



PATIENT

Millie Donnelly

PRESENTING CLINICAL SIGNS

History: ADR, lethargic, poor appetite, anorexic. Diabetic in treatment. Elevated liver values
Abnormal PE/Chem/CBC/UA Results: ALK PHOS 742, GGTP 20, SDMA 17.5, WBC 21.7. Fever 103.8

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

BREED

Mix

SEX

Spayed female

The kidneys have an irregular capsule and with hazing of corticomodullary definition to the point of inability to determine cortical/modullary ratio. No evidence of pelvic dilation was present. The left kidney measured 5.28 cm. The right kidney measured 5.72 cm.

AGE

11 years

Adrenal Glands

Both adrenal glands were visualized and recognized with enlarged caudal poles with the heterogenous to hypoechoic echotexture in the caudal pole of the right adrenal gland. The phrenic vasculature, glandular echogenicity and detail were unremarkable. The left adrenal gland measured 2.36 cm in length, 0.9 cm at the caudal pole and 0.74 cm at the cranial pole. The right adrenal gland measured 2.69 x 1.0 cm at the caudal pole.

WEIGHT

29 lbs

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

Spleen

Mixed echogenic to hypoechoic non-cavitary capsular deforming splenic mass measuring 1 x 1.4cm is present in body of spleen. Remainder of spleen is normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis.

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HOSPITAL NAME

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Liver

The liver is subjectively enlarged in size with slight rounding of lobes and homogenous hyperechoic parenchyma with no specific nodules or masses. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gallbladder and common bile duct were unremarkable.

REFERRING VET

Dr. DenHeyer

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Gastrointestinal

The stomach contains a small volume of fluid. It measures at a normal thickness of 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.

DATE

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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



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layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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.

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Pancreas

BREED

Mix

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

SEX

Spayed female

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

AGE

11 years

Free Abdomen

No masses or free fluid were noted.

WEIGHT

29 lbs

ULTRASONOGRAPHIC FINDINGS

Primary Findings

1. Splenic mass
2. Diabetic hepatopathy
3. Bilateral adrenomegaly
4. Degenerative kidney changes
5. Normal GI tract, normal pancreas
- 6.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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While the pancreas and GI tract appeared sonographically normal, pancreatitis, acute or chronic pancreatitis cannot be definitively ruled out. Treatment for pancreatitis is supportive and involves fluid support, GI support (anti-nausea, appetite stimulant), analgesia and enteral nutrition. Antibiotics are generally not warranted for acute pancreatitis as it is generally sterile. Serial imaging is indicated if clinical signs are not resolving.

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Splenic mass is concerning for a neoplastic change, but could also represent a benign hematoma, hemangioma among other things. Aspirate of the mass is recommended to further characterize. Serial monitoring of the mass for growth is recommended. Whether benign or malignant, all cavitory splenic masses are at risk of rupture and if no signs of metastasis are present in the chest and abdomen, splenectomy with histopathology should be considered.

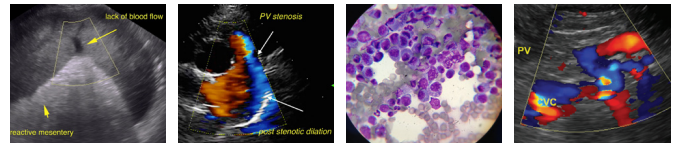
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Hepatic parenchymal changes are a common finding in the face of diabetes mellitus, though other endocrinopathy (hypothyroidism), infectious or inflammatory hepatitis (bacterial, viral, auto-immune other), and neoplasia among other things remain possibilities. As elevated liver enzymes are present, fine needle aspirate is recommended to further define.

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Adrenomegaly is bilateral and may represent stressful illness or hormonal stimulation as is seen with pituitary dependent hyperadrenocorticism. If corresponding clinical signs are present, testing for hyperadrenocorticism could be considered (ACTH stimulation test vs LDDST).

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Renal changes are likely age related degeneration. Correlate clinical significance with blood work/urinalysis findings and clinical signs. Management for any patient with chronic renal dysfunction includes renal specific diet (protein and phosphorus limited), encouraging increased water intake with canned food and providing clean, running water source, management of proteinuria and hypertension with ACE-inhibitor with addition of more anti-hypertensives as required and monitoring for development of anemia.

BREED

Mix

SEX

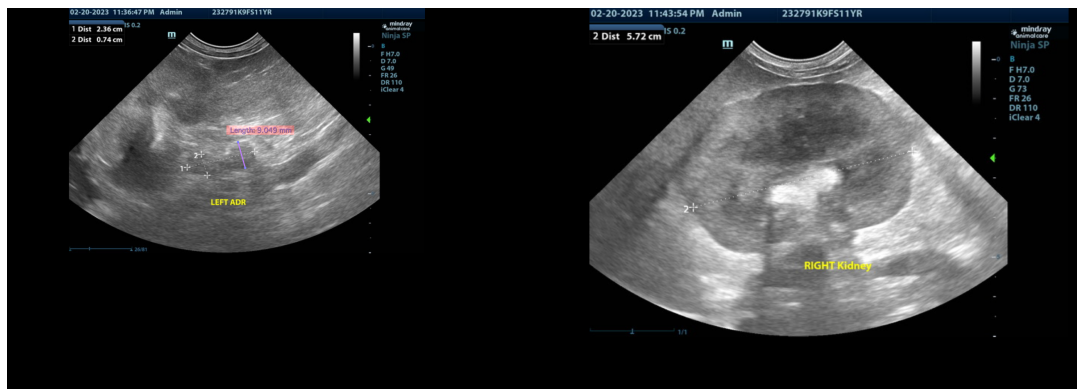
Spayed female

AGE

11 years

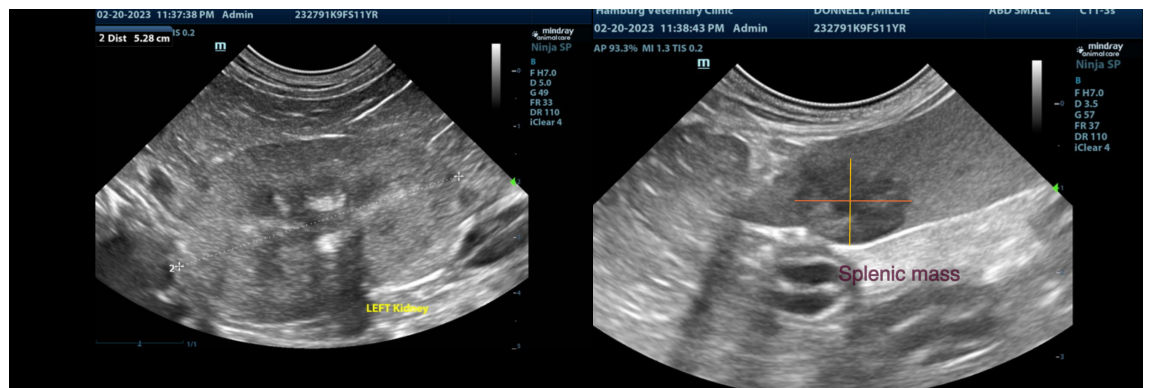
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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