

PATIENT

Wailani Hazelwood

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

Lab Retriever

SEX

Spayed Female

No sedation- History: Wailani is a 6 year old FS black labrador retriever, owned by Dr. Hazelwood, presenting for routine ultrasound; last ultrasound done 02/09/2022 – please compare.

Radiographs in January showed unremarkable neck, generalized moderate bronchial lung pattern with cranioventral lung field more affected, and unremarkable abdomen. Will be performing again soon for screening wellness. Last lab work completed 02/10/2022 WNL. ACTH stimulation (she originally had low baseline cortisol) on 6/7/22 WNL. GI panel in June showed low Vitamin B12, but otherwise WNL. She continues to have intermittent gagging/coughing, but is otherwise doing well at home. Wailani currently takes Omeprazole 30 mg BID and Provable q24 hrs, and injectable Vitamin B12 injection once monthly (last recheck B12 level on 9/12/2022 was low-end normal). Physical Exam Findings/Reason for Ultrasound: Wellness screening ultrasound ~q6-12 months Please compare to ultrasound 02/2022 if indicated. – will be updating screening radiographs again in next few months

Abnormal PE/Chem/CBC/UA Results: June GI panel attached

AGE

6 Years

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.

WEIGHT

55 Pounds

The left kidney has a normal shape and size (5.91 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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)

The right kidney has a normal shape and size (5.6 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

IMAGING BY

Loetitia Saint-Jacques,
LVT

Adrenal Glands

The left adrenal gland is normal in size measuring 0.49 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.

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The right adrenal gland is normal in size measuring 0.63 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.

REFERRING VET

Dr. Alexis Hazelwood

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

DATE

10/4/22



PATIENT

Wailani Hazelwood 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. There is an ill-defined, slightly hypoechoic lesion visualized on the right side near the gallbladder, measuring 2.22 cm x 3.87 cm.

SPECIES

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

BREED

Lab Retriever **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.

SEX

Spayed Female 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 measures 0.48 cm. Jejunum wall measures 0.27 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

AGE

6 Years

WEIGHT

55 Pounds

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.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a prominent mesenteric lymph node visualized measuring 0.63 cm. Both sublumbar lymph nodes are visualized and are normal at 0.40 cm and 0.50 cm. The omentum is of normal echogenicity.

IMAGING BY

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ULTRASONOGRAPHIC FINDINGS

- Ill-defined hypoechoic lesion/nodule on the right side near the gallbladder – This lesion is poorly defined and does not appear to deviate the architecture, trending towards a more benign lesion. Recommend continued monitoring.
- Prominent mesenteric lymph node – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan is largely normal. There is an ill-defined hypoechoic lesion in the right side of the liver near the gallbladder. This lesion is likely too deep to sample easily. Continued monitoring is recommended.

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The combination of the coughing and gagging and the bronchial pattern in the crania lung fields could be consistent with low-grade aspiration. Consider a fluoroscopic evaluation of the esophagus and upper airway.

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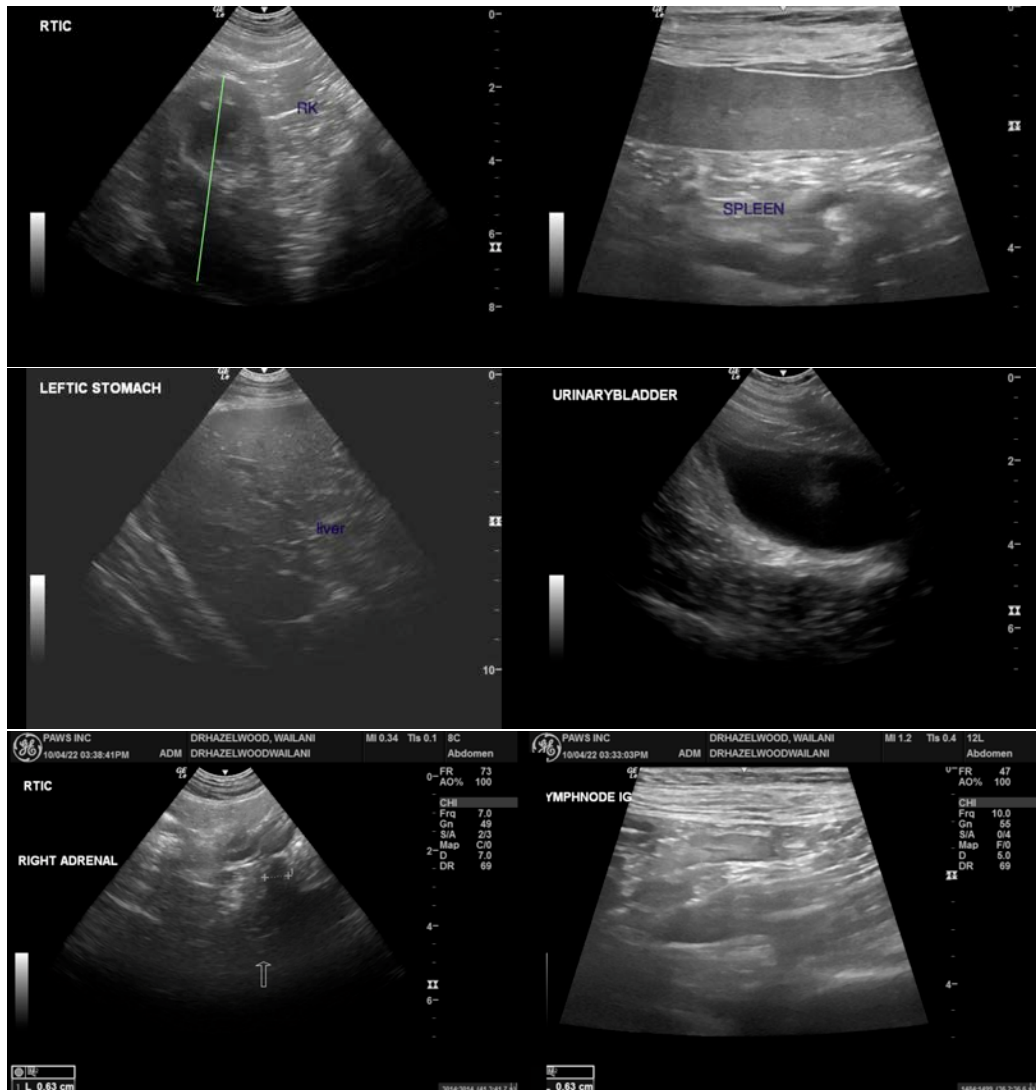
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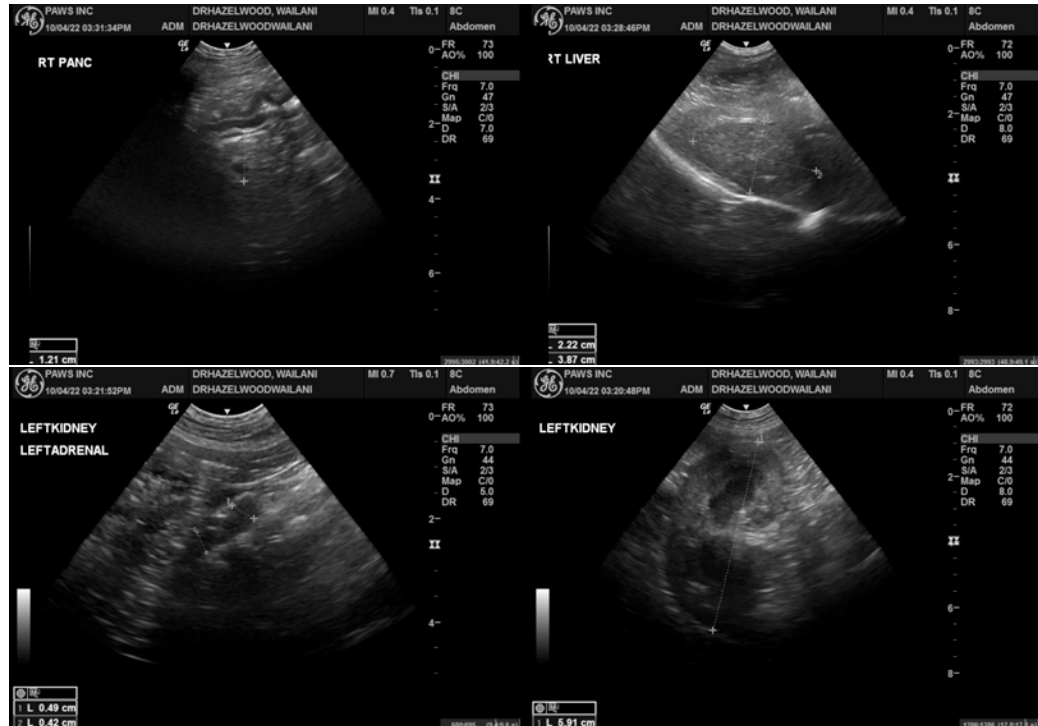
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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