

PATIENT

Gummi Bean Sam

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

12 Years

WEIGHT

14.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Truckee Meadows VH

REFERRING VET

Dr. Rachel Kuester

INVOICE

26230

DATE

10/12/21

PRESENTING CLINICAL SIGNS

History of ITP (2017) - resolved / remission pu/pd Elevated liver values (ALT, ALP) Proteinuria
Presenting Complaint: Patient had 1st examination at TMVH on 10/4/21, for pre-dental examination.
Physical examination findings: overweight, mild periodontal disease and owner reported pu/pd. Patient has a history of ITP (2017) and is in remission and not currently on any medications. Senior Labwork (chem, cbc, T4, UA) was obtained at visit. Pertinent Diagnostic Results: Senior Wellness Panel CHEM - BG 53 (sample sent unspun) - TP 7.5 - GLOB 4.2 - ALT 135 - ALP 1051 T4 2.7 CBC - PLTs 520 UA - USG 1.038 - Protein >500 Elevated ALT, ALP, TP, PLTs, proteinuria DDx: Cushing's disease, 1' hepatopathy, other

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 (4.15 cm) with a 0.41 cm cortical cyst. 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 (4.43 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 0.65 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. No focal parenchymal abnormalities are visualized.

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.

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.



PATIENT

Gummi Bean Sam

Gastrointestinal

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

12 Years

WEIGHT

14.4 Pounds

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. Duodenum wall measured 0.55 cm. Jejunum wall measured 0.24 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

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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Truckee Meadows VH

REFERRING VET

Dr. Rachel Kuester

INVOICE

26230

DATE

10/12/21

ULTRASONOGRAPHIC FINDINGS

- Large, heterogeneous liver with rounded margins – 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large and heterogeneous. This is a non-specific finding that is commonly seen in dogs with an elevated ALP. Recommend a liver function test to ensure that liver function is normal, and consider a fine needle aspirate of the liver to rule out round cell neoplasia. A vacuolar hepatopathy is suspected. If this is confirmed, then I would consider adrenal function testing to look for evidence of Cushing's disease. The adrenal glands are not overtly enlarged, but could be on the large side of normal for a small dog. Recommend blood pressure evaluation and urine protein/creatinine ratio in addition to a urinalysis and culture to further evaluate the PU/PD and the proteinuria found on dipstick.



PATIENT

Gummi Bean Sam

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

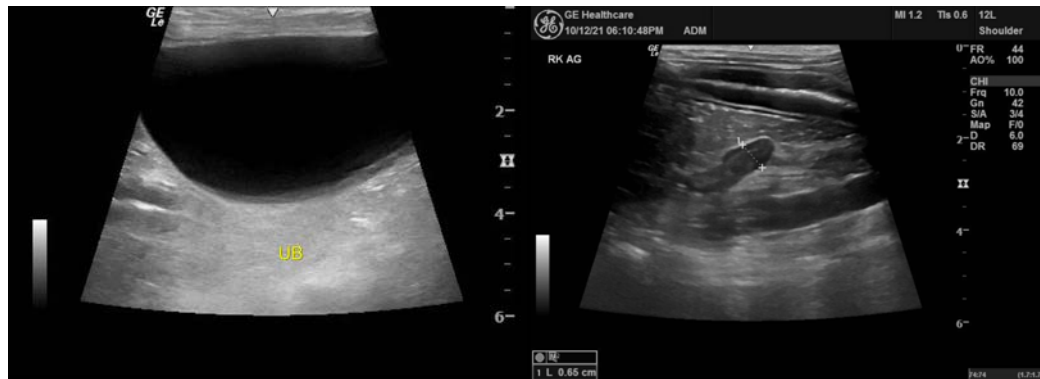
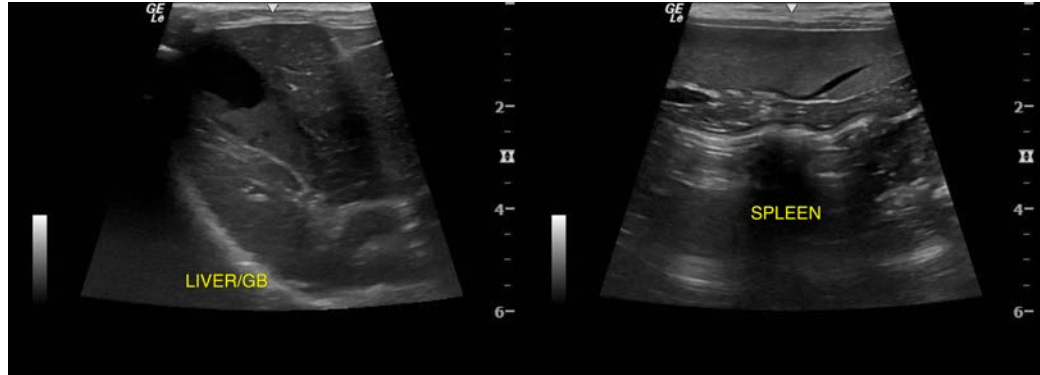
Spayed Female

AGE

12 Years

WEIGHT

14.4 Pounds



INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Truckee Meadows VH

REFERRING VET

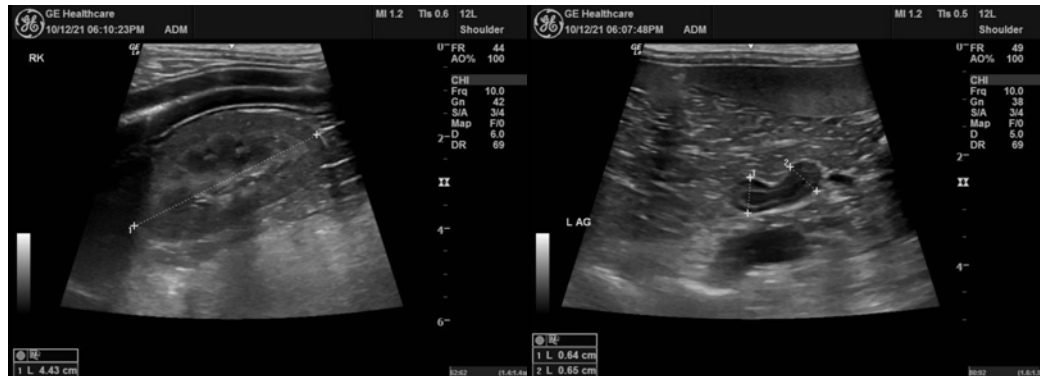
Dr. Rachel Kuester

INVOICE

26230

DATE

10/12/21





PATIENT

Gummi Bean Sam

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.

SPECIES

Canine

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.

BREED

Yorkshire Terrier

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

kathleen.sennello@sonopath.com

SEX

Spayed Female

AGE

12 Years

WEIGHT

14.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Truckee Meadows VH

REFERRING VET

Dr. Rachel Kuester

INVOICE

26230

DATE

10/12/21