



PATIENT

Stella Janco

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

8 years

WEIGHT

82 lbs

PRESENTING CLINICAL SIGNS

History: Diagnosed with PLN in 6/20, treated with Enalapril, Clopidogrel, renal diet and wellactin. Intermittent vomiting and diarrhea since 4/21. Most recent labwork - no azotemia, alb slightly low at 2.5, UPC ratio = 5.0. Blood pressure normal.

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 (6.7 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.

The right kidney has a normal shape and size (7.0 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 (Small Animal
Internal Medicine)

Adrenal Glands

The left adrenal gland is large in size measuring 0.38 cm at the cranial pole and 0.94 cm at the caudal pole and the length is 4.2 cm. It is observed in its normal position cranial to the left renal artery. It is somewhat irregular in appearance as it is elongated with an enlarged caudal pole. The echogenicity is normal and uniform. The findings are consistent with a mass/nodule on the caudal pole of the left adrenal gland.

The right adrenal gland is normal in size measuring 0.69 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.

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HOSPITAL NAME

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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.

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Liver

The liver is subjectively normal in size, and 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

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

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a slightly increased thickness of <0.84 cm (normal is <0.7 cm) 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.

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Golden Retriever

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 (0.46 cm) and the jejunum measured as normal (0.39 cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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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.

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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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ULTRASONOGRAPHIC FINDINGS

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PRIMARY FINDINGS:

- Nodule on the caudal pole of the left adrenal gland. The left-sided adrenal nodule could be consistent with neoplasia (adenoma, carcinoma, pheochromocytoma) or benign and consistent with hyperplasia, inflammation, other.
- Mildly thickened gastric wall with intact layering. The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.

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SECONDARY FINDINGS:

- Prominent, mottled pancreas. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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- Heterogenous. 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.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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An obvious cause for the proteinuria and vomiting is not observed. The kidneys appear relatively normal, but ultrasonographic changes do not always correlate with clinical function. No focal lesions are observed. The history reports normal blood pressure. Also consider testing for tick borne disease and if there has not been improvement in the urine protein to creatinine ratio with treatment you can consider adding in or changing to a different medication (ARBS?). The ACVIM consensus statement on proteinuria is an excellent resource and available on their website.

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Additionally it is possible that there is more than one factor contributing to the low serum albumin levels such as concurrent GI disease. No focal lesions were observed in the GI tract. The stomach subjectively appears thickened, but this can sometimes be deceptive with an empty stomach and rugal folds. Consider a GI panel to Texas A&M with a quantitative PLI, TLI, cobalamin and folate level to further evaluate the mottled pancreas and to look for evidence of small intestinal disease.

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If the liver enzymes are normal then I suspect the hepatic changes are age related. If the liver elevated consider a liver function test.

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The caudal pole of the left adrenal gland is irregular creating the effect of a nodule. It is relatively small and isoechoic to the rest of the adrenal gland. If signs of Cushing's are present I recommend adrenal function testing and I recommend monitoring with ultrasound to look for growth/change.

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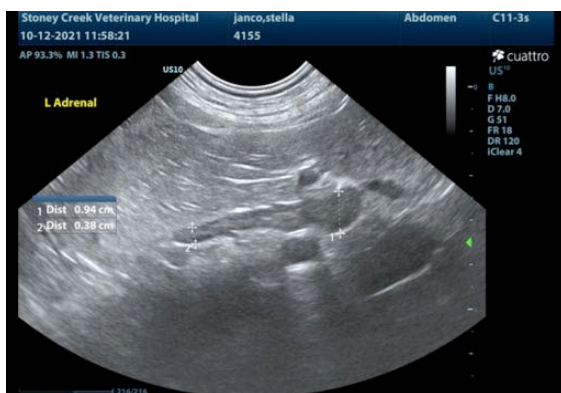
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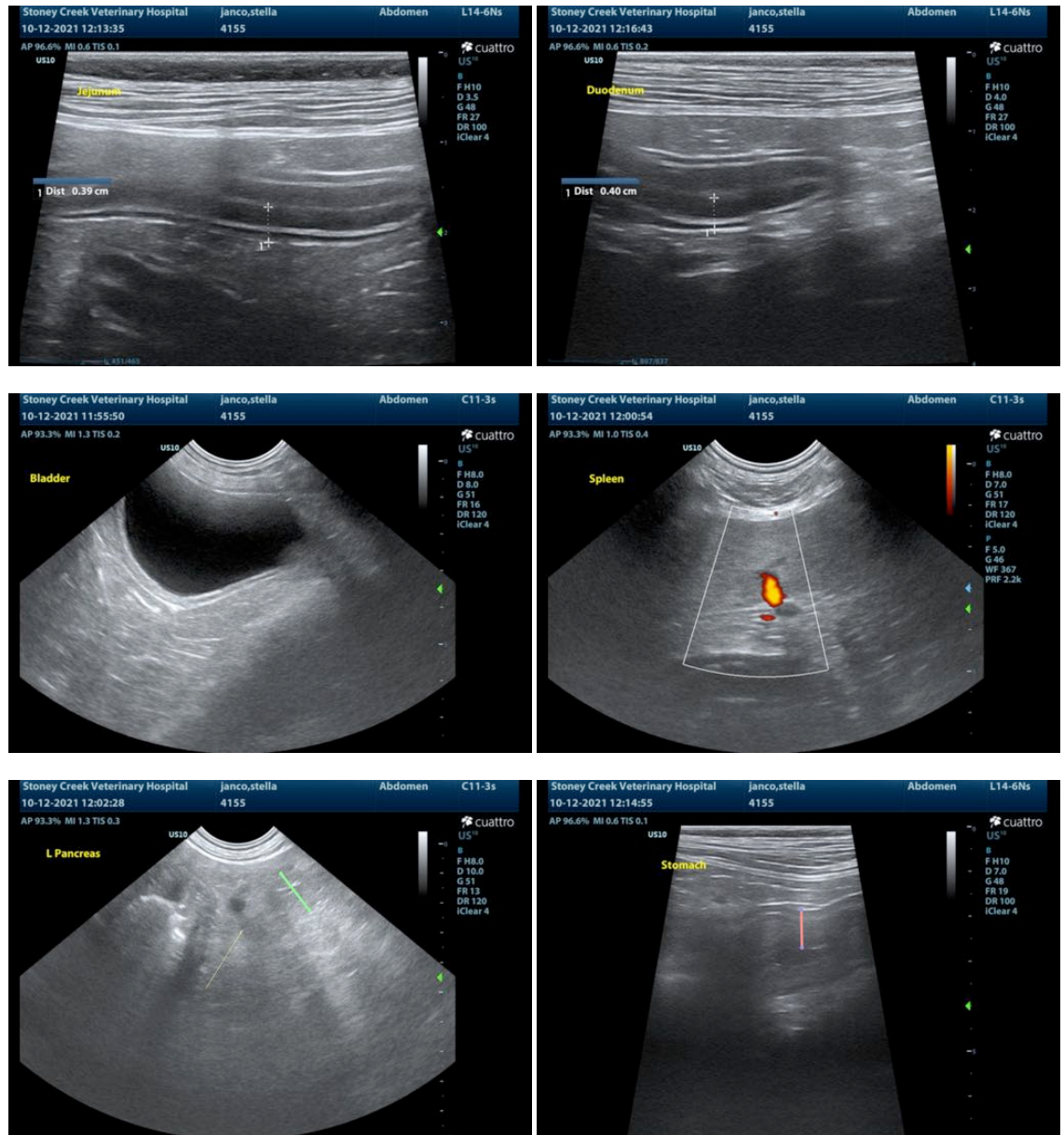
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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