



PATIENT PRESENTING CLINICAL SIGNS

Holly Christianson eating has increased - loose stool - no vomiting - PU/PD - on thyrotabs 0.1 mg BID
Abnormal PE/Chem/CBC/UA Results: please see attached labs

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Dachshund

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.

SEX

Spayed Female

The left kidney has a normal shape and size (4.91 cm) with non-obstructive nephroliths. Overall echogenicity is slightly hyperechoic with poor 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, infarcts or hydroureter. Renal vasculature is normal.

AGE

12 Years

The right kidney has a normal shape and size (5.07 cm) with non-obstructive nephroliths. Overall echogenicity is slightly hyperechoic with poor 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, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

6.5 kg

Adrenal Glands

The left adrenal gland is large in size measuring 2.0 cm at the cranial pole, 1.23 cm at the caudal pole, and 3.78 cm in length. It is observed in its normal position cranial to the left renal artery. It is irregular in appearance, in that the cranial pole is large with mixed echogenicity and has an ill-defined cranial border, creating concern for possible invasion. Additionally, there are nodules visible and/or a distinct hyperechoic nodule in the caudal pole measuring 1.0 cm. No definitive evidence of vascular invasion is observed, but there is concern that this could be a risk.

INTERPRETED BY

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

The right adrenal gland is large in size measuring 1.27 cm at the cranial pole, 0.83 cm at the caudal pole, and 1.78 cm in length. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is more normal in appearance, but large.

IMAGING PERFORMED BY

Kelly Reschny

Spleen

The spleen is normal in size and echogenicity, but somewhat irregular in shape. There is an isoechoic bulge in the medial aspect of the spleen, measuring approximately 1.16 cm x 2.05 cm. This could be a capsular irregularity or an isoechoic nodule.

HOSPITAL NAME

Yates Vet Hospital

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. No focal nodules or cystic lesions are observed.

REFERRING VET

Dr. Krizmanich

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 is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of <0.7cm with some variability due to the

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PATIENT

Holly Christianson

presence of rugal folds. The distinction of the gastric wall layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

SPECIES

Canine

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. Duodenum wall measured 0.42 cm. Jejunum wall measured 0.32 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

BREED

Dachshund

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.

SEX

Spayed Female

Pancreas

The area of 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.

AGE

12 Years

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.

WEIGHT

6.5 kg

PRIMARY FINDINGS

- Bilateral adrenomegaly with left-sided adrenal masses/nodule – could be consistent with bilateral adrenomegaly or bilateral hyperplasia (e.g., secondary to pituitary-dependent hyperadrenocorticism), bilateral infiltrative neoplasia, inflammatory adrenal disease, other. Correlation with clinical findings is recommended.
- Decreased corticomedullary distinction in both kidneys with numerous non-obstructive nephroliths – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. The hyperechoic mineralized foci observed at the corticomedullary junction of the left/right kidney are consistent with small, non-obstructive nephroliths.
- Isoechoic bulge in the splenic capsule – This could be consistent with a benign or cancerous splenic lesion. Appearance trends towards a benign differential, but neoplasia cannot be excluded as a possibility.
- Large, heterogeneous 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.
- 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.

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IMAGING PERFORMED BY

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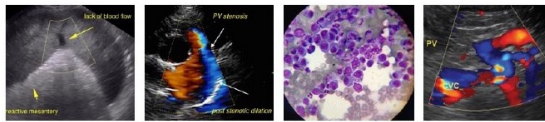
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SECONDARY FINDINGS

- Moderate ingesta within the gastric lumen – Shadowing material in the gastric lumen-correlate with feeding history and abdominal radiographs. If this patient was adequately fasted consider such differentials as delayed gastric emptying, ingested foreign material or a partial outflow tract obstruction (none observed.)



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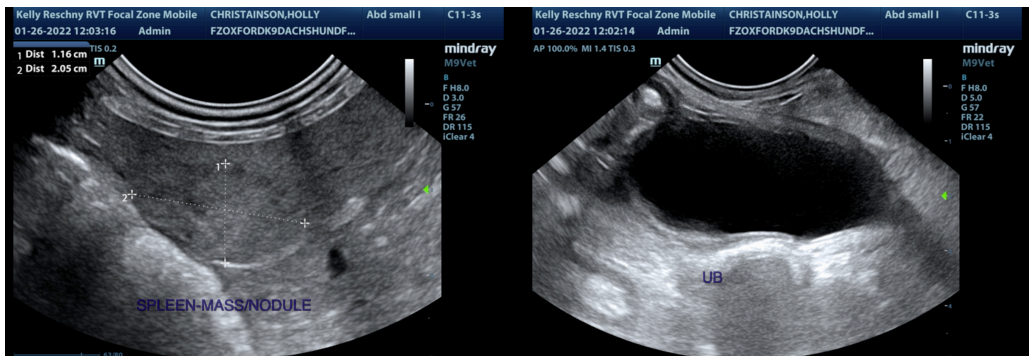
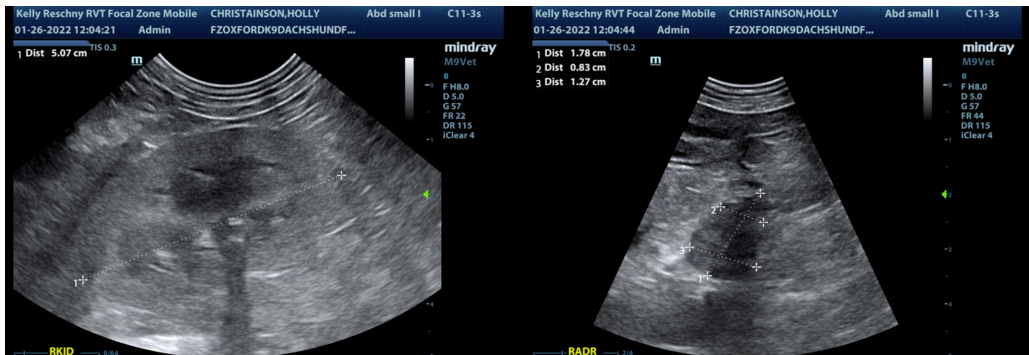
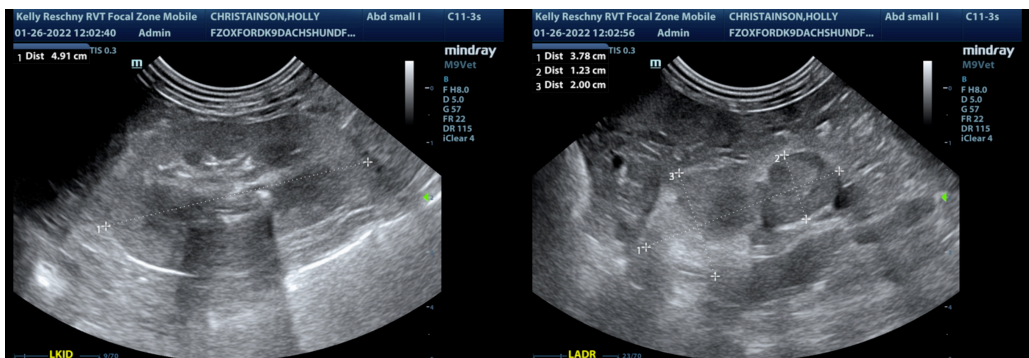
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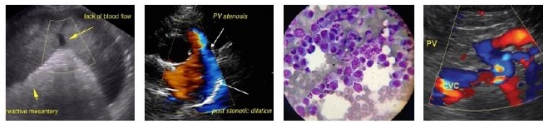
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I suspect this patient does have a hormone excess based on the history, lab work findings, and the appearance of the adrenal glands. Both adrenal glands are large and very irregular, so this could be consistent with atypical bilateral hyperplasia, or could be consistent with bilateral masses/hyperplasia with a left-sided nodule, etc. In this situation,

I would recommend adrenal function testing (an adrenal panel with ACTH stimulation test to University of Tennessee is ideal), urinalysis, culture, and blood pressure evaluation, 3-view thoracic radiographs, and, if possible, a CT scan of the abdomen to further evaluate the adrenal glands, as the left adrenal gland has some changes, which could be concerning for early vascular invasion. If advanced workup is not possible, and the risks of an adrenal tumor are known, you could pursue normal adrenal function testing and treatment with ideally Lysodren or Trilostane as long as the owner knows the risk.

The irregular portion of the spleen is of unknown significance. Options moving forward would be continued monitoring with ultrasound or a fine needle aspirate of the abnormal bulge in the spleen.





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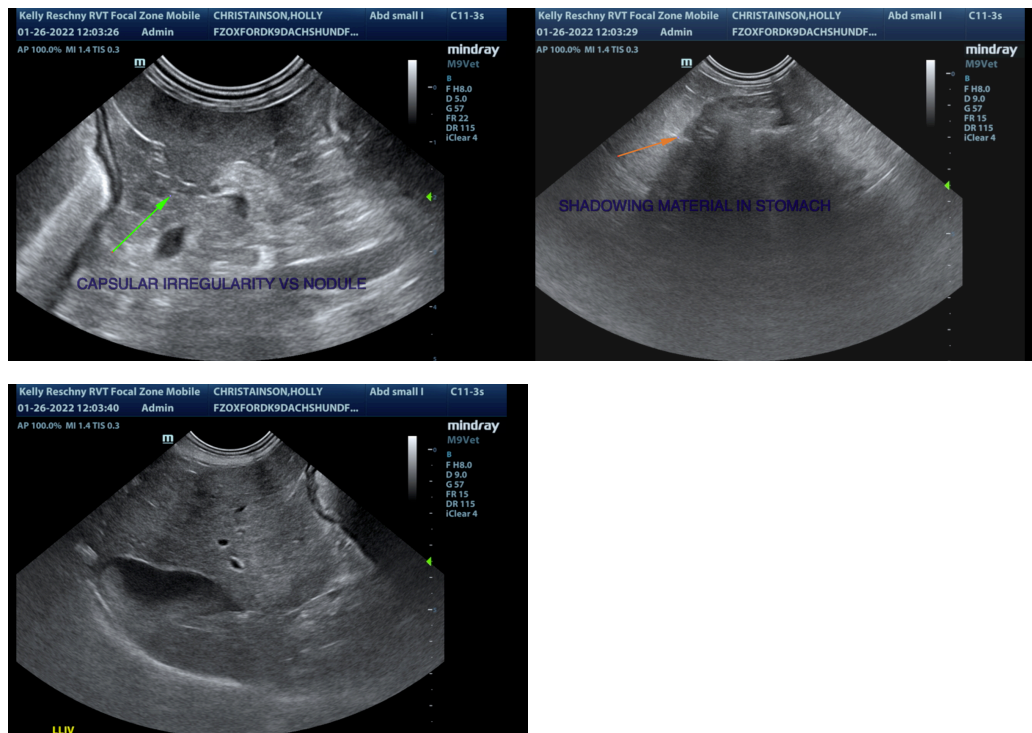
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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