



PATIENT PRESENTING CLINICAL SIGNS

Tibby Gilmore
P presented for annual exam and senior labs. No major medical concerns. New finding of ALP elevation. P has dental scheduled for 1/13/2023 and wants to ensure that P is healthy to undergo anesthesia. BW results: CBC - hct 61 (36-60) chem - TP 7.5 (5.0-7.4) ALP 639 (5-131), precision psl 191 (24-140) T4 1.4 UA: usg 1.044, pH 5.0, 1+ protein HW test negative

SPECIES

Canine

BREED

Shepherd X

SEX

Spayed Female

AGE

12 Years

WEIGHT

77 Pounds

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Desert Hills AH

REFERRING VET

Dr. Michelle Caldwell

INVOICE

44183

DATE

1/12/23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, or masses. In the dependent portion of the urinary bladder, there is a very small hyperechoic shadowing structure consistent with a small stone, measuring approximately 0.40 cm.

The left kidney has a normal shape and size (6.3 cm) with small non-obstructive nephroliths. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.48 cm) with non-obstructive nephroliths. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.85 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.66 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is normal in size but irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. In the cranial aspect of the spleen, there appears to be bleb of tissue isoechoic to the spleen, which I suspect to be splenic tissue, such as a daughter spleen, irregular bleb, etc. A mass cannot be excluded as a possibility but seems unlikely. It measures approximately 2.47 cm x 3.37 cm. A small hypoechoic nodule is noted measuring 1.09 cm.

Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a small cystic region visualized at the tip of the left side of the liver, measuring 1.69 cm x 1.3 cm. Additionally, there is a very ill-defined hyperechoic lesion measuring 2.54 cm x 1.97 cm and a small hypoechoic nodule measuring 1.9 cm.



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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm 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.

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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 layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.)

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Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

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ULTRASONOGRAPHIC FINDINGS

- Small stone visualized in the urinary bladder – recommend a urinalysis and culture and confirm with abdominal radiographs. This could be small enough to pass in this female dog.
- Non-obstructive nephroliths visualized in both kidneys – The hyperechoic mineralized foci observed at the corticomedullary junction of the left/right kidney are consistent with small, non-obstructive nephroliths.
- Irregular, isoechoic region of the spleen – This appears as a protruding “bleb” of isoechoic tissue, most consistent with an irregularity of the shape of the spleen or a daughter spleen, although a mass effect cannot be entirely ruled out.
- Small hypoechoic splenic nodule – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Large, heterogeneous liver with a small cystic lesion, a small solid hypoechoic nodule, and an ill-defined hyperechoic region – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated

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disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The cystic lesion and the hyperechoic lesion trend towards a benign lesion. Continued monitoring is warranted. Additionally, the small hypoechoic lesion is not overtly concerning, but continued monitoring is warranted.

- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

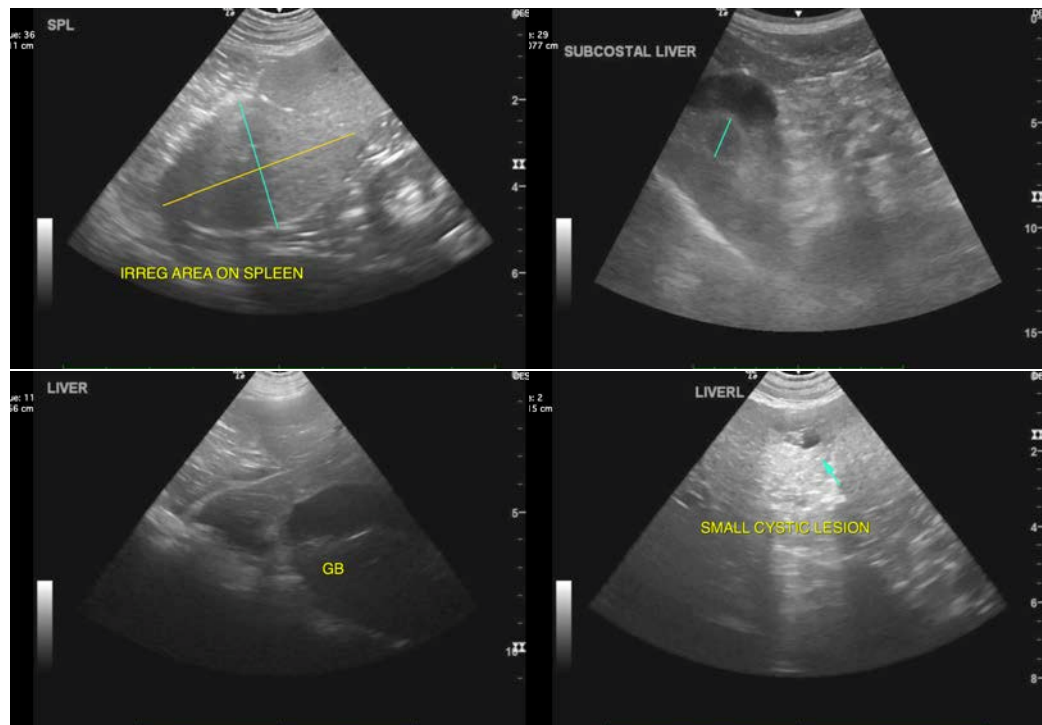
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

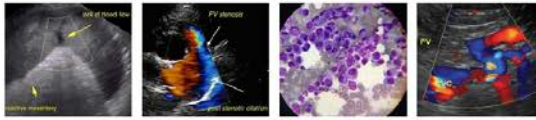
The liver appears somewhat large and heterogeneous with some small lesions (cystic, hypoechoic, hyperechoic), all of which have a relatively benign appearance at this time, but continued monitoring is warranted. No obvious cause for the elevation in ALP is noted. Most of these lesions appear too deep to easily sample or are cystic. You could consider a liver function test and a fine needle aspirate of the normal/heterogeneous parenchyma to rule out possible round cell neoplasia, etc.

The gallbladder has mild to moderate debris, but this is unlikely to be significant at this time.

There is a small irregularity towards the cranial aspect of the spleen, which I suspect is an isoechoic anatomical variation or daughter spleen. An isoechoic mass effect cannot be definitively ruled out, so continued monitoring is warranted, or a fine needle aspirate of this region could be considered. Additionally, there is a small hypoechoic nodule visualized. This could be a benign lesion or an early neoplastic lesion. Consider a fine needle aspirate.

There is a small hyperechoic stone visualized in the dependent portion of the urinary bladder. This is likely small enough to pass, but continued monitoring is warranted and a urinalysis and culture.





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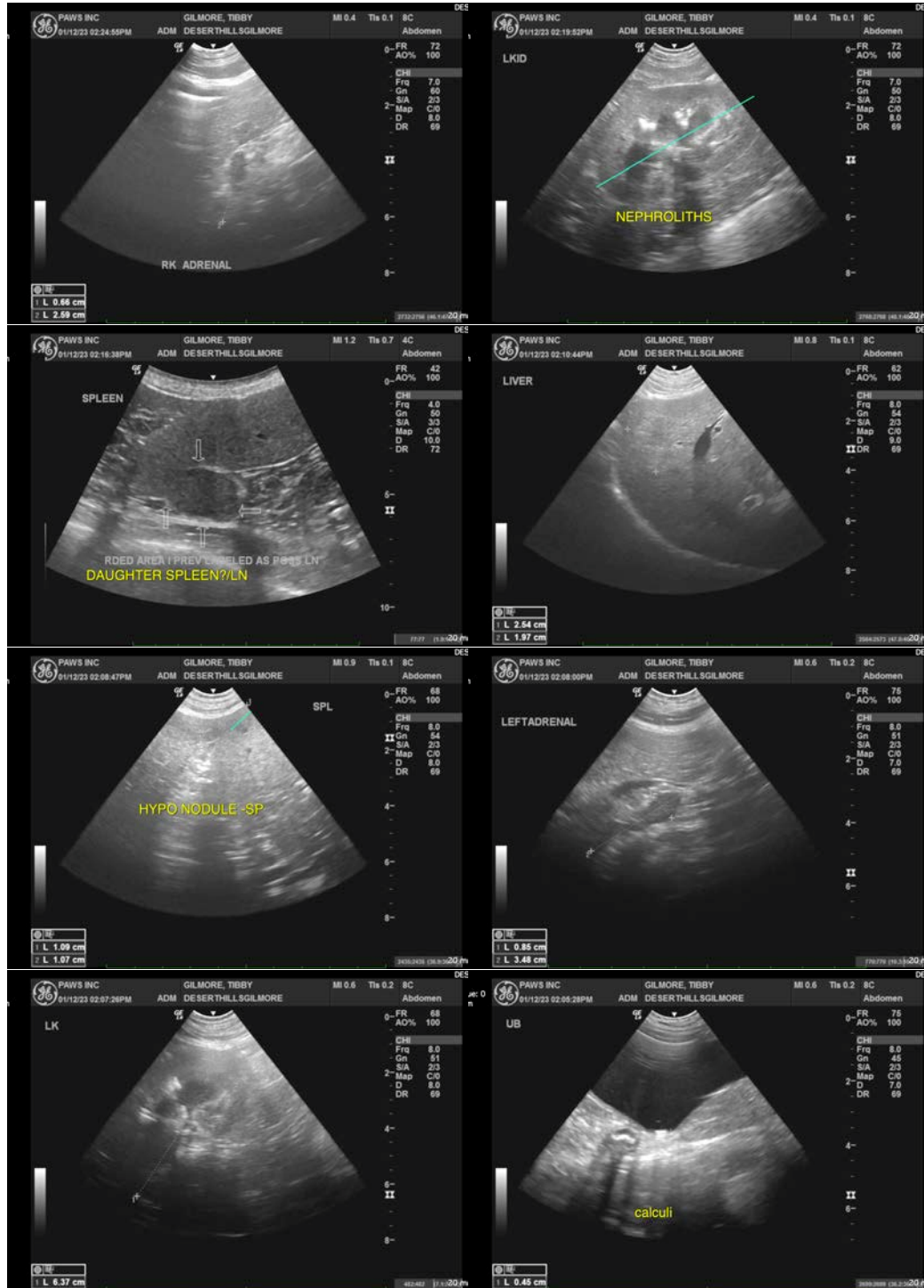
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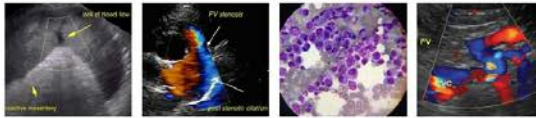
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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