



PATIENT

Butters Kaupp

PRESENTING CLINICAL SIGNS

distended abdomen; Has eye ulceration/arthritis; episodes of hypersalivation, lip smacking, restlessness. Appetite ok. R/O painful from eye and arthritis, vs other

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

English Bulldog

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 (5.67 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.

AGE

5 Years

The right kidney has a normal shape and size (6.0 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.

WEIGHT

49 Pounds

Adrenal Glands

The left adrenal gland is normal in size measuring 0.71 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.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Diane McFadden

Spleen

Splenectomy performed 3/2021.

HOSPITAL NAME

Basking Ridge AH

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. There is large area of cystic hepatic parenchyma spanning at least 6.5 cm. It appears somewhat localized, as there are some normal non-cystic portions of parenchyma, but the area is quite extensive.

REFERRING VET

Dr. Piehler

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.

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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 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.

DATE

10/29/21



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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 (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.)

SPECIES

Canine

Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

BREED

English Bulldog

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

SEX

Spayed Female

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

AGE

5 Years

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.

Other

WEIGHT

49 Pounds

No overt lymphadenopathy or significant peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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- Heterogeneous liver with cystic parenchymal lesions – 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. The cystic portions could represent benign cystic lesions, adenoma, etc., but could also be consistent with a neoplastic process.

IMAGING PERFORMED BY

Diane McFadden

- Moderate dilation of the gastric lumen with fluid/ingesta – correlate with feeding history. If the patient was adequately fasted, then possible considerations would be delayed gastric emptying or a partial outflow tract obstruction (none observed).

HOSPITAL NAME

Basking Ridge AH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic parenchyma is abnormal with a large cystic lesion. It appears somewhat expansile, but there is some non-cystic tissue visualized. This could be a benign or cancerous process, but the cystic nature could favor a benign process provided the diagnosis with splenectomy was not a hemangiosarcoma. You could consider a fine needle aspirate, but I suspect this is unlikely to be diagnostic. Optimally, a CT scan would be performed to determine the extent of the lesion and if it could be surgically resected.

REFERRING VET

Dr. Piehler

It is uncertain if the lesion in the liver is related to the GI signs described, or if this is an incidental finding. It is possible that there is concurrent GI disease. The stomach appears somewhat dilated with fluid/ingesta. Correlate this with abdominal radiographs and feeding history. This could be an indicator of delayed gastric emptying and underlying gastrointestinal disease. If this is suspected, you could consider running a GI panel to look for evidence of underlying pancreatitis not evident on today's scan, or chronic small intestinal disease due to dysbiosis, inflammation, other. Recommend 3-view thoracic radiographs.

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**IMAGING
PERFORMED BY**

Diane McFadden

HOSPITAL NAME

Basking Ridge AH

REFERRING VET

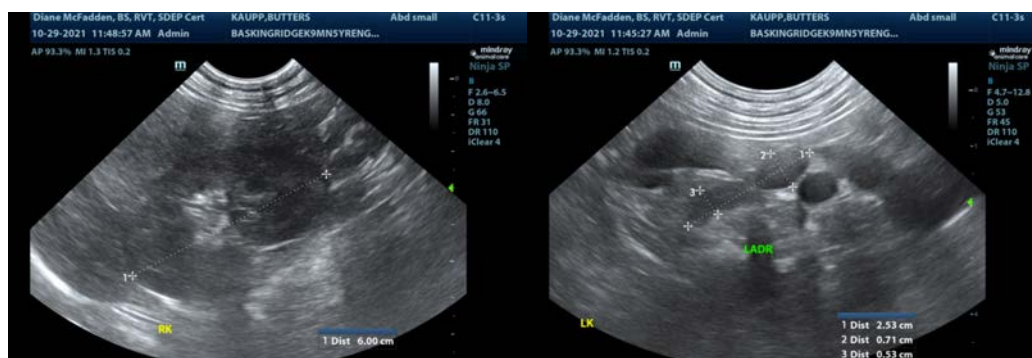
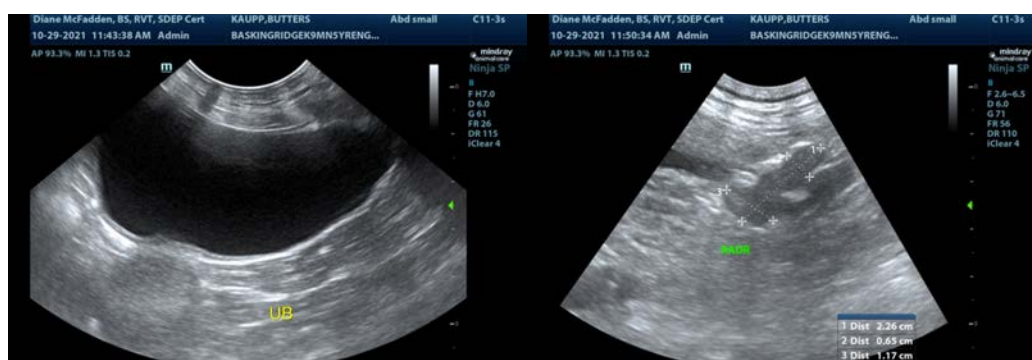
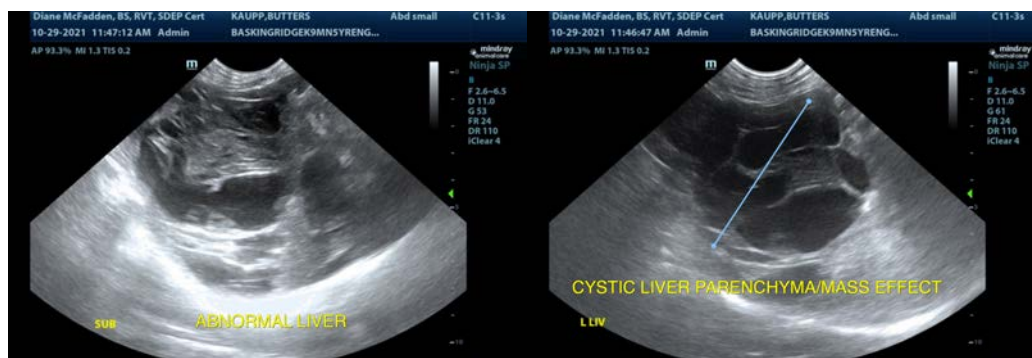
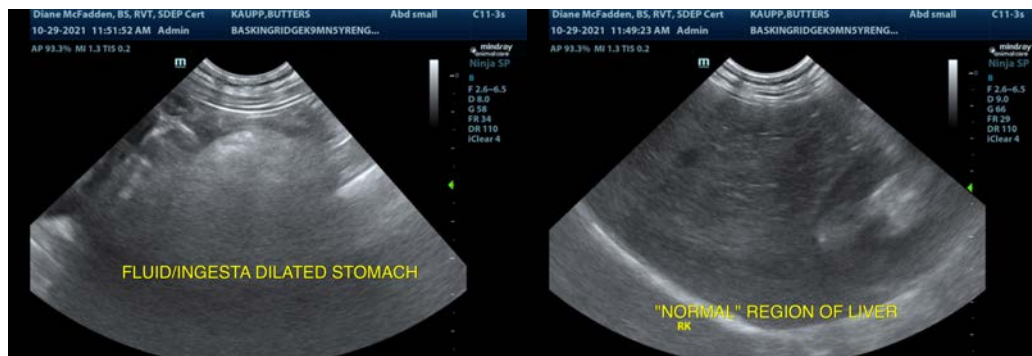
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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