



PATIENT PRESENTING CLINICAL SIGNS

Carmen Alcott History: Possible abdominal mass, weight loss, decreased appetite.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A.

CBC: N/A.

BREED Serum Biochemistry: N/A.

Shih Tzu Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

FS **Urinary System**

Age Full urinary bladder with a thickened and irregular appearance of the wall. Small amount of dependent hyperechogenic sediment and small uroliths (0.2 cm) present.

15 years Normal trigone area, proximal urethra (0.4 cm), and iliac blood vessels. Small amount of hyperechogenic sediment within the proximal urethra.

WEIGHT 10 # Normal iliac lymph nodes (1.7 cm). Ureters not visualized.

INTERPRETED BY Enlarged (left 6.8 cm, right 7.8 cm) with increased echogenic appearance, loss of cortico-medullary differentiation, pyelectasia (left 0.5 cm, right 0.3 cm) pelvis, and irregular capsule. Multiple cysts containing hyperechogenic sediment in both kidneys (up to 3.3 x 4.1 cm in the left and 3.4 cm in the right) as well as small renoliths (0.2 cm).

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Reproductive System

N/A.

Adrenal Glands

Normal position, shape, echogenic appearance, and size. Left 0.7/0.67 cm, right 0.61 cm.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

Liver

Enlarged with rounded edges, hyperechogenic appearance, some loss of portal markings, and regular curvilinear capsule. No nodules or masses evident.

Gall bladder

Full containing large amount of non-adhered and adhered hyperechogenic sediment with an early stellate pattern. Normal thickness and echogenic appearance of the wall. Normal bile duct (0.2 cm).

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Lake Emma Animal Hospital

REFERRING VET

Dr Groberg

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PATIENT *Gastrointestinal*

Carmen Alcott Normal appearance of the stomach, duodenum, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.39 cm, duodenum 0.4 cm, colon 0.15 cm) and peristalsis, and no distension of the lumen. Segmental thickening of the small intestine (up to 0.53 cm) with no loss of layering or distention of the lumen.

SPECIES

Canine

Pancreas

BREED

Shih Tzu

Normal size (left 0.7 cm, right 1 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

SEX

FS

Normal mesenteric lymph nodes (1.6 cm).
No ascites evident.

Age

15 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

WEIGHT

10 #

- Cystic renal disease.
- Cystitis with uroliths.
- Hepatopathy.
- Emerging mucocele
- Enteropathy.

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Secondary Findings:

- None.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the renal disease would be chronic kidney disease, bacterial nephritis, and pyelonephritis, with neoplasia an unlikely differential diagnosis.

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Etiologies for the hepatopathy would be reactive, hyperplasia, vacuolar, hepatitis, and infiltrative neoplasia.

Etiologies for the enteropathy would be non-specific enteritis (dietary indiscretion, toxins, viral), inflammatory bowel disease, dietary hypersensitivity, and parasitic enteritis, with emerging lymphoma a less likely differential diagnosis.

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Further assessment would be urine and fecal analyses, urine culture, CBC, serum biochemistry, and FNA cytology of the liver, kidneys, and renal cysts.

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Specific therapy would be dependent on an etiological diagnosis. Percutaneous drainage of the renal cysts should be considered as they can cause abdominal discomfort.



PATIENT

Carmen Alcott

IMAGES

Left kidney

SPECIES

Canine

BREED

Shih Tzu

SEX

FS

Age

15 years

WEIGHT

10 #



INTERPRETED BY

Right kidney

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PATIENT Urinary bladder

Carmen Alcott

SPECIES

Canine

BREED

Shih Tzu

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FS

Age

15 years

WEIGHT

10 #



Liver

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PATIENT Gall bladder

Carmen Alcott

SPECIES

Canine

BREED

Shih Tzu

SEX

FS

Age

15 years

WEIGHT

10 #

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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.

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