



PATIENT

Annie Gierszewski

PRESENTING CLINICAL SIGNS

SPECIES

Canine

U/S report from 5/25/2022 1) Splenic nodule that appears to be thick-walled and there is some concern for rupture in the future. The gall bladder has a thick sludge and is at risk for a developing mucocele. Recommend ursodiol and recheck of both spleen and gall bladder in 3-4 weeks- today is recheck AUS- On ursodiol Ursodiol 250 mg Give 1/4 tab SID x 30 days. decreased appetite-

BREED

Terrier X

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.

SEX

Spayed Female

The left kidney has a normal shape and size (3.61 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

8 Years 9 Months

The right kidney has a normal shape and size (4.01 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

16.9 Pounds

Adrenal Glands

The left adrenal gland is normal in size. 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.

INTERPRETED BY

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

The right adrenal gland is normal in size measuring 0.39 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.

IMAGING BY

Loetitia Saint-Jacques,
LVT

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. There is a mixed echogenic mass effect towards the tail of the spleen measuring 1.8 cm x 1.3 cm. Previous measurement from 5/25/22 was 1.0 cm x 1.81 cm. This lesion appears stable.

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Pine Creek VC

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is 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.

REFERRING VET

Dr. Denny Nolet

The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris present, but some of this is forming mucosal strands and causing wall thickening at the periphery.

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These changes can be consistent with an early gall bladder mucocele. This lesion was previously evaluated on 5/25/22, and appears stable.

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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.

BREED

Terrier X

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.

SEX

Spayed Female

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.

AGE

8 Years 9 Months

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.

WEIGHT

16.9 Pounds

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.

INTERPRETED BY

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(Small Animal Internal
Medicine)

ULTRASONOGRAPHIC FINDINGS

- Early gallbladder mucocele present – This lesion appears stable.
- Mixed echogenic splenic nodule – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis. The lesion appears stable.
- 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.

IMAGING BY

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LVT

HOSPITAL NAME

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REFERRING VET

Dr. Denny Nolet

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The previously identified splenic nodule and gallbladder mucocele appear stable. The significance of the gallbladder mucocele somewhat depends on clinical signs, bloodwork values, etc. It is unlikely to definitively go away with Ursodiol therapy. The goal is to slow the progression of this lesion. If you suspect the inappetence is secondary to the gallbladder disease, I would consider

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Annie Gierszewski surgical evaluation.

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The splenic nodule appears stable. This could still be a benign or malignant lesion. If surgery is contemplated for the gallbladder mucocele, I would consider removal of this lesion as well.

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Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

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Terrier X

If conservative therapy is required, then consider reevaluation of the spleen in 3 months and continued chronic Ursodiol with reevaluation of bloodwork at this time, and again in 3 months, sooner if the patient is not feeling well.

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REFERRING VET

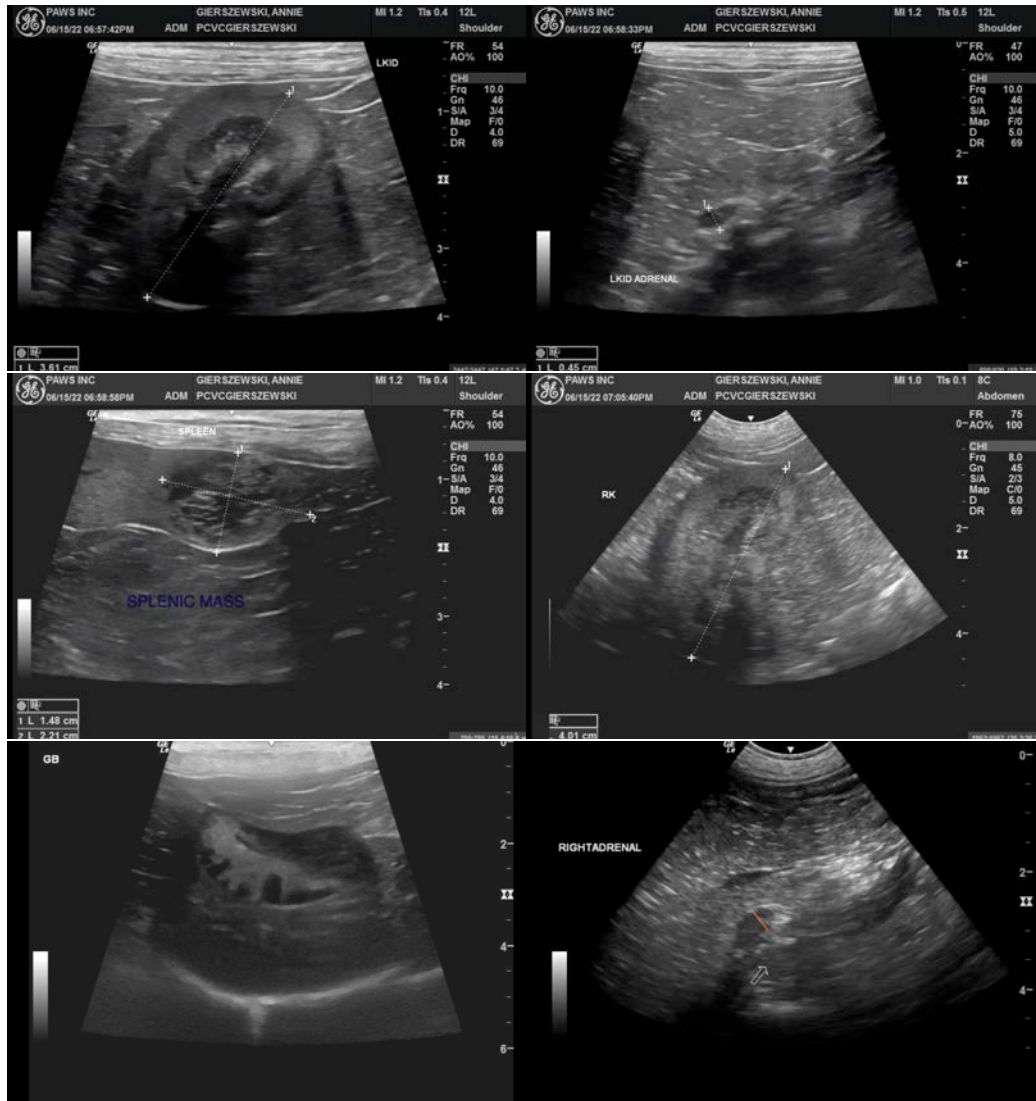
Dr. Denny Nolet

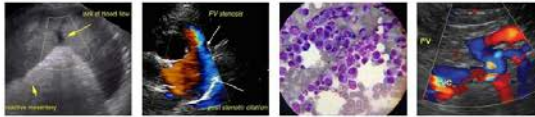
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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