



PATIENT PRESENTING CLINICAL SIGNS

Oreo Cosby Vomiting, diarrhea, decreased appetite, history of heart disease - mild labored breathing noted during ultrasound, progressively worsening cough, VPC's on EKG.

SPECIES Medication: Pimobendan 2.5 BID, Galliprant, Metronidazole

Canine ALP 287, Tbili 0.2

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Sheltie **Urinary System**

SEX The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no minor focal dependent urinary bladder lumen and proximal urethral lumen mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

AGE The area of the aortic trifurcation was free of pathology.

2008 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Nonobstructive medullary renolithiasis was noted primarily in the lateral diverticuli of both kidneys. The left kidney measured 4.7 cm in length. The right kidney measured 4.3 cm in length.

WEIGHT
27

INTERPRETED BY

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

Adrenal Glands

The bilateral adrenal glands exhibited mild parenchyma heterogeneity and mild capsule asymmetry without suspicion for overt neoplasia. The left adrenal gland was mildly prominent based on caudal pole width measurement in light of body weight, measuring 2.8 cm length x 0.87 cm width at the caudal pole. The right adrenal gland was normal in size based on caudal pole width measurement in light of body weight measuring 2.7 cm length x 0.53 cm width at the caudal pole.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Spleen

The spleen was normal in size and maintained symmetrical capsule contour with generalized parenchyma heterogeneity. Intermittent nondisruptive hyperechoic splenic nodule noted with no splenic masses.

HOSPITAL NAME

White Haven VH

REFERRING VET

Liver/ Gallbladder

Dr. Dengler The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. A solitary, small, cystic mass was noted in the mid-liver measuring 3.6 cm in diameter. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was distended in size with echogenic thickening of the gallbladder wall. There was biliary sludge that appeared to be non-mobile and organized. A stellate pattern to the organized biliary sludge was present. Evidence of pericholecystic omental inflammation and effusion was present.

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DATE

6/29/23



PATIENT *Gastrointestinal*

Oreo Cosby The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

SPECIES 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.

Canine Normal visible colon wall layers were present with generalized soft fecal matter.

BREED *Pancreas*

Sheltie The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

SEX

MN *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

AGE **ULTRASONOGRAPHIC FINDINGS**

2008

- Mild urinary bladder / proximal urethra lumen mineral
- Chronic renal changes with nonobstructive medullary renolithiasis
- Benign splenic nodules - consistent with benign myelolipomas
- Vacuolar hepatopathy pattern with nonspecific small cystic intraparenchymal mass
- Gallbladder mucocele
- Sonographically unremarkable gastrointestinal tract with soft fecal matter in colon
- Mildly prominent nonhomogeneous left adrenal gland - nonspecific

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

IMAGING

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 ARDMS/RVT

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Assuming normal clotting status and if accessible, FNA cytology of the small cystic liver mass is warranted for screening cytology. Sonographically, the small cystic hepatic mass is not overtly consistent with neoplastic criteria, although this potential cannot be definitively excluded.

REFERRING VET

Dr. Dengler

Screening BP to assess for evidence of hypertension, which may allude to an emerging left adrenal pathology, is suggested, although subjectively, the mildly prominent left adrenal gland is overtly benign.

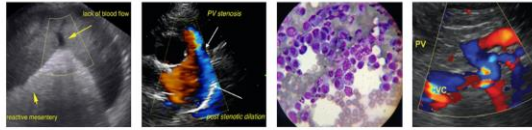
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Given potential anesthetic contraindications in this patient, close monitoring for progressive or acute hepatic enzyme elevations and/or cholestasis associated with the gallbladder going forward is advised.

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SPECIES

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Sheltie

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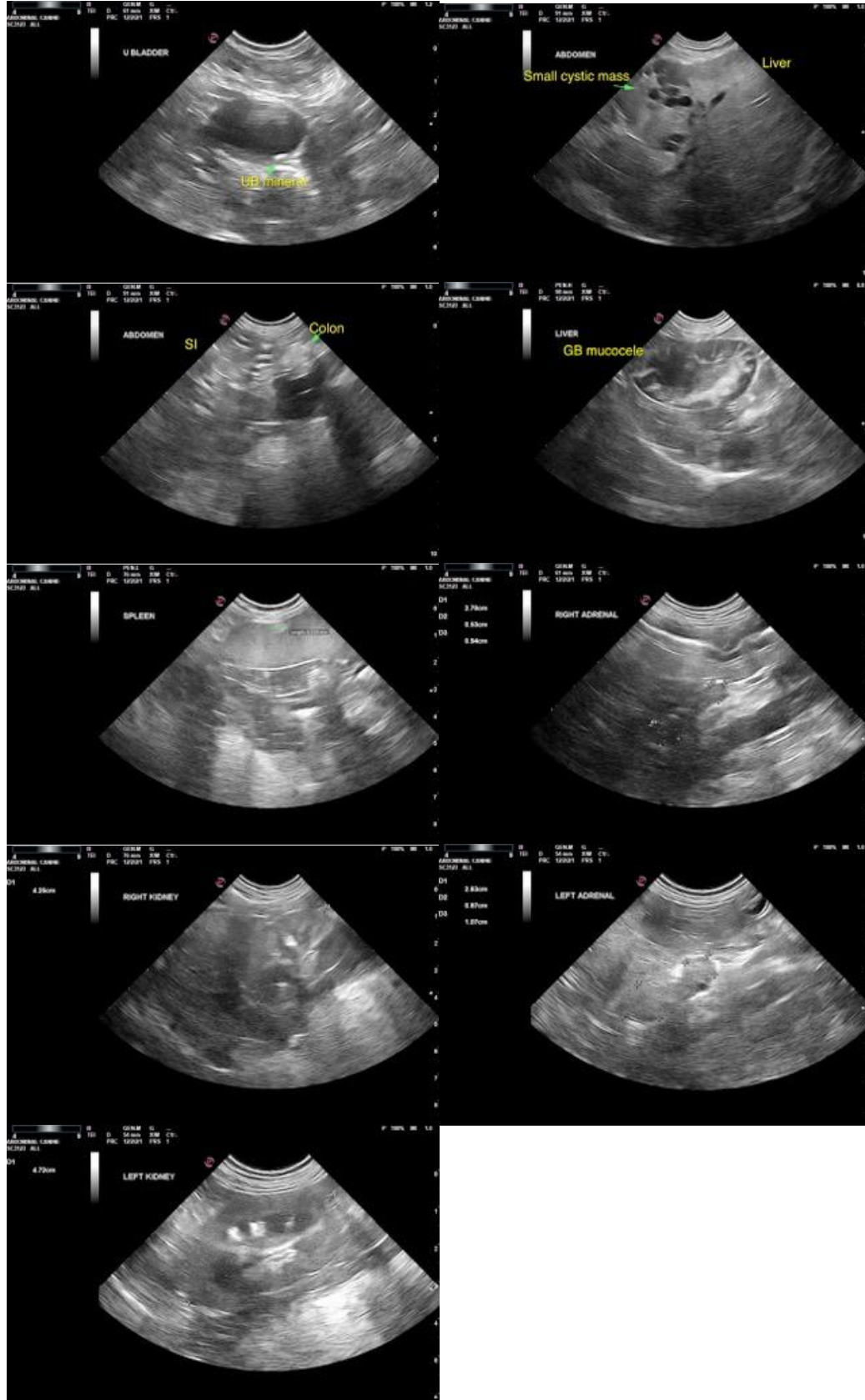
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PATIENT

Oreo Cosby

SPECIES

Canine

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.

BREED

Sheltie

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.

SEX

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MN

AGE

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