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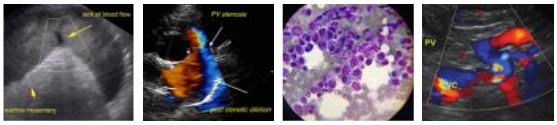


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Payton Jung

SPECIES

Canine

BREED

Shetland Sheepdog

SEX

MN

AGE

14yr

WEIGHT

25.5lb

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

VCA Westmoreland AH

REFERRING VET

Dr. Sullivan

INVOICE

11910ag

DATE

10/19/2022

PRESENTING CLINICAL SIGNS

Labored respirations, heart murmur, grade 4 of 6, ataxia, muscle weakness, hindlimb conscious proprioception deficit. Bp-147/119(131), 125/81(110). 117/81(96) Current Medications Nexguard, cerenia, furosemide

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with multiple variably sized homogenous polyploid like lesions present in the ventral and dorsal bladder wall extending mildly into the urinary bladder lumen, an example of a lesion measuring 1.4 cm in diameter. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with focal non-dependent potentially adhered mineral to small calculus measuring 0.75 cm in diameter. no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild bilateral pyelectasia was present. A thinly walled cyst was present in the caudal left kidney containing anechoic fluid measuring 1.4 cm in diameter. The left kidney measured 5.6 cm in length. The right kidney measured 5.5 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

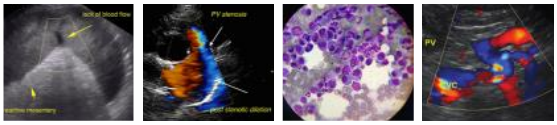
The left adrenal gland was mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.4 cm length and 0.76 cm width in the caudal pole. A spherical non-homogeneous to cystic appearing mass was present in the area of the right adrenal gland measuring 3.0 x 2.0 cm. No overt evidence of mineralization present.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver was mildly enlarged in size. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was distended in size with thin walls and primarily anechoic luminal content with moderate dependent to non-dependent inspissated to mobile variably hyperechoic luminal debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact yet mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach contained mild progressive to strongly shadowing ingesta without evidence of pyloric outflow obstruction.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was mild yet variably prominent in size with areas of capsule asymmetry and non-homogeneous mildly hypoechoic parenchyma compared to adjacent omental fat.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Small potentially adhered cystic calculus with multiple polyploid like lesions
- Bilateral chronic renal changes with left kidney cyst
- Mildly prominent to non-homogeneous pancreas-suspect age-related pancreatic changes and incidental, potential for low-grade pancreatitis possible
- Mild hepatomegaly exhibiting parenchymal remodeling-subjectively benign
- Distended gallbladder containing moderate inspissated to mobile debris, possible early to emerging mucocele
- Non-homogeneous cystic mass area of right adrenal gland, concurrent mildly enlarged non-homogeneous left adrenal gland
- Mild strongly shadowing gastric ingesta-nonspecific, may indicate food although potential for foreign material cannot be excluded

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The polyploid like lesions in the urinary bladder may indicate areas of cystitis in conjunction with cystic calculi, potential for emerging neoplastic criteria i.e. transitional cell carcinoma possible. A full urinary workup and a screening BRAF assay +/- cytospin cytology of free catch urine sample to assess for evidence of atypical transitional cells is suggested.

Continued monitoring of systemic BP is advised to assess for evidence of hypertension which may allude to emerging left or right adrenal neoplastic criteria i.e. pheochromocytoma, although the overall clinical significance of the abnormal adrenal glands is unclear. Urine catecholamine levels may be considered if strong clinical suspicion for pheochromocytoma.

Sonographic reassessment of the gallbladder is recommended if evidence of progressive cholestasis.

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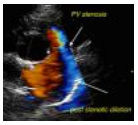
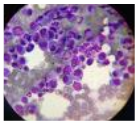
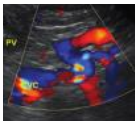

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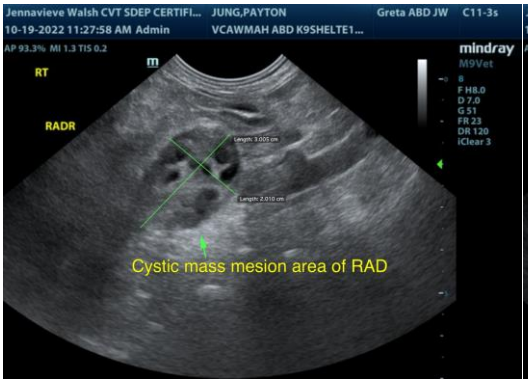

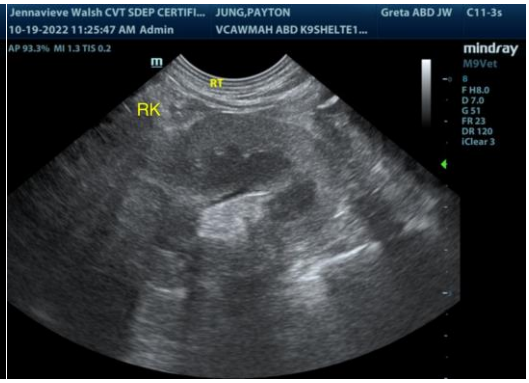

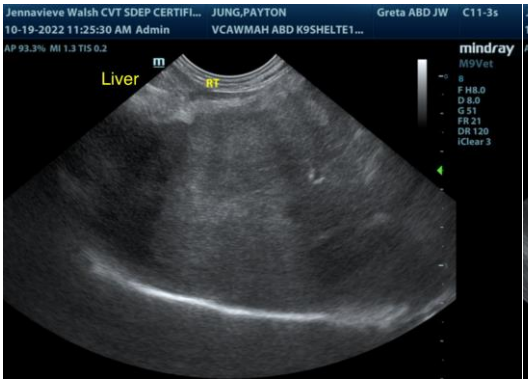

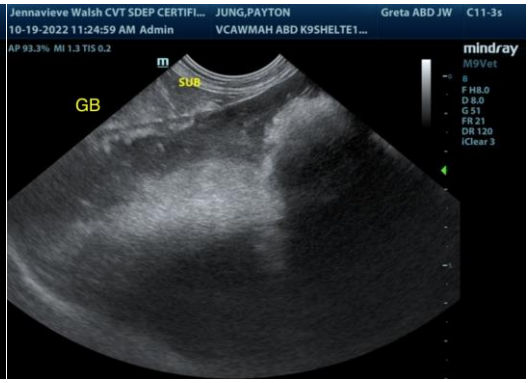

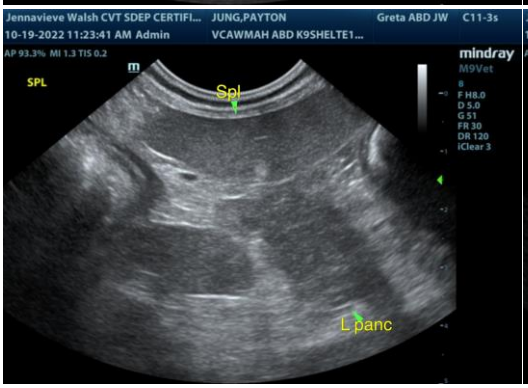

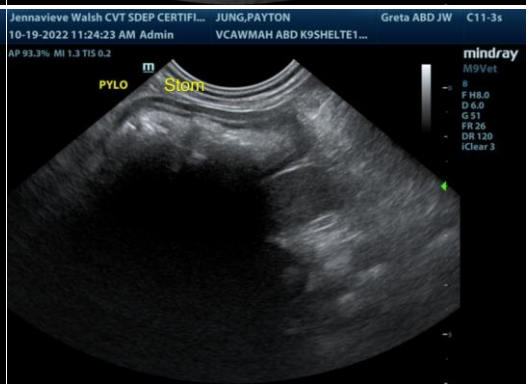

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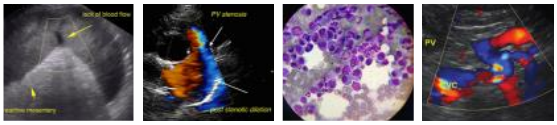

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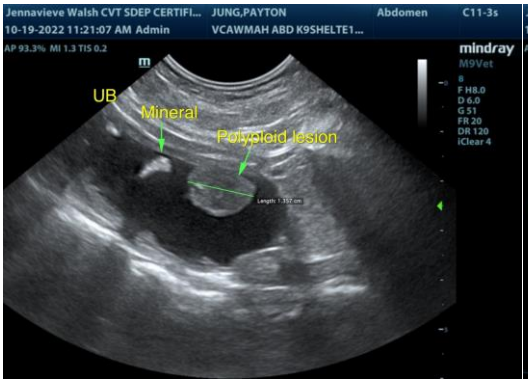

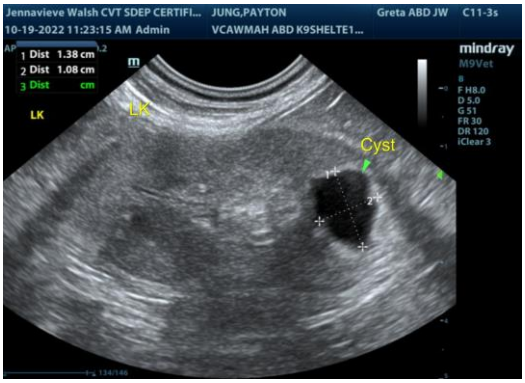

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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