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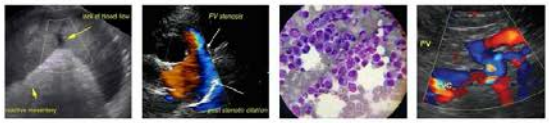


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

**PATIENT**

Max Wong

**SPECIES**

Canine

**BREED**

Mixed Lab

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

62 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

MountainView AH

**REFERRING VET**

Dr. Pablo Mendoza

**INVOICE**

26004

**DATE**

9/30/21

## PRESENTING CLINICAL SIGNS

UB very full, had dog void after brief current abdominal scan - sedated so a bit wobbly when voiding- had a normal stream but UB still full afterwards-

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is significantly 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 (1.21 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 has a normal shape and size (6.64 cm). Prominent hypoechoic cortical band noted. 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 (5.6 cm). Prominent hypoechoic cortical bandnoted 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 0.56 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 0.57 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.

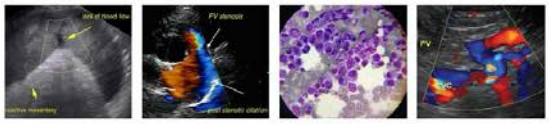
### *Spleen*

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 and hypoechoic. 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 moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. 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. Duodneum wall measured 0.5 cm. Jejunum wall measured 0.28 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. Mildly prominent mesenteric lymph nodes noted. A mesenteric lymph node measures 0.28 cm. A sublumbar lymph node measured 0.79 cm in width. The omentum is of normal uniform echogenicity.

### *Other*

No significant pericardial effusion.

## PRIMARY FINDINGS

- Large, hypoechoic 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. In the absence of elevated liver enzymes, this could be normal for this individual. Primary differentials for a hypoechoic liver would be inflammation or round cell neoplasia.

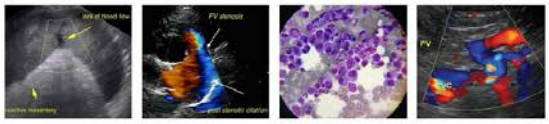
## SECONDARY FINDINGS

- Prominent hypoechoic cortical rim in both kidneys – This is a non-specific finding that could be associated with interstitial nephritis. This can be normal in some individuals.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A significant lesion was not visualized in the urinary tract to explain the bacteruria described. If possible, try to determine if this is a true failure to response versus recurrent infection, etc. The bladder does appear largely distended and possibly subjectively flacid. Recommend assessing bladder size (with ultrasound or x-rays) after a long walk to ensure Max is able to empty his bladder adequately. If not, this could be an indicator of neurologic disease or destrusor atony, and urine retention could play a role.

Recommend urinalysis and culture based on the sensitivity of the infection (I'm assuming this is not an enterococcus) and the presence of cystitis, then recommend initiating treatment with appropriate





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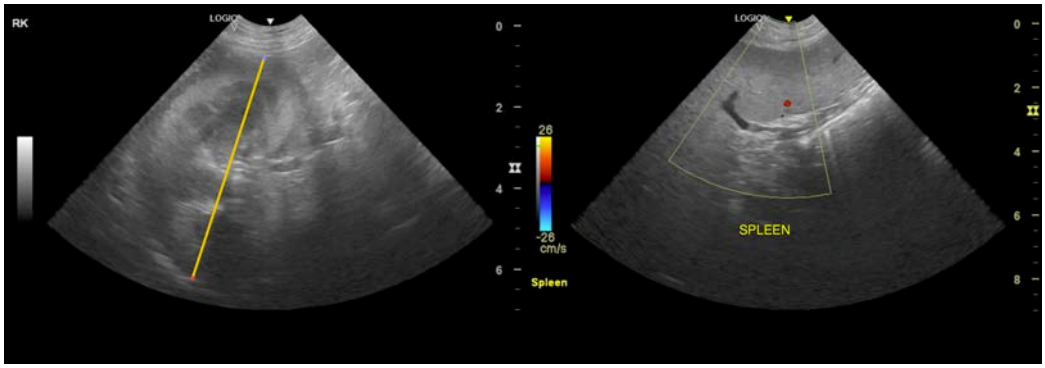
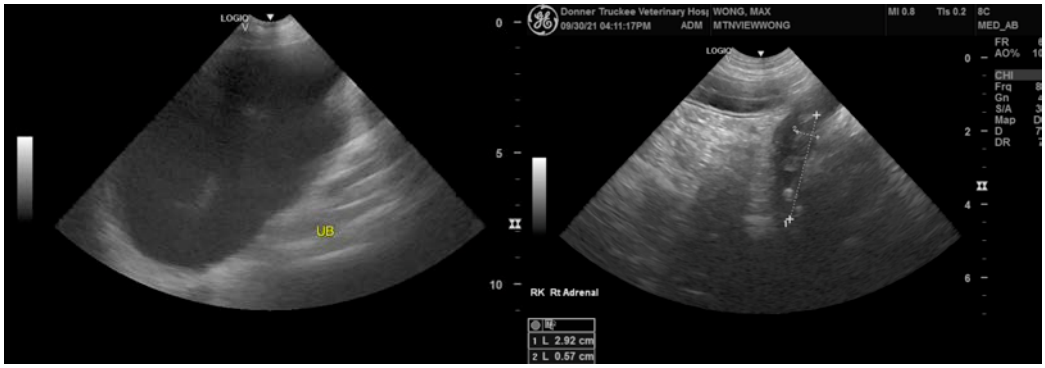
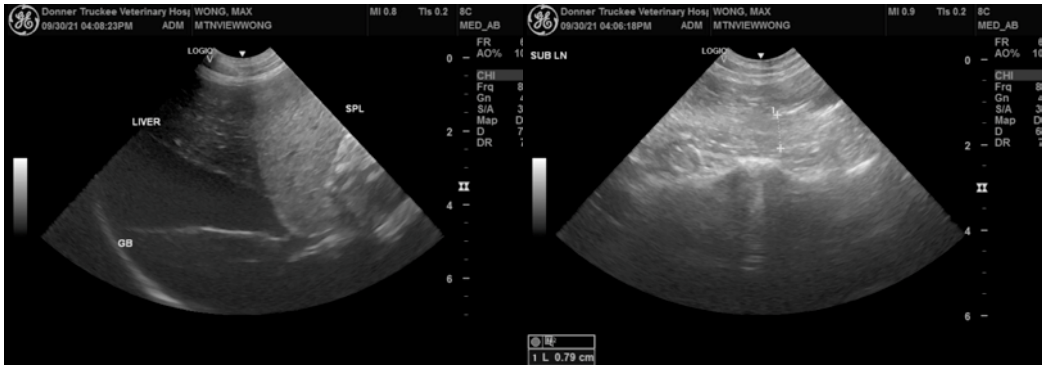
antibiotics and reculturing after a week on antibiotics to make sure that the infection is responding, and that the urinalysis is improving. If it is not, reassess based on the new sensitivity results. If it is, then I would treat for 1 or 2 more weeks, and then discontinue therapy and culture again once off antibiotic for a week to see if the infection has recurred, and look for metabolic causes of frequent urinary tract infections such as diabetes, underlying renal disease, Cushing's disease, etc. No stones or masses were visualized on today's scant.



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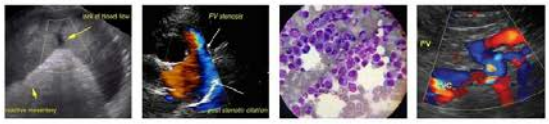

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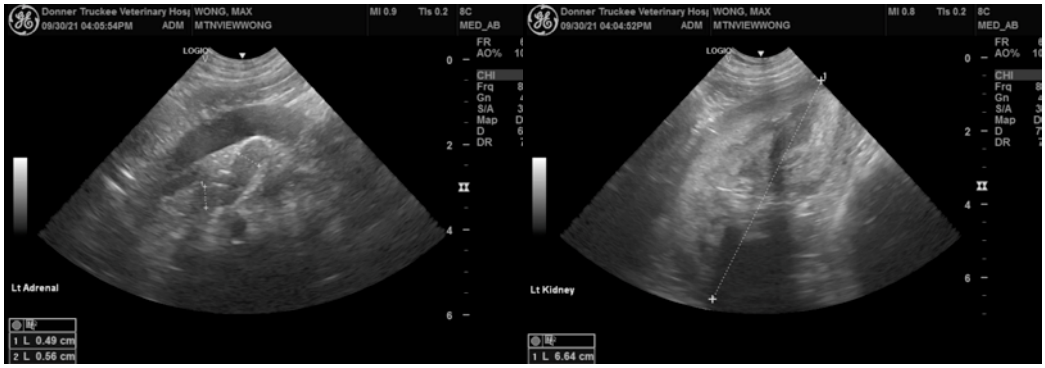



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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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