

**DATE PRESENTING CLINICAL SIGNS**

7/5/22 6/27- weight loss- not eating- vomiting- panting increased when laying down. 6/30- Grade 4 heart murmur- rads showed enlarged heart.

PATIENT

Willow Moore

Current Medications: None listed.

Lab Results: 4dx neg.

Radiographs: Enlarged heart.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Torbugesic IV.

Stat Report: Declined at this time.

SPECIES

Canine

BREED

Weimaraner

SEX

Spayed Female

AGE

12/5/11

WEIGHT

45.6 Pounds

INTERPRETED BY

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(Small Animal Internal
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IMAGING PERFORMED BY

Stephanie Pearce
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HOSPITAL NAME

Animal Care Center

REFERRING VET

Dr. Muedeking

INVOICE

39193

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (6.34 cm) with a small cyst measuring 0.65 cm and mild pyelectasia at 0.38 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 (6.33 cm) with mild pyelectasia at 0.23 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 a hyperechoic irregular area in the mid body of the right kidney, most consistent with previous infarcts. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.55 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 0.69 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, with normal echogenicity and smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature appear somewhat prominent and dilated. The biliary tract appears 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. While no focal lesions are visualized, the muscularis layer of the gastric wall appears prominent. The gastric wall measures at 0.47 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. Jejunum wall measured 0.25 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, hypoechoic and mottled. 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 fluid present. No lymphadenopathy. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Decreased corticomedullary distinction in both kidneys with mild pyelectasia – The bilateral renal findings are consistent with age-related change. Pyelectasia of the left/right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Prominent, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Large liver with prominent vasculature – concerning for hepatic congestion.
- 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.
- Subjectively prominent/thickened gastric wall (with intact layering) – The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.
- Scant free abdominal fluid

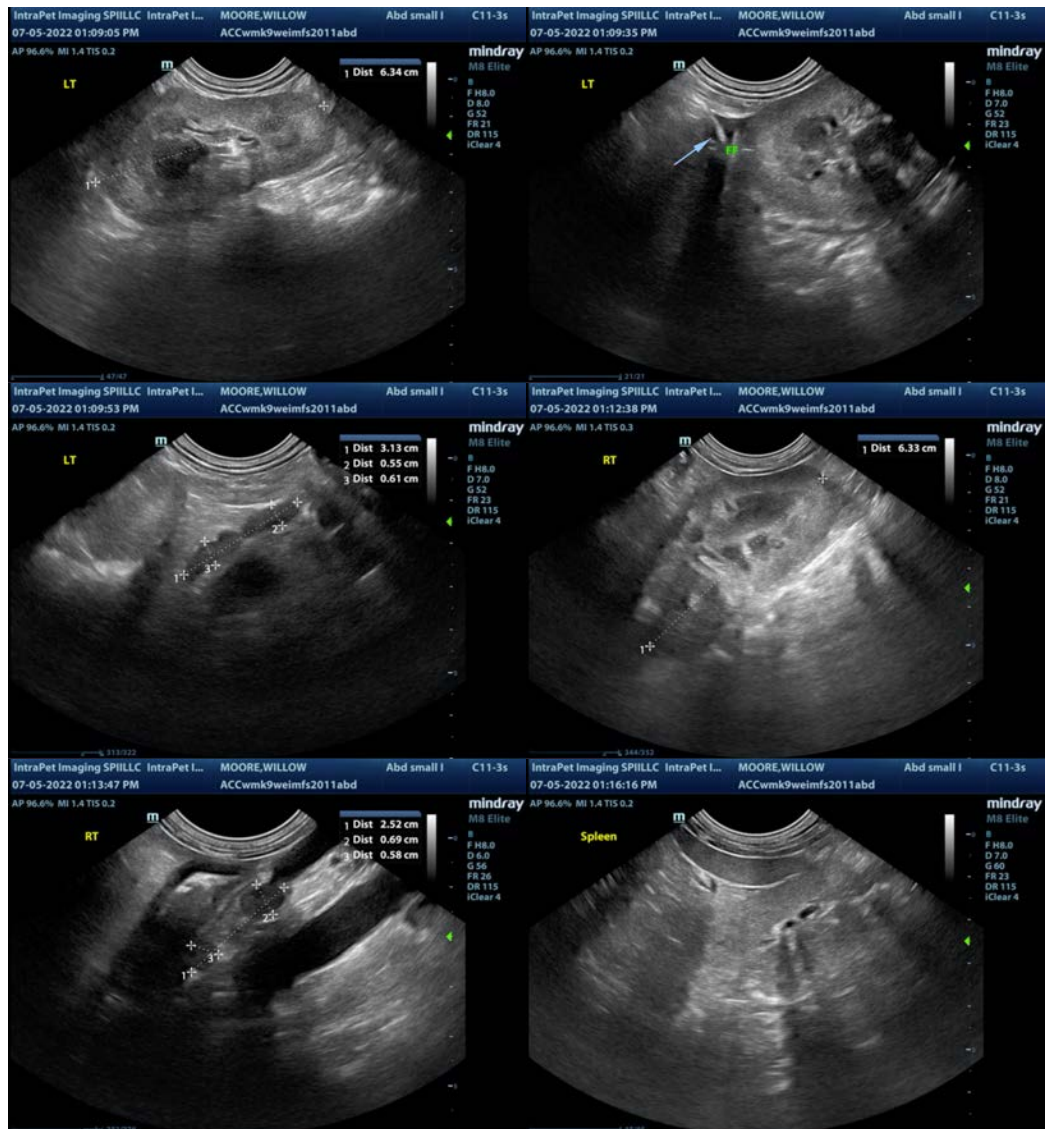
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

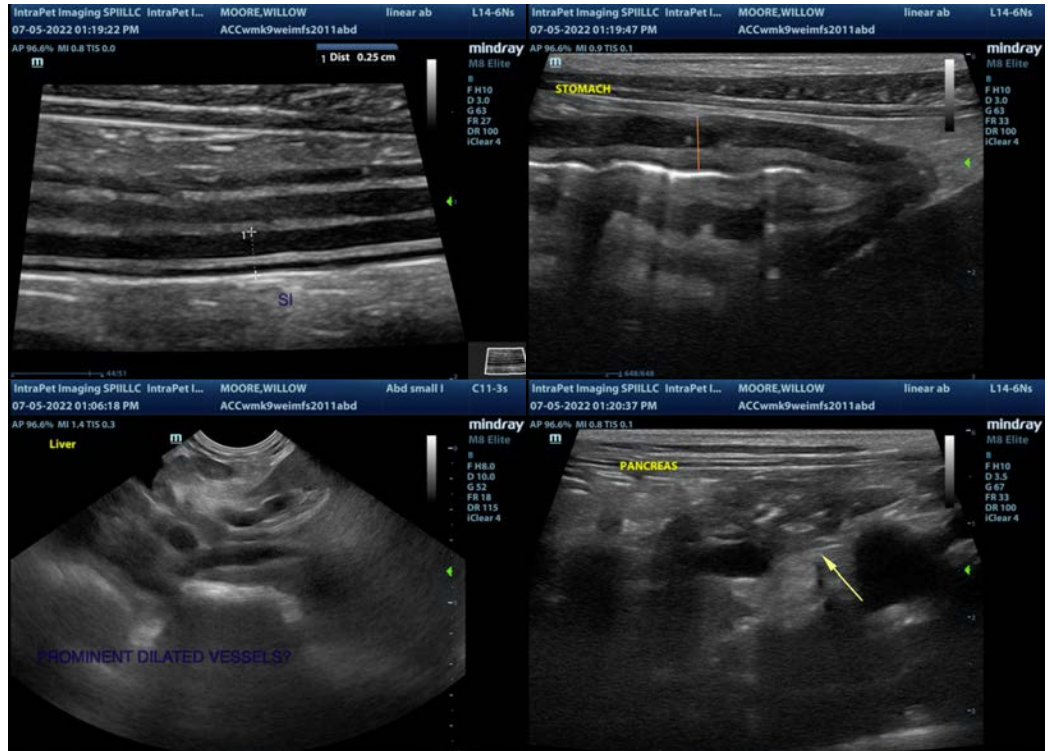
There is the general appearance of congestion in the abdomen. The liver appears somewhat enlarged with dilated vessels. The pancreas appears slightly edematous. Recommend 3-view thoracic radiographs (if not already done) and a cardiac evaluation to look for evidence of either heart disease or an obstructive process

in the thorax.

There is mild debris visualized within the urinary bladder. Recommend urinalysis and culture.

The changes observed in the kidneys are likely consistent with age related renal disease. Recommend urinalysis and culture to look for any evidence of pyelonephritis. Recommend blood pressure evaluation.





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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