



PATIENT

Kona Phelan

PRESENTING CLINICAL SIGNS

SPECIES

Canine

Check weight loss. 9lb weight loss since sibling died a month ago. Used to be a voracious, but his appetite mildly decreased right around the time the other dog in the household passed away (~1 mo ago). He is eating dirty snow, which he has never done and he is sleeping more. Good energy on walks and when stimulated. No C/S/V/D. No historical problems/current medications reported, heartworm prevention

BREED

Golden Retriever

Abnormal PE/Chem/CBC/UA Results: fecal- neg Cortisol Normal All labs WNL RADS chest and abdomen WNL CBC/chem/T4/UA: USG 1.019, otherwise unremarkable, including normal Na/K ratio Was Able to collect a sample of the fluid, what should we do with it? Culture?

SEX

Neutered Male

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.

AGE

8 Years

The prostate is normal in size (0.98 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

WEIGHT

60 Pounds

The left kidney has a normal shape and size (6.50 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.

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM

The right kidney has a normal shape and size (6.54 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.

IMAGING BY

Loetitia Saint-Jacques,
LVT

Adrenal Glands

HOSPITAL NAME

Donner Truckee VH

The left adrenal gland is normal in size measuring 0.50 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.

REFERRING VET

Dr. Greg H

The right adrenal gland is normal in size measuring 0.44 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

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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. No focal parenchymal abnormalities are visualized.

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1/21/22



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Liver

The liver is normal/borderline small in size, and hypoechoic 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. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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. Jejunum wall measured 0.39 cm. 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

Scant free fluid noted. Occasional prominent mesenteric lymph nodes are visualized, but they are not significantly enlarged, measuring 0.49, 0.41 cm. The omentum is of normal echogenicity.

Other

A brief view of the heart was submitted. No significant pericardial effusion was seen.

PRIMARY FINDINGS

- Hypoechoic, heterogeneous, borderline small liver – 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. These findings favor an inflammatory or infectious appearance.



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SECONDARY FINDINGS

- Scant free abdominal fluid – Recommend cytology/fluid analysis.

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan showed relatively mild lesions. The most significant finding is the hypoechoic liver with prominent portal markings and heterogeneous echotexture. This is a very non-specific, subjective finding. Correlate with bloodwork results.

BREED

Golden Retriever

Consider a liver function test and fine needle aspirate of the liver.

If evaluation of the liver is relatively normal, other considerations would be underlying GI disease, which can sometimes be significant despite a relatively benign appearance on ultrasound. If you think this is possible, consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to look for further evidence of pancreatic/intestinal problems. I've also seen subtle neurologic disease cause behavior changes, etc.

SEX

Neutered Male

Recommendations for testing on the abdominal fluid were requested. - I would recommend cytology/fluid analysis.

AGE

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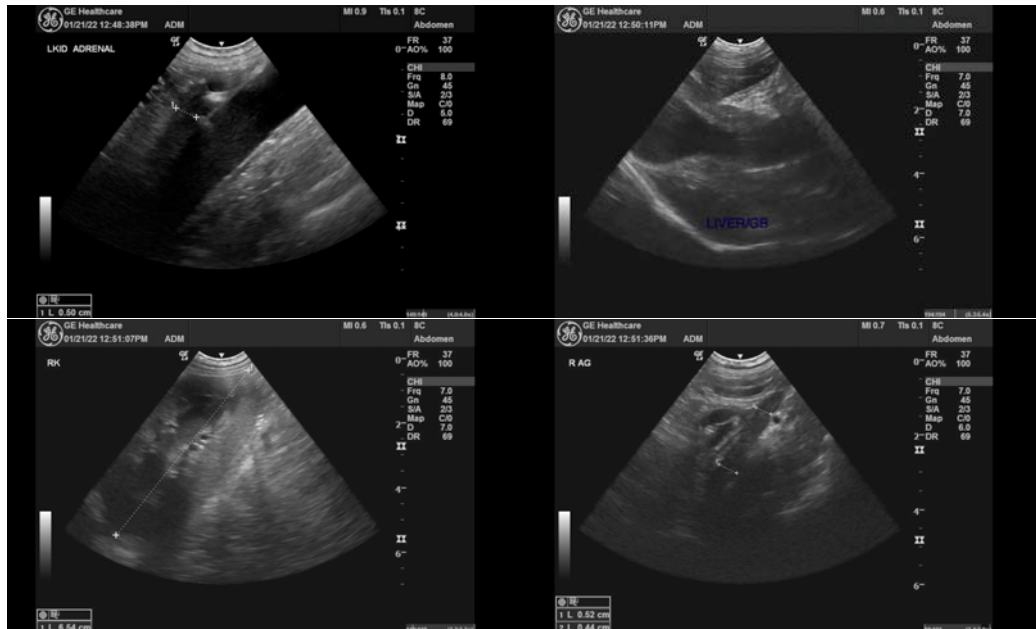
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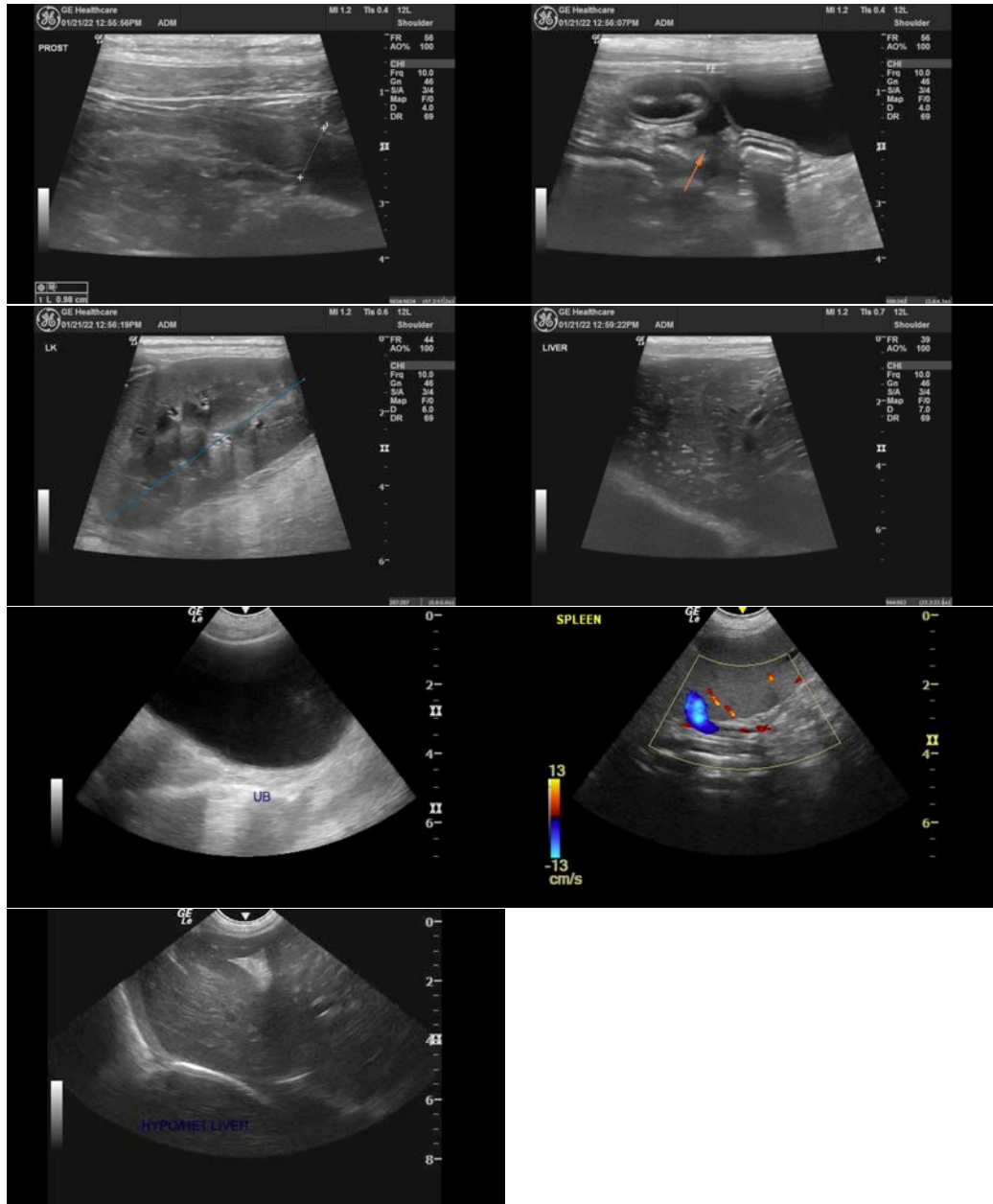
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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SPECIES

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