

**PATIENT**

Toby Lefave

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Neutered Male

AGE

12 years

WEIGHT

22.4 lbs

INTERPRETED BYKathleen Sennello
DVM, MS, Diplomate
ACVIM (Small Animal
Internal Medicine)**IMAGING PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VETWixom Family Pet
Practice**INVOICE**

95557

DATE

1/21/20

PRESENTING CLINICAL SIGNS

Diabetic (currently on Levemir 4u BID) Cushing's (currently on Trilostane 5mg SID) Blind Residual head tilt after recent vestibular episode Doing well overall at home.

Abnormal PE/Chem/CBC/UA Results: Recent ACTH stim: pre 1.4 post 1.3 Remaining is attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The bladder wall appears mildly, diffusely thickened and irregular particularly towards the apex of the urinary bladder where the wall measures 0.37 cm in thickness. The area of the trigone and proximal urethra to a depth of 2.0 cm and ureteral papilla appear relatively normal and free of any mass effects or cystic calculi. The findings are most consistent with diffuse cystitis or lack of urine distension.

The prostate is normal in size (1.0 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.

The left kidney has a normal shape and size (5.71 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. Pyelectasia was noted and measured 0.34 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.34 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. Mild pyelectasia was noted in the right kidney measuring 0.25 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal/borderline small in size measuring 0.36 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.

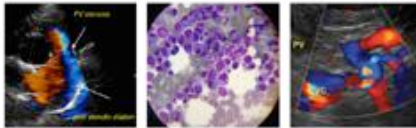
The right adrenal gland is normal in size measuring 0.5 cm at the caudal pole It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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. No focal parenchymal abnormalities are visualized.

Liver

The liver is large, hyperechoic and heterogenous. There is a large anechoic cyst in the parenchyma measuring 2.8 cm in diameter. The gallbladder has moderate sludge.

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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 (0.3 cm) and the jejunum measured as normal (0.31 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 prominent and mottled compared to the surrounding isoechoic 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.

ULTRASONOGRAPHIC FINDINGS**PRIMARY FINDINGS:**

- Mildly, irregular urinary bladder wall. The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Decreased corticomedullary distinction in both kidneys with bilateral mild pyelectasia. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the left/right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Prominent, mottled pancreas. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Heterogenous, hyperechoic 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. This is likely consistent with a vacuolar/diabetic hepatopathy.



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- Gallbladder moderate debris. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

SECONDARY FINDINGS:

- Shadowing material in the gastric lumen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Many of the lesions observed on today's scan are considered within normal limits for an older diabetic dog. I recommend urinalysis and culture to further evaluate the urinary bladder wall irregularity and the pyelectasia seen in both kidneys. Additionally, I recommend blood pressure evaluation due to the likely chronic renal disease present and a urine protein to creatinine ratio to further evaluate for proteinuria.

The changes observed in the liver, pancreas and gallbladder are common findings in diabetic patients and In patient's with Cushing's disease. You can consider a quantitative PLI to look for active pancreatitis and continue to monitor the gallbladder.

The adrenal glands are surprisingly small for a dog with Cushing's disease on Trilostane. Depending on clinical status you can consider lowering the Trilostane dose and reevaluation.

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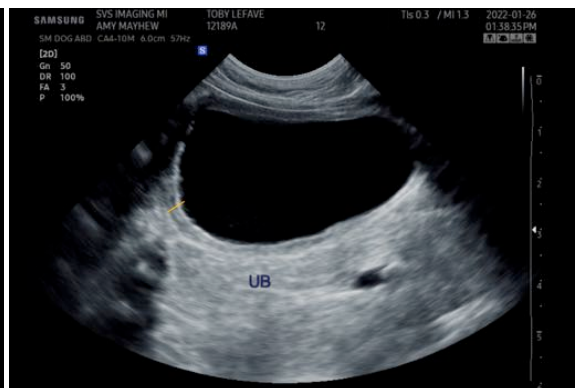
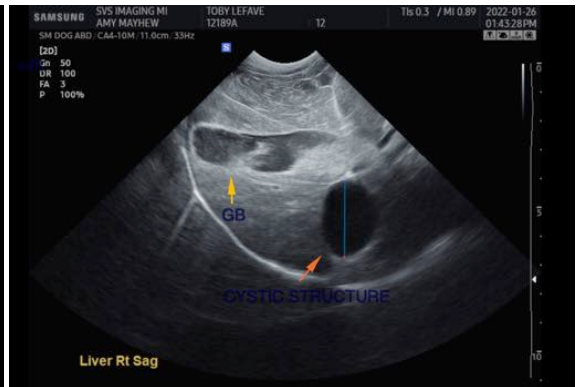
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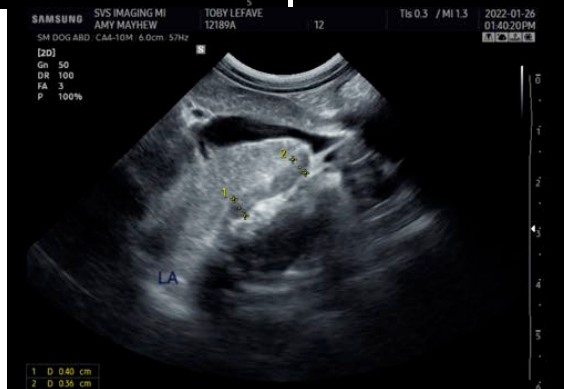
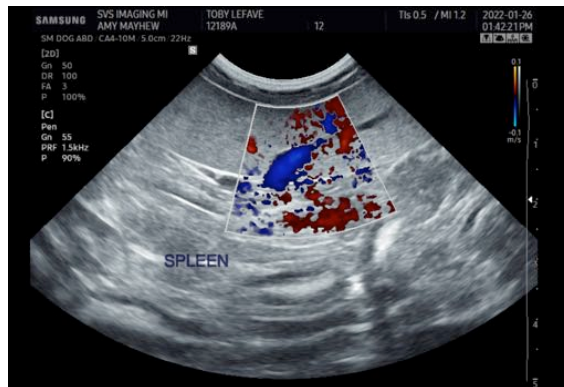
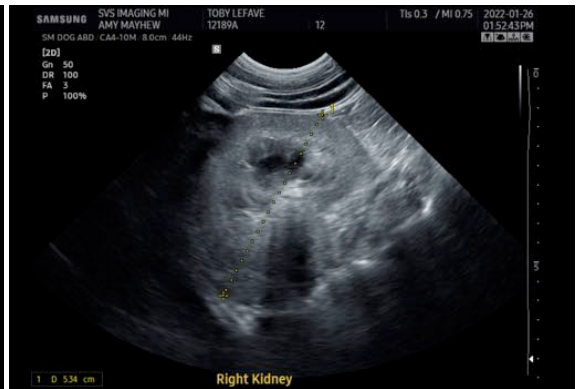
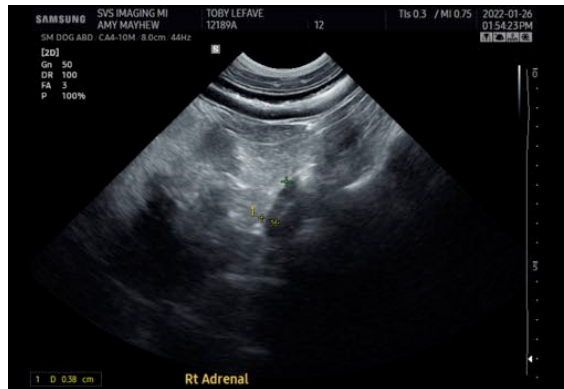
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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