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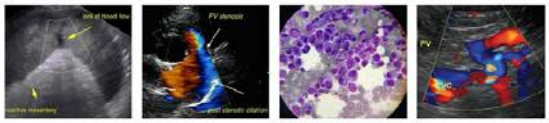


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Peanut Gintel

SPECIES

Canine

BREED

Shiba Inu

SEX

Spayed Female

AGE

12 Years

WEIGHT

26 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Donner Truckee

REFERRING VET

Dr. Vannini

INVOICE

25835

DATE

9/28/21

PRESENTING CLINICAL SIGNS

bladder empty- voids as soon as full- unable to image with a full bladder- Peanut's bloodwork results demonstrated mild to moderate liver value elevations and a low normal ability to concentrate urine/ PT/PTT normal and did an aspirate of liver-
Abnormal PE/Chem/CBC/UA Results: CBC/chem/T4/FT4ED/HWT/UA: Plat=86,000 with clumping and decreased estimate, but clots detected, ALT=466, ALKP=197, PSL=166, USG=1.017, rest unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended with anechoic urine. The Bladder wall generally appears somewhat thickened, particularly at the apex, where is measured 1.4 cm. Lack of urine distention makes the significance of this questionable. The trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (4.21 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.

The right kidney has a normal shape and size (4.8 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.61 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 0.54 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.

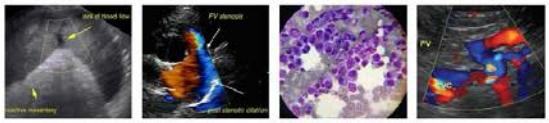
Spleen

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. There is a hypoechoic nodule visualized, measuring 1.19 cm x 1.8 cm.

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.



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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.

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 measures 0.35 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.

PRIMARY FINDINGS

- Heterogeneous liver with hypoechoic nodule – 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.

- Questionable bladder wall thickening with lack of urine distention – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.

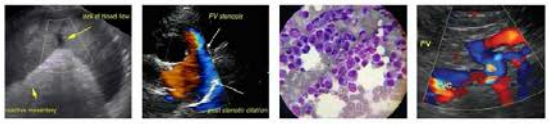
SECONDARY FINDINGS

- Moderate gallbladder sludge – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Interpretation of the bladder wall changes is very difficult with lack of bladder distention. Changes could be consistent with cystitis or possible more focal apical mass, which is not clearly observed. Consider reevaluation with urinalysis and culture with a full bladder, or if this impossible, consider sterile catheterization to obtain a sample and to gently instill the urinary bladder for better ultrasonographic evaluation (with foley catheter). If a bladder mass is visualized, you could consider proceeding with traumatic catheterization at that time. No distinct mass effect was observed.

The liver is somewhat heterogeneous. This is a non-specific finding and there is a hypoechoic nodule visualized. Consider a liver function test and fine needle aspirate of the liver (already performed, results pending). You could also consider testing for Leptospirosis and liver supportive treatment. If the



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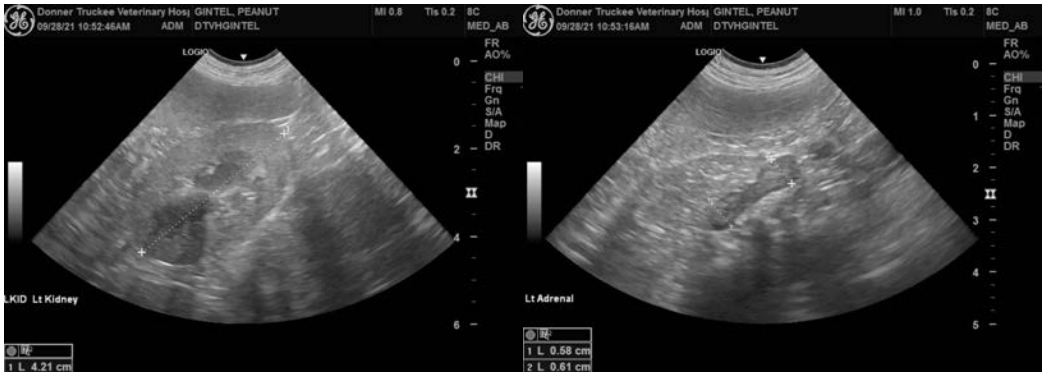
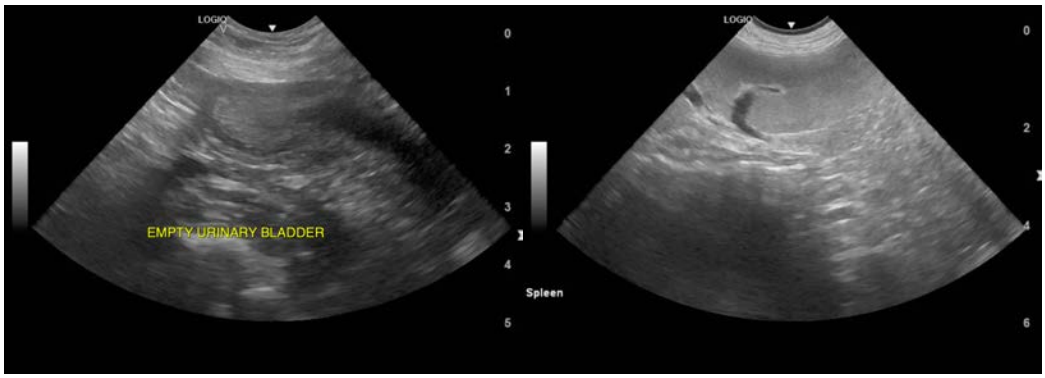
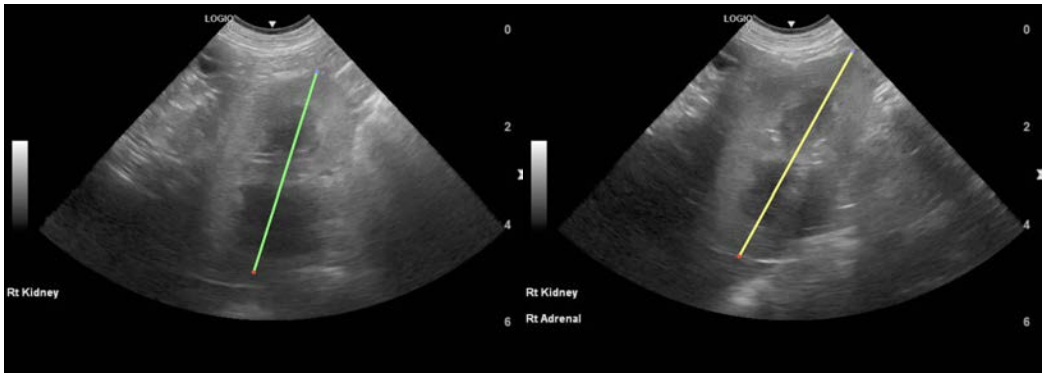
condition progresses despite this, consider obtaining a liver biopsy. Recommend 3-view thoracic radiographs.







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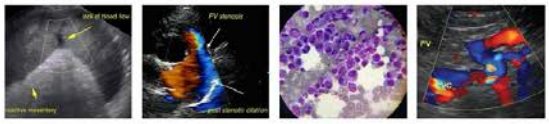

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com