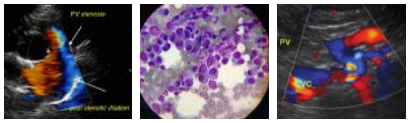
IMAGING PERFORMED BY

IntraPet.com



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DATE

8.11.2023

PATIENT

Dolly Pawton Sowa

SPECIES

Canine

BREED

Bichpoo

SEX

Female Spayed

AGE

10/27/2014

WEIGHT

16 lbs

INTERPRETED BY

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

HOSPITAL NAME

Forest Hill Vet

REFERRING VET

Dr. Saad

INVOICE

14066

PRESENTING CLINICAL SIGNS

Follow up to monitor gallbladder.

Current Medications: Enalapril 5mg SID, Azodyl Caps 1 SID (O are able to give only one), Pancre Plus tab 1 w/ each meal, Famotidine & Cerenia whenever needed for upset stomach.
Date of Previous IntraPet Ultrasound: 2/14/23. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

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 2 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (4.23 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. Mild pyelectasia is noted (0.23 cm) and small, anechoic cortical cysts. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.99 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. Mild pyelectasia is noted (0.22 cm) and small, anechoic cortical cysts. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.37 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 (0.44 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 contains moderate/large debris, with some debris adhered to the gallbladder wall.

Gastrointestinal

The stomach contains mild to moderate intraluminal gas. It measures at a normal thickness of <0.7 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. No masses or focal lesions were observed. The air artifact prevents full evaluation of the cranial abdominal cavity.

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 (0.35 cm) and the jejunum measured as normal (0.30 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 mildly prominent and mottled. 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

There is a small, rounded structure visualized just cranial to the spleen with an echotexture very similar to the spleen. This could represent a “daughter” spleen or a lymph node in the region (measuring 0.92 x 0.64 cm).

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Decreased corticomedullary junction in both kidneys with bilateral mild pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the kidneys could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

- Moderate/large amount of intraluminal gall bladder debris with some debris adhered to the gallbladder wall - 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 lab-work and ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered.

Secondary Findings

- Mildly prominent mottled pancreas - The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lesion responsible for the recent panting and vocalizations is not readily observed.

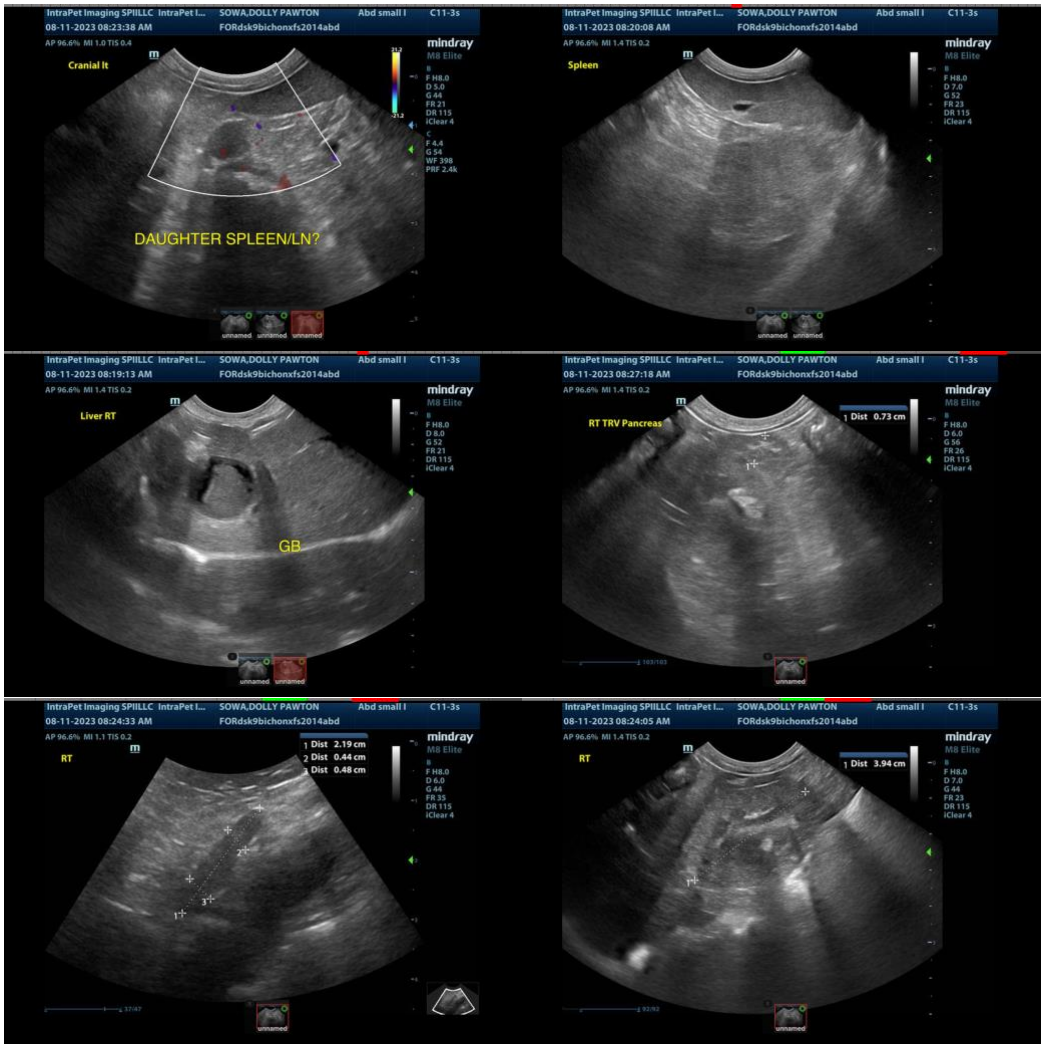
Recommend a urinalysis and culture and blood pressure to reassess the changes observed in the kidneys.

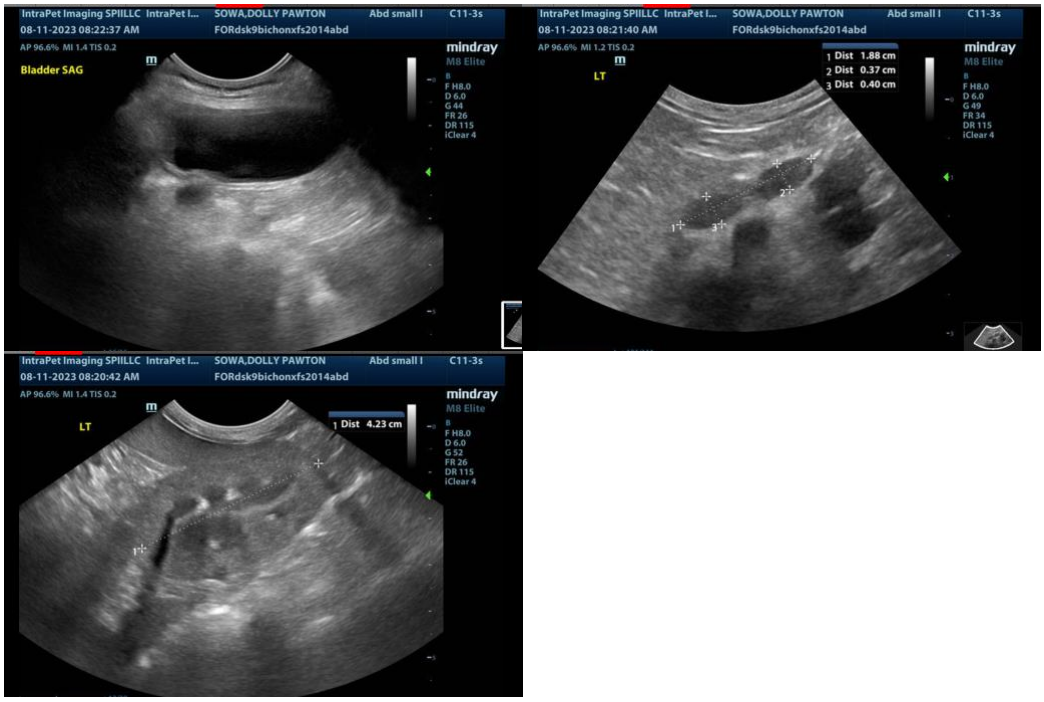
If not already done, consider extra-abdominal sources of discomfort such as back pain, neck pain, etc. Additionally, consider the possibility of CNS disease or behavioral issues.

Recommend current bloodwork, including liver values.

The debris in the gallbladder is slightly more prominent than previous exams, but no surrounding inflammation is noted.

Recommend continued Ursodiol therapy and continued monitoring.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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