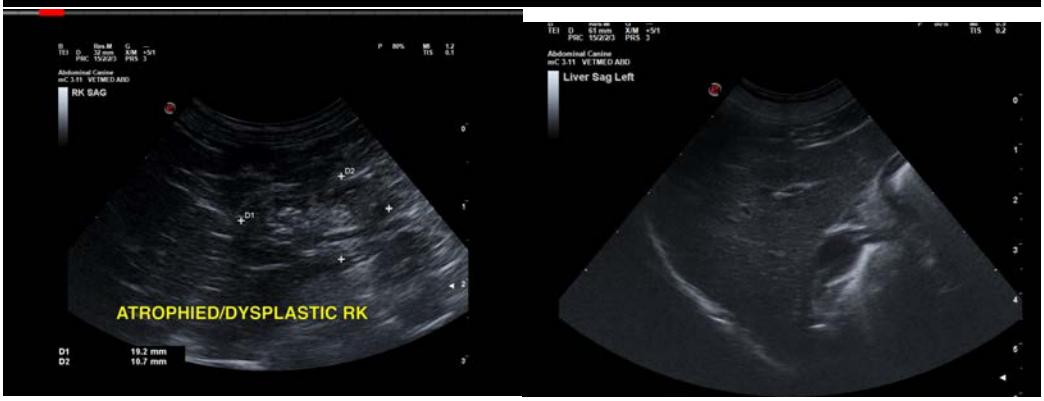

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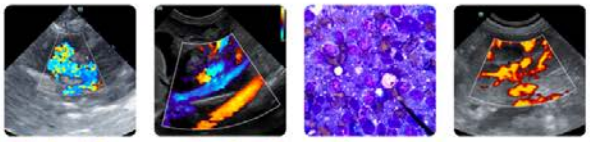

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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