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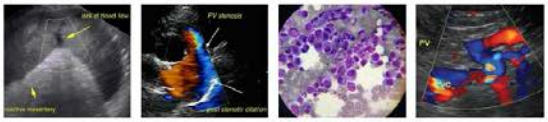

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Tucker Bailey

SPECIES

Canine

BREED

Terrier

SEX

Neutered Male

AGE

16 Years

WEIGHT

7.2 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Monte Vista AH

REFERRING VET

Dr. Alexandra Moore

INVOICE

38357

DATE

6/3/22

PRESENTING CLINICAL SIGNS

Appointment reason: diarrhea returned with blood. General Tucker has been very lethargic since diarrhea returned on Sunday; he walks a few steps and then collapses to the ground. He will sometimes vomit after drinking water as well (not really new for him per O). Seems to be eating/drinking okay at home, but may be less overall. He has been urinating in his diaper at night recently (no overtly PU/PD per O but he is peeing in his diaper at night and sleeping very hard/long as well). Current medications: Benazepril 5mg 1/2 tab PO BID, Furosemide 20mg 1/2 tab PO SID, Gabapentin, and Petmedin. O D/Ced the Tylan after she gave one dose as he seemed to become constipated and he isn't eating the proviable well so she D/Ced as well. He has not been on Denamarin per O. Lives in a single-pet household. R/O (recurrent diarrhea and lethargy/dehydration): GI- gastroenteritis (dietary indiscretion), GI parasitism (O to bring in fecal), GI FB/partial obstruction, GI neoplasia, IBD vs. extra-GI- pancreatitis (chronic active- not overtly painful at this time), primary vs. secondary hepatopathy (increasing ALT, now 352, was 315 on 4/26), CKD or acute on CKD, other metabolic/systemic dz.
Abnormal PE/Chem/CBC/UA Results: In-house lab work: Mildly increased HCT from last visit (is 42.1% today and was 39.4% on 4/26), remainder of CBC is unremarkable. Creatinine is up to 1.4 (was 1.1; may be an element of dehydration contributing to increase or impending CKD), BUN is moderately elevated at 58 (was 56), and ALT is increasing still (is 352, was 315 on 4/26). Remainder of chemistries are unremarkable.

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 prostate is normal in size (0.95 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 is normal in size (3.27 cm), but irregular in shape. Small cortical cysts noted and pyelectasia at 0.33 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.3 cm) with mild pyelectasia at 0.22 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.53 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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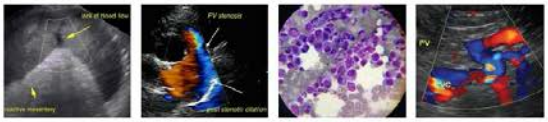

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The right adrenal gland is normal in size measuring 0.41 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape 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 large in size, and normal in 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.

The gallbladder lumen is significantly distended. The wall of the gall bladder appears thickened with adherent debris and a very large amount of primarily non-organized echogenic debris within the lumen. There is a significant amount of inflammation surrounding the gallbladder, and evidence of mild proximal bile duct dilation. Findings are consistent with severe gallbladder disease and surrounding inflammation.

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. Bowel loops follow a typical curvilinear path with distinct wall layering. Jejunum wall measured 0.41 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 prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is scant free abdominal fluid. There are numerous cystic omental lesions/lymph nodes visualized in the abdomen. One measures 0.85 cm x 1.74 cm. Another measures 1.2 cm x 1.6 cm lateral to the right adrenal gland. Enlarged mesenteric lymph nodes are also visualized. Examples measure 0.97 cm and 1.16 cm. The omentum is of increased echogenicity around the gallbladder and pancreas.

ULTRASONOGRAPHIC FINDINGS

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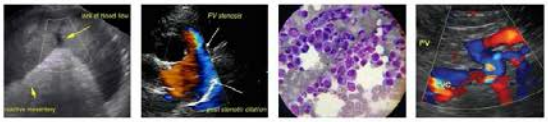

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- Decreased corticomedullary distinction in both kidneys with bilateral pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the left/right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- 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 distended gallbladder with a large amount of intraluminal debris and surrounding inflammation – consistent with advanced cholecystitis. Recommend surgical evaluation.
- Mildly thickened small intestine – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).
- Mild mesenteric lymphadenopathy with numerous omental cystic lesions – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder is large and distended with a large amount of echogenic debris. The tissue surrounding the gallbladder is hyperechoic and appears inflamed. This is concerning for a possible surgical lesion. Options moving forward include:

- Referral to a board certified veterinary surgeon for possible cholecystectomy/exploratory.
- Advanced imaging (contrast CT scan of the abdomen) to further evaluate the gallbladder, pancreas, etc. to determine a course of action.
- Medical management for cholecystitis with the knowledge that a surgical emergency may develop.

The changes observed in the kidneys are consistent with chronic progressive disease. Recommend blood pressure, urinalysis, and urine culture.

The pancreas appears somewhat prominent and hypoechoic with some surrounding hyperechoic mesentery. Some of the mesentery could also be associated with the local gallbladder inflammation. Correlate with PLI levels and recommend treatment for pancreatitis.

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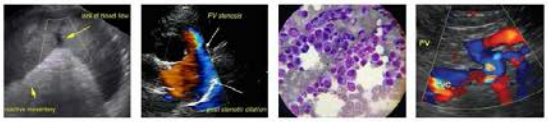

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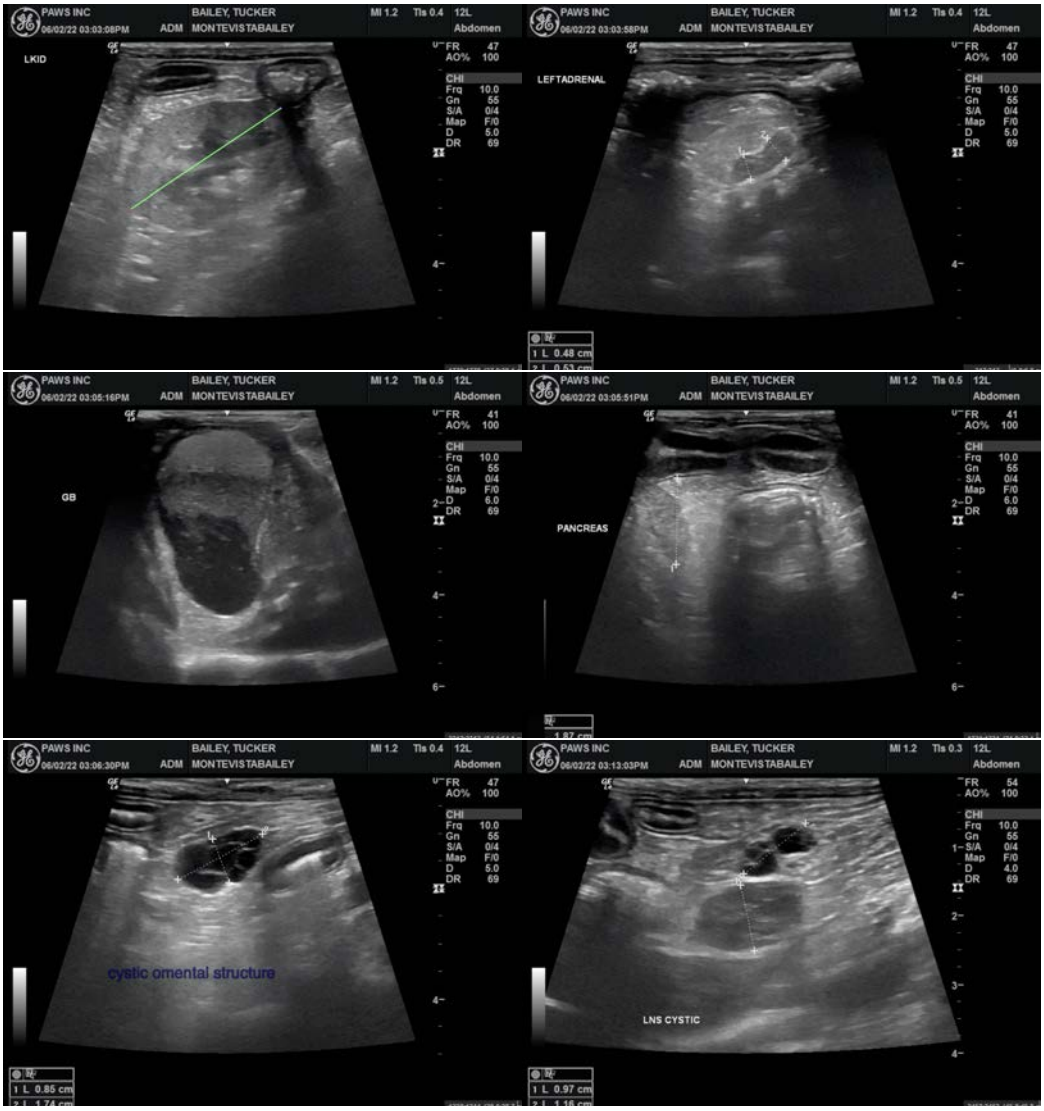
There are numerous cystic structures in the abdomen and prominent lymph nodes. These likely represent a benign process, but sampling at the time of surgery could be considered.

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



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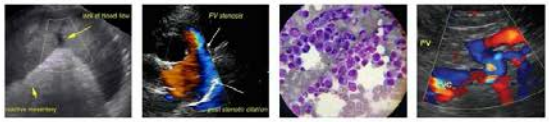

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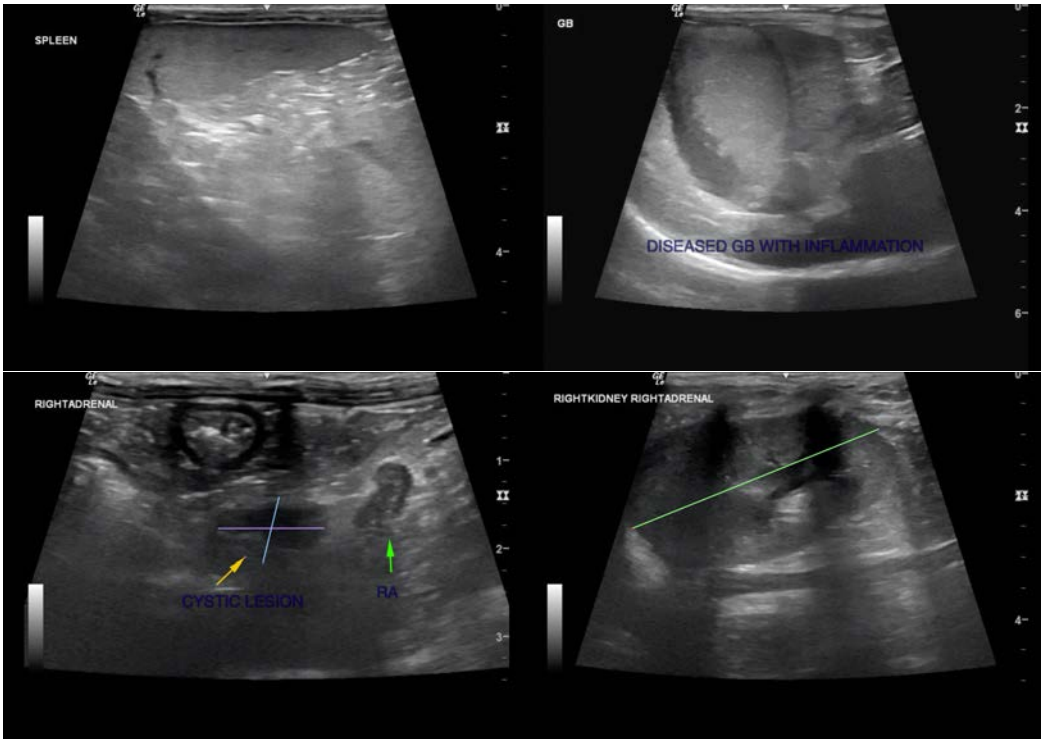

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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