



PATIENT

Vanilla Stevens

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

10 Years

WEIGHT

59 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Megan Cassels-
Conway

HOSPITAL NAME

Central Broward AH

REFERRING VET

Dr. Janeen Lezcano

INVOICE

34393

DATE

1/20/22

PRESENTING CLINICAL SIGNS

P was recently adopted. Blood work performed in 10/21 as screening shortly after adopting showed proteinuria (UPC 2.0). No v/d/c/s. P is eating well, no concerns per owner.

Abnormal PE/Chem/CBC/UA Results: PE: unremarkable except for grade 2 dental dz, NS OU. 1/15/2022: CBC: monos: 1056H, Chem: 1.1, alb: 2.9, T4: 1.0, UA: SG: 1.021, 4+ prot, UPC: not repeated, accuplex: ALL NEG bp: 160-165mmHg, chest rads: NSF, consult pending UCS: pending 10/21, at another hospital: CBC: WNL, Chem: glob: 3.8, alb: 2.9, T4: 0.8, UA: SG: 1.019, 3+ prot, quiet sediment, UPC: 2.0, O+P : NPS

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, masses or cystic calculi.

The left kidney has a normal shape and size (7.55 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.53 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.87 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 0.65 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 subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a very small, subtle, hypoechoic, ill-defined nodule near the hilus, measuring 0.55 cm.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a somewhat irregular, ill-defined, hyperechoic lesion mid body towards the caudal right side of the liver. This lesion appears to have a somewhat moth-eaten appearance and measures approximately 3.72 cm x 3.67 cm.

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.

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

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.

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.

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.

PRIMARY FINDINGS

- Mildly heterogeneous liver with ill-defined, hyperechoic lesion with moth-eaten appearance – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The significance of the liver lesion is unclear, as this could represent a benign or neoplastic lesion.
- 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. This lesion is very small and subtle. It would be reasonable to continue monitoring with ultrasound (recheck in 4-6 weeks).

SECONDARY FINDINGS

- Moderate gallbladder sludge – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting. This is likely an incidental finding if liver values are normal.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The significance of the ill-defined hepatic lesion is unclear. I suspect it would be too deep to easily aspirate. Options moving forward include:

- Contrast CT scan to further evaluate the nodule in the liver and spleen and try to determine if surgical intervention would be desired/possible.



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- Alternately, you could continue to monitor with ultrasound over time to see if significant changes occur (initial recheck at 4-6 weeks).

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Aside from the nodule in the spleen and liver, there is not a direct lesion to associate with the proteinuria observed. You've done a good job with initial evaluation with a urinalysis, culture and blood pressure, and testing for tickborne disease. Additionally, I would typically recommend 3-view thoracic radiographs and abdominal radiographs. If there is no obvious evidence of inflammatory disease, autoimmune disease, or neoplasia that can easily be addressed, then I would consider instituting therapy for the proteinuria with close continued monitoring. There is an excellent consensus statement with ACVIM at ACVIM.org with treatment and therapeutic monitoring recommendations.

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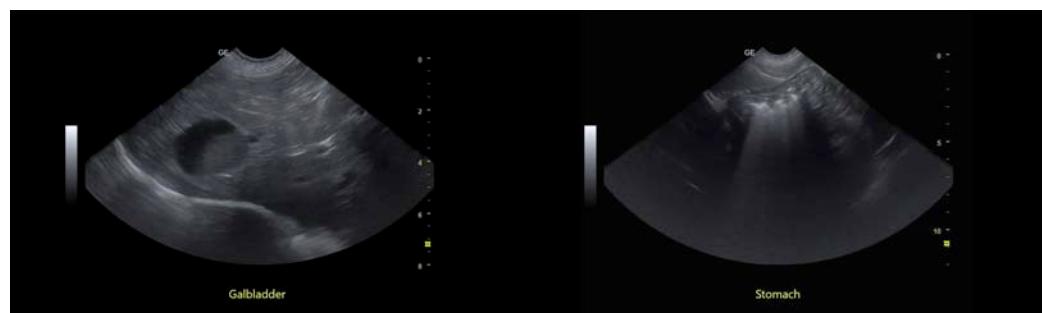
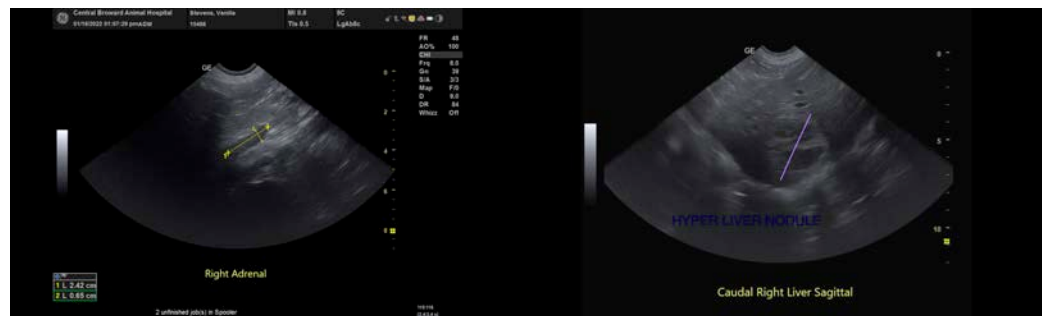
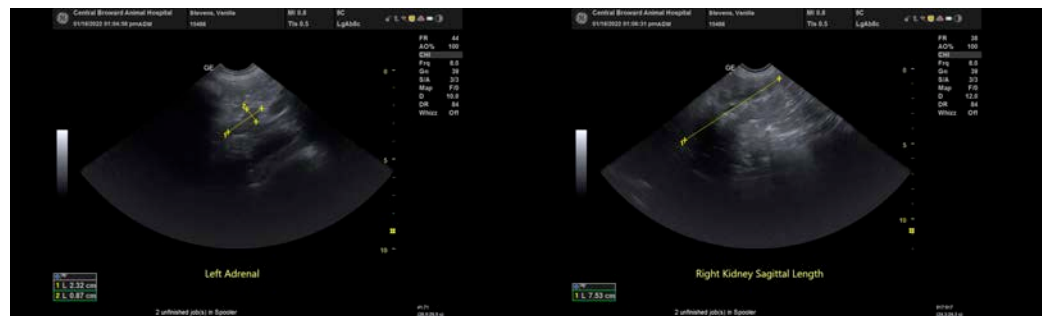
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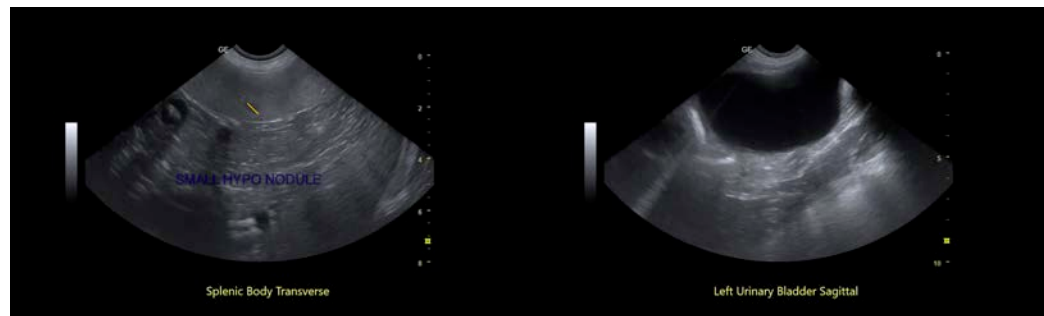
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com