

## PATIENT

Jingo Tilley

## PRESENTING CLINICAL SIGNS

## SPECIES

Canine

History: pudding like diarrhea for two plus months. Proprioception deficit in rear legs. Especially left rear. Frequent episodes of fecal incontinence and defecation indoors. Idexx bloodwork showed NSF. T4 is normal. Urine analysis indicates a probable bacterial UTI.

## BREED

ACD

### 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.

## SEX

Neutered Male

The prostate is normal in size (0.98) 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.

## AGE

13 Years

The left kidney has a normal shape and size (5.9 cm). 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

## WEIGHT

21 kg

The right kidney has a normal shape and size (6.33 cm). 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

## INTERPRETED BY

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

### Adrenal Glands

The left adrenal gland is normal in size measuring 0.59 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.

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

The right adrenal gland is large in size measuring approximately 1.4 cm at the cranial pole, 1.3 cm at the caudal pole, and 3.19 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 irregular in appearance, and distinct adrenal borders are very difficult to visualize. Findings are most consistent with a right adrenal mass.

## HOSPITAL NAME

Roundhill AH

### 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. No focal parenchymal abnormalities are visualized.

## REFERRING VET

Dr. Carl Kelly

### Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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**PATIENT**

Jingo Tilley

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.

**SPECIES**

Canine

**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 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.

**BREED**

ACD

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 wall measured 0.45 cm. Jejunum wall measured 0.34 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**SEX**

Neutered Male

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.

**AGE**

13 Years

**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.

**WEIGHT**

21 kg

**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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**Other**

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

**PRIMARY FINDINGS**

- Large, irregular right adrenal gland – Right adrenomegaly could be consistent with neoplasia (e.g., adenoma, carcinoma, pheochromocytoma), hyperplasia, inflammation, other.

**IMAGING BY**

Loetitia Saint-Jacques,  
LVT

**SECONDARY FINDINGS**

- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

**HOSPITAL NAME**

Roundhill AH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Dr. Carl Kelly

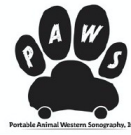
No obvious lesions are visualized associated with the chronic diarrhea reported. Unfortunately, this is not uncommon, as there are many causes for diarrhea that cannot be diagnosed by ultrasound alone. If metabolic testing is relatively normal, and a metabolic cause for diarrhea is thought unlikely, then consider primary GI causes such as dietary intolerance/sensitivity, dysbiosis, intestinal parasites, IBD, and less likely intestinal neoplasia.

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- Consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to further evaluate for pancreatic and small intestinal disease including exocrine pancreatic insufficiency.

**SPECIES**

Canine

- Recommend chronic probiotic therapy.

**BREED**

ACD

- Consider novel protein/hydrolyzed protein prescription diet.
- If GI signs persist despite taking these measures, consider obtaining GI biopsies.

**SEX**

Neutered Male

Additionally, the right adrenal gland appears abnormal. It is large and irregular with indistinct margins, making evaluation for vascular invasion difficult. These masses can be benign or malignant and can secrete hormones or be non-active. Based on the irregular appearance of this mass, a cancerous process would have to be considered. Options moving forward include:

**AGE**

13 Years

- If signs of cushings are present, consider adrenal function testing. I prefer an ACTH stimulation test combined with an adrenal panel to the University of Tennessee's endocrine lab to look for atypical adrenal hormones as well as cortisol. (other testing can suffice)

**WEIGHT**

21 kg

- If adrenal dependent cushings is suspected and supported by adrenal function testing consider medical therapy with lysodren or trilostane and/or consider surgical removal (recommend referral to a board certified veterinary surgeon and possible pre op CT)-This can be a challenging surgery with significant risk for complication

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- Recommend blood pressure evaluation-if hypertensive consider testing catecholamine levels for a possible pheochromocytoma

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LVT

- Due to the invasive nature of these masses a CT scan is recommended to evaluate for metastasis and vascular invasion.
- If no symptoms of cushings are present, consider either referral for surgery or if surgery is not an option consultation with a veterinary oncologist regarding chemotherapeutic options and continued monitoring with ultrasound (in 4-6 weeks) can be considered.
- Some aggressive adrenal tumors can grow quickly and there is risk for acute hemorrhage from vascular invasion.

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I'm not sure if this has anything to do with the diarrhea reported, or the possible neurologic symptoms reported (fecal incontinence, CP deficits, etc.). Evaluate femoral pulses, as the adrenal lesion makes the possibility of a vascular lesion more likely. Consider consultation with a veterinary neurologist, and recommend 3-view thoracic radiographs.

**REFERRING VET**

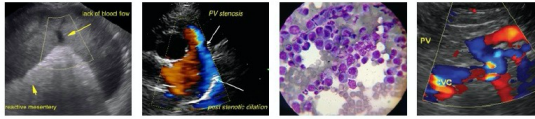
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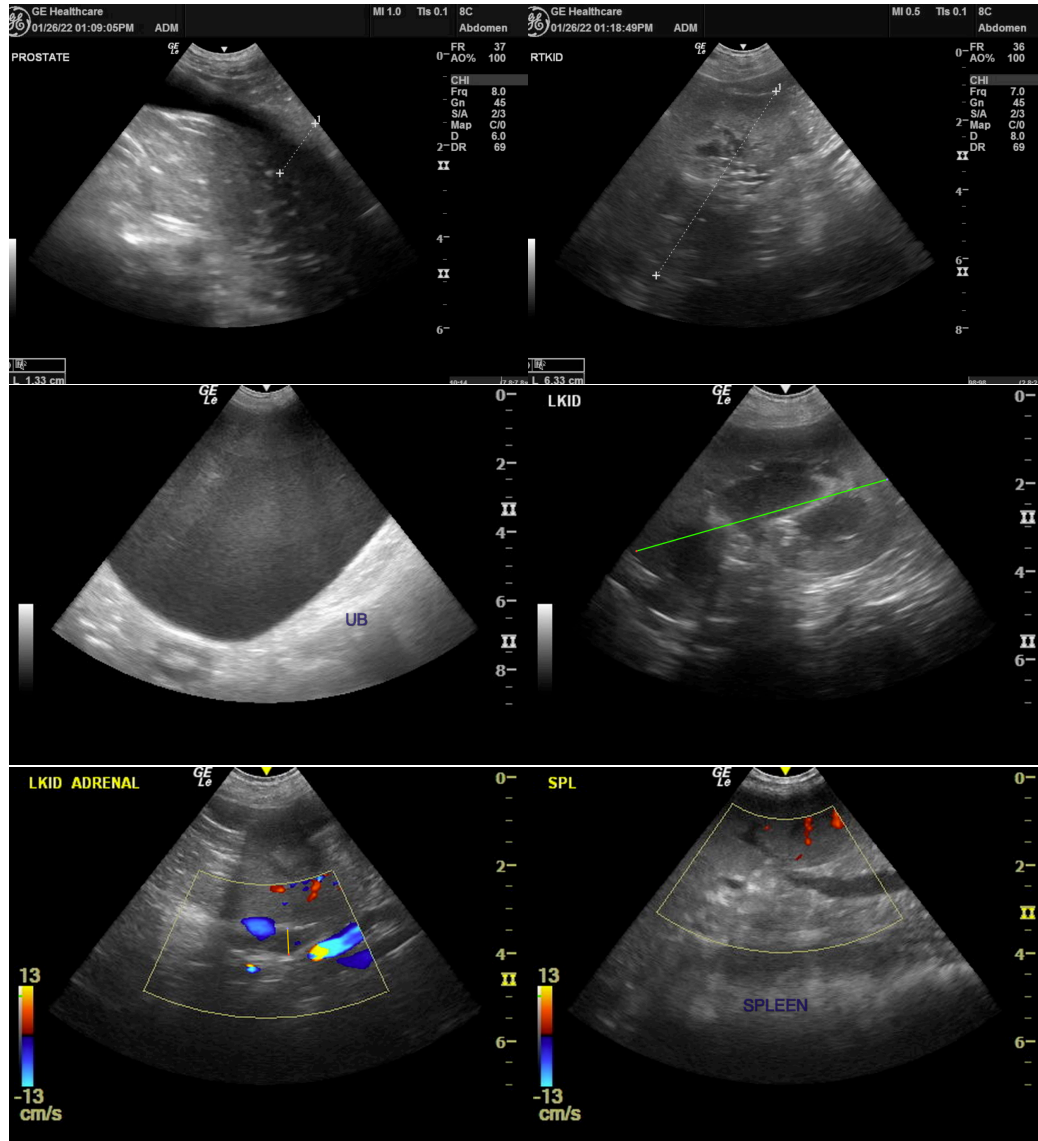
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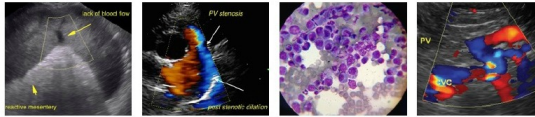
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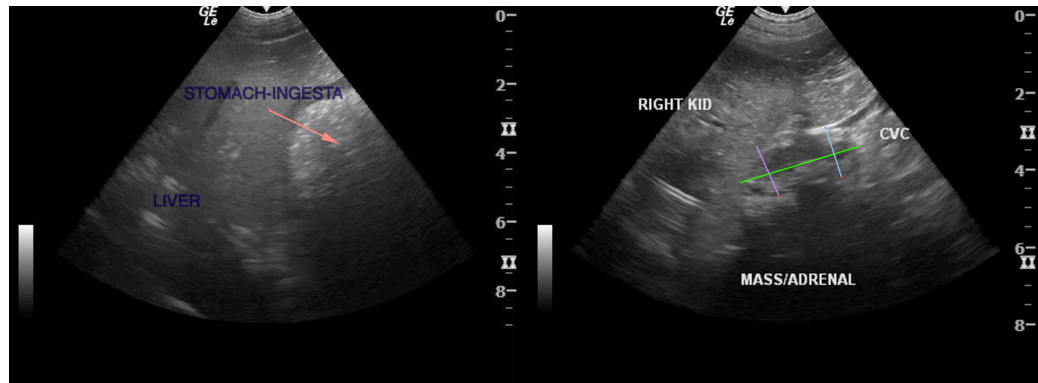
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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