

**DATE**

9/14/21

**PRESENTING CLINICAL SIGNS**

History: Weight loss with normal appetite.  
 Current Medications: Levothyroxine 0.2mg SID for 10 months  
 Lab Results: bloodwork - normal including t4  
 Radiographs: bronchial pattern, enlarged heart, splenic tag visible  
 Date of Previous IntraPet Ultrasound: No previous.  
 Sedation: Not needed.  
 Stat Report: Not requested.

**PATIENT**

Butters Marshall

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Spayed Female

**AGE**

2013

**WEIGHT**

26.5 lbs

**INTERPRETED BY**

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

**HOSPITAL NAME**

Honeygo AH

**REFERRING VET**

Dr. Wright

**INVOICE**

91815

**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 (4.82 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. Non-obstructive nephroliths were noted. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney has a normal shape and size (5.04 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. Non-obstructive nephroliths were noted in the kidneys. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.5 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 0.49 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/borderline small 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 gallbladder lumen is moderately distended. The wall of the gallbladder 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. No masses or focal lesions were observed.

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 (0.19 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 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.

### ***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.

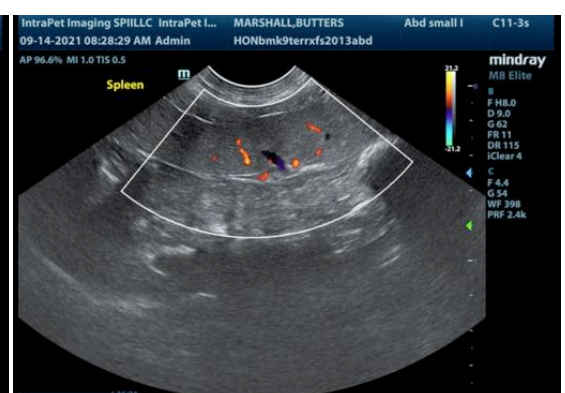
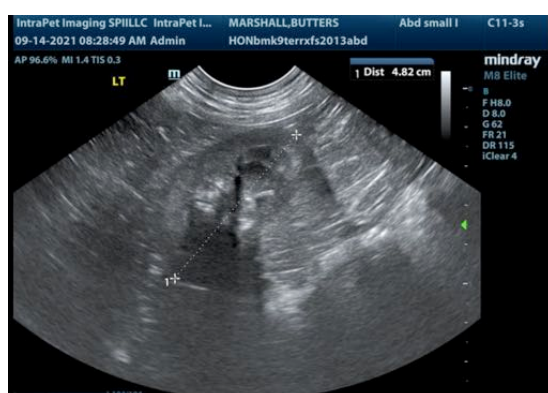
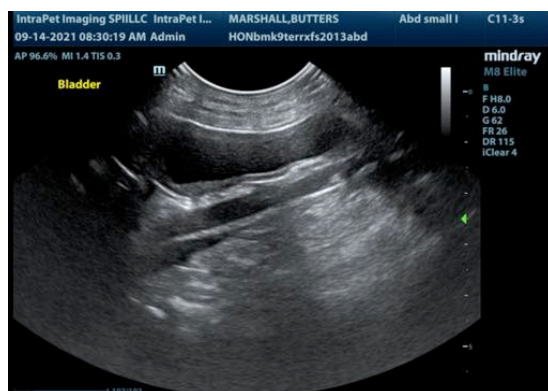
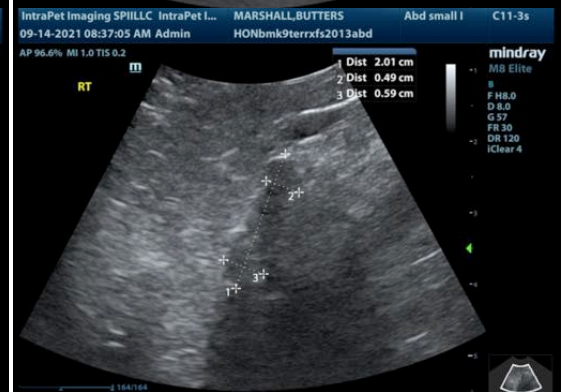
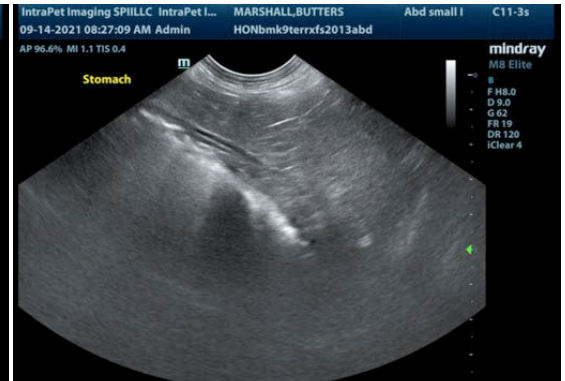
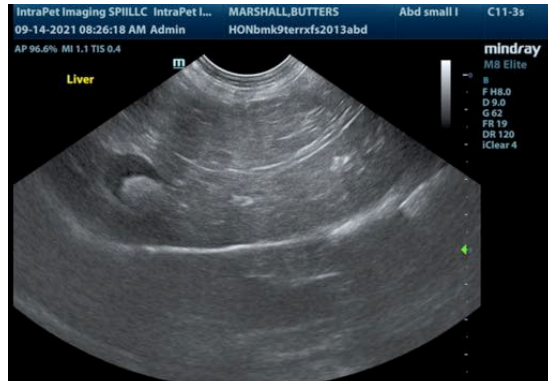
## **ULTRASONOGRAPHIC FINDINGS**

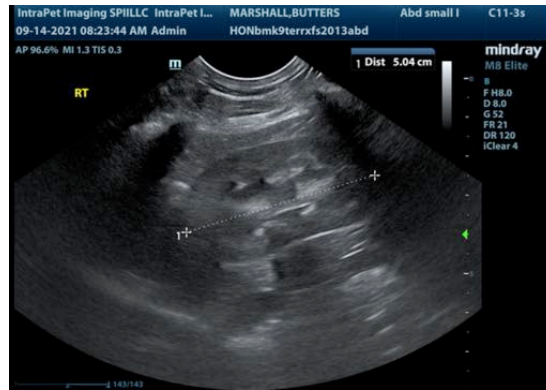
### **PRIMARY FINDINGS:**

- Borderline small liver. This is a very subjective finding. Correlate with radiographs to provide a more accurate assessment of liver size. If clinically appropriate you can consider a liver function test.
- Mild gallbladder sludge. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.
- Small non-obstructive nephroliths visualized in both kidneys. The hyperechoic mineralized foci observed at the corticomedullary junction of the left/right kidney are consistent with small, non-obstructive nephroliths.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

All of the described ultrasonographic findings may be normal for this patient. no obvious focal GI lesions were observed or large masses to explain weight loss. Consider three view thoracic radiographs, a GI panel to better evaluate for underlying small intestinal disease and consider slightly lowering the dose of thyroid medication to see if that helps at all.





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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