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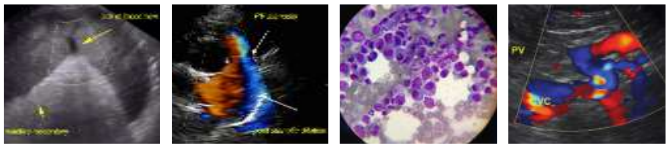

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1-800-838-4268 info@sonopath.com

PATIENT

Valentina Goss

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

12 Years

WEIGHT

6.5 lbs

INTERPRETED BY

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

IMAGING PERFORMED BY

Dr. G. Ferrer, DVM

HOSPITAL NAME

Paseos Veterinary Center

REFERRING VET

Dra. Cidre

INVOICE

49134

DATE

12-20-21

PRESENTING CLINICAL SIGNS

Presented as a referral for abdominal ultrasound. Dog has a hx of recurrent hemorrhagic gastroenteritis/gastritis. Diagnosed with stage 1 CKD last year and currently con renal/gi diet. Presented to referring veterinarian for acute signs of anorexia, painful abdomen. On presentation abdomen is distended, is dehydrated ~5%, abdomen feels firm and difficult to palpate. TPR wnl, Chem mildly elevated ALP/ALT, Tbil 1.1, GGT 39, Lipase 4,227. CBC: wnl.
Abnormal PE/Chem/CBC/UA Results: Radiology report from Abdominal radiographs: Abdomen: There is a small amount of gas within the stomach. The small intestines are for the most part empty. There is a large amount of fecal material within the colon. The liver is enlarged. The spleen is enlarged with smooth margins. The left kidney is of normal size. The urinary bladder is small with no evidence of calculi. The serosal detail throughout the abdomen meniscus. Interpretation: Hepatomegaly which may be secondary to previous steroid administration, inflammation, tendinopathy or infiltrative disease. Splenomegaly which may be secondary to congestion, sedation if any was given, extramedullary hematopoiesis or infiltrative disease. Abdominal ultrasound to evaluate the liver and spleen may be considered.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary system

The urinary bladder, trigone and pelvic urethra present normal findings without evidence of uroliths or sediment. Wall layering is intact on all views without focal or diffuse thickening. Ureters are not visualized and considered to be normal. No evidence of an inflammatory or neoplastic process is noted.

Left kidney measures 3.82 cm length, right kidney 4.62 cm. A cortical cyst is detected on the right with a maximum size of 0.23 cm.

Both kidneys show an age-appropriate fuzzy corticomedullary transition with multiple renal/pelvic calcifications. Renal pelvises and exits to the ureters are unremarkable.

Adrenal glands

The left adrenal gland appears mildly asymmetric but show intact corticomedullary detail. Diameters on the left and right are within normal limits. Both adrenal glands are considered to be normal.

Spleen

The spleen is inconspicuous in terms of size, surface and echotexture and shows diameters of 0.95 cm. There is a single, hypoechoic, mildly amorphous lesion detected presenting distal acoustic enhancement and measuring 0.76 cm. Splenic vasculature presents normal course of vessels and unremarkable perfusion of the splenic veins.

Liver/Gallbladder

The liver shows a subtle rounding of the liver edges. Liver echogenic texture appears diffusely and mildly hyperechoic and is mildly inhomogeneous.

The gallbladder shows a moderate amount of sedimented sludge. Within the sludge hyperechoic calculus-like structures are noted with distal acoustic shadowing. The gallbladder neck presents irregular hyperechoic thickening of the wall and small, wall associated cystic lesions. The gallbladder is moderately filled.

Gastrointestinal

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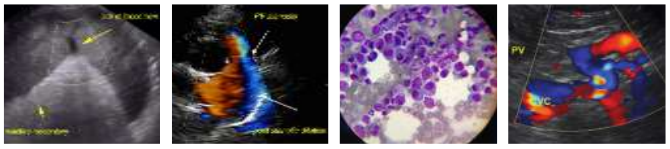

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The gastric wall is prominent with maximum transverse diameters of 0.54 cm. Wall layering is intact, the mucosal layer appears markedly hyperechoic. The gastric periphery and the adjacent pancreas are unremarkable.

The small intestine and colon present intact wall layers being normal in width and echogenicity. Adjacent mesentery and fat tissue are of normal appearance.

The mesenteric, epigastric and portal lymph nodes are considered to be normal.

Pancreas

s. above

Free Abdomen

There is no evidence of peritoneal or retroperitoneal effusion noted. The para-aortal and medial iliac lymph nodes are normal. The abdominal fat and great vessels show no pathological findings.

ULTRASONOGRAPHIC FINDINGS

Primary

- Irregular, hyperechoic thickening of the gallbladder wall
- Moderate gallbladder sludge, indicated choleliths and cystic lesions of the gallbladder neck
- Marked thickening of the gastric wall with a hyperechoic mucosal layer

Secondary

- Mild hepatomegaly with inhomogeneous echogenic texture
- Hypoechoic splenic lesion
- Signs of a bilateral and chronic nephropathy with renal/pelvic calcifications and a small renal cyst on the right

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Changes of the gallbladder likely represent chronic cholecystitis without signs of a cholestasis. Possible differentials include biliary cysts, polyps, inflammatory thickening and initial mucocele. Neoplasia is currently unlikely. Mucosal hyperplasia is seen as an irregular thickening (incidental in middle-aged and older dogs), but however also with neoplasia. A follow up ultrasound in 8 weeks is recommended.

The thickened gastric wall is suspicious for (chronic and active) gastritis. This most likely is a concomitant finding to the gallbladder changes (endoscopic biopsy stomach?).

Ultrasonographic findings of the liver are commonly recognized with chronic liver disease such as chronic hepatitis, vacuolar liver disease and/or fatty infiltration since there no signs of nodular or focal changes that are suspicious for neoplasia. Their clinical relevance remains questionable. Ultrasound is not straight forward here, but I would rule out neoplasia.

Changes of the kidneys represent structural and chronic nephrosis and do match with the detected CKD. Small cysts and calcifications are usually not relevant.

The indicated distal acoustic shadowing of the splenic lesion indicates a fluid filled lesion (for example cyst/hematoma). Sonographic monitoring is recommended (8 weeks). Neoplasia cannot be fully excluded but seems currently unlikely.

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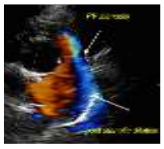
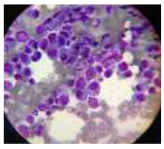
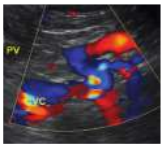

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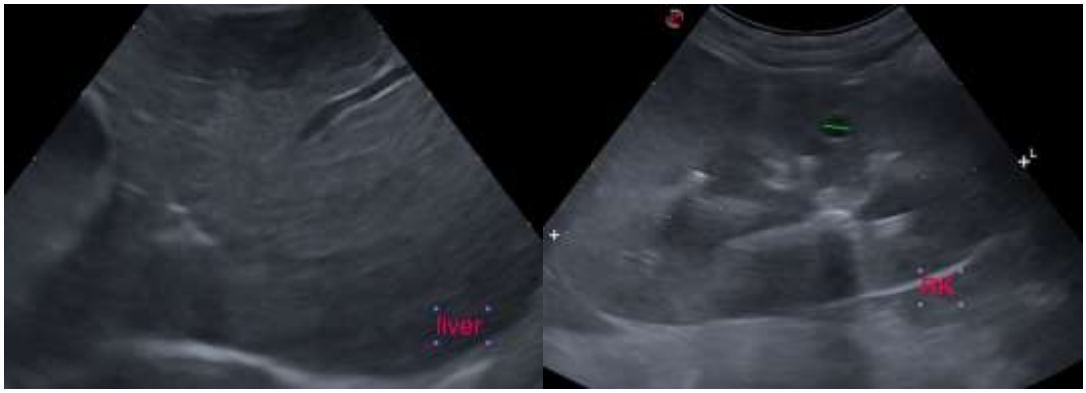

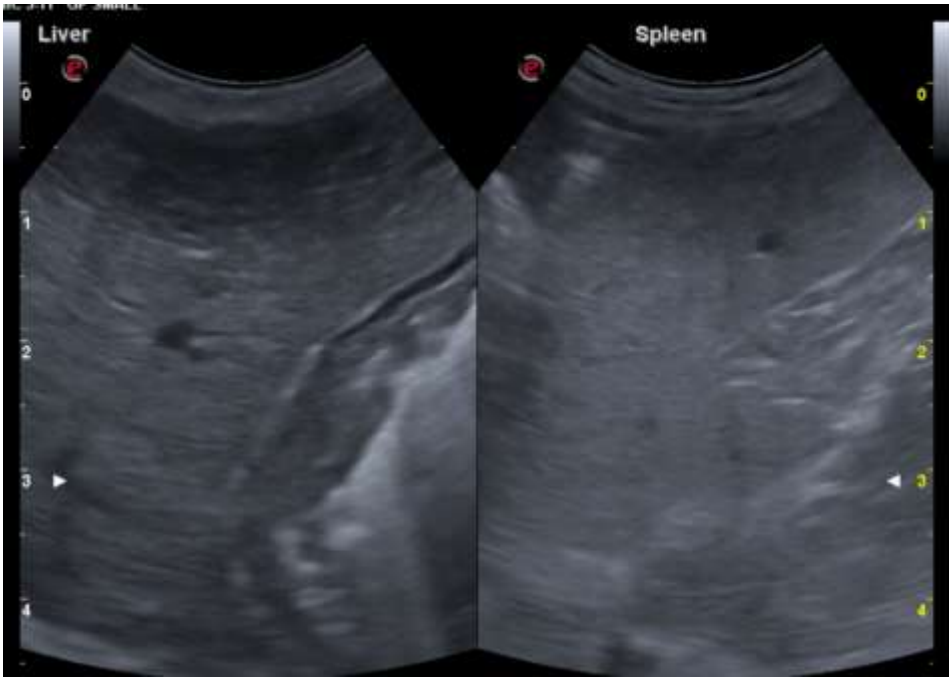

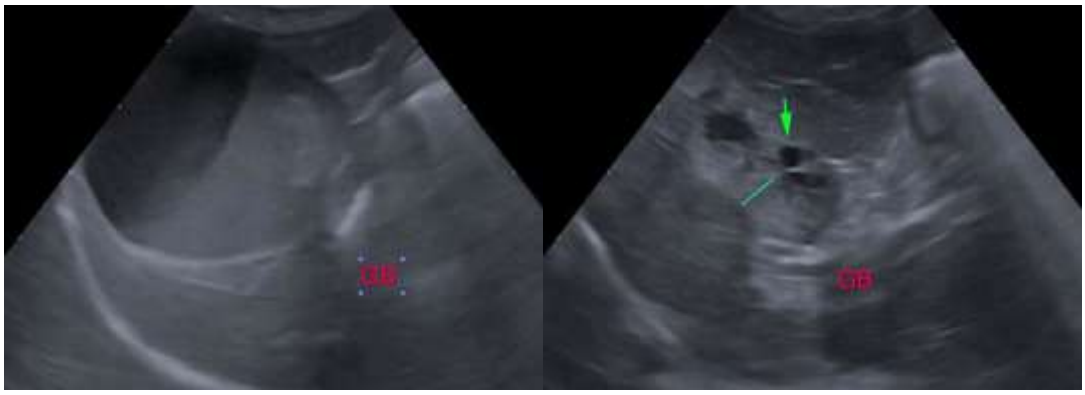

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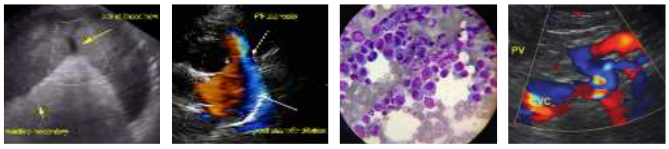

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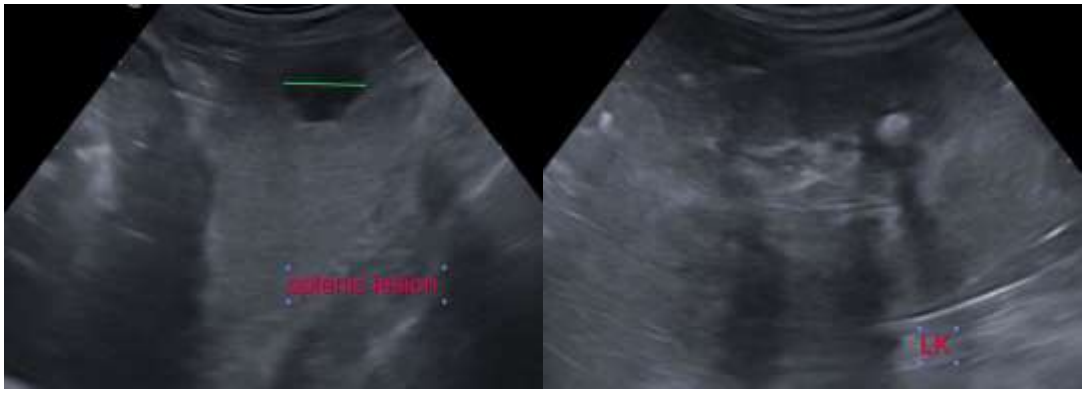

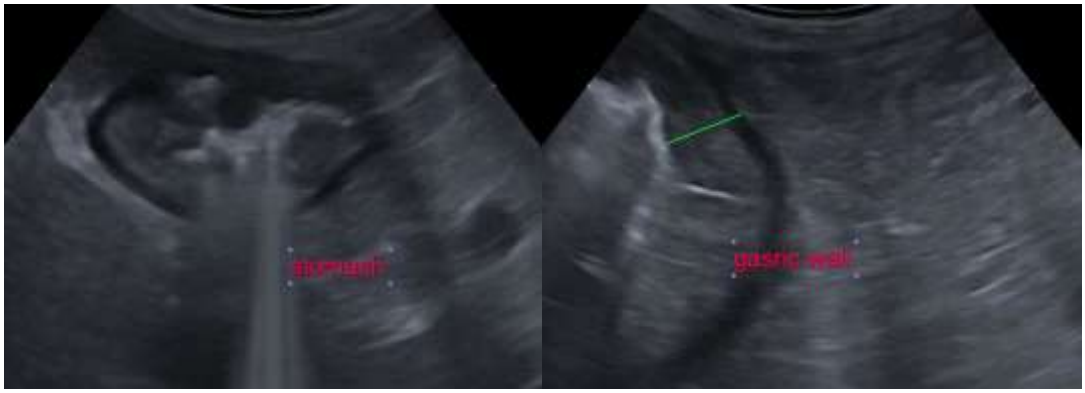

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
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