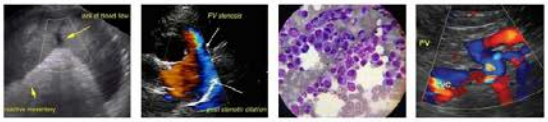
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Bailey McMullan

SPECIES

Canine

BREED

Golden Retriever X

SEX

Spayed Female

AGE

14 Years

WEIGHT

30 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

MountainView AH

REFERRING VET

Dr. Sarah Kalivoda

INVOICE

41889

DATE

10/6/22

PRESENTING CLINICAL SIGNS

Chief Concern / Provisional Diagnosis: ~r/o neoplasia, suspecting lymphoblastic neoplasia vs pancreatic vs hepatic neoplasia vs IMHA~ Sedated dex/torb 0.05/0.05mlRelevant Medical History and Physical Exam findings: ~Patient has a history of suspected lymphoblastic neoplasia vs IMHA. Patient has been maintained stable on prednisone and liver supplements. Recently Patient presented with hematochezia, elevated liver values and abnormal cPLI. Rec full abdominal ultrasoundMEDS: Prednisolone 15mg/5ml: 5ml PO BID Milk Thistle/Silymarin 150/120mg: 1 cap PO BID Metronidazole 250mg: 1 tab PO BID Enrofloxacin 136mg: 1 tab PO SID

Abnormal PE/Chem/CBC/UA Results: 9/28/2022: BUN 57 (7 - 27 mg/dL) ALT 658 (10 - 125 U/L) ALP 496 (23 - 212 U/L) GGT 22 (0 - 11 U/L) Bilirubin - Total 1.0 (0.0 - 0.9 mg/dL) 9/13/22 Neutrophils 11.80 (2.95 - 11.64 K/µL) Lymphocytes 0.76 (1.05 - 5.10 K/µL) Monocytes 0.65 (0.16 - 1.12 K/µL) Eosinophils 0.03 (0.06 - 1.23 K/µL) Creatinine 2.0 (0.5 - 1.8 mg/dL) BUN 55 (7 - 27 mg/dL) ALT 772 (10 - 125 U/L) ALP 1,362 (23 - 212 U/L)

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 (5.09 cm) with pyelectasia at 0.42 cm. Overall echogenicity is normal with mildly reduced 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.79 cm) with pyelectasia at 0.45 cm. Overall echogenicity is slightly hyperechoic with poor 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

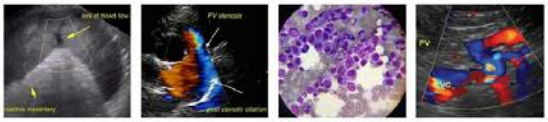
The left adrenal gland is large measuring 0.33 cm at the cranial pole, 0.94 cm at the caudal pole, and 1.55 cm in length. It is observed in its normal position cranial to the left renal artery. The caudal pole is enlarged, most consistent with a caudal adrenal nodule.

The right adrenal gland is normal in size measuring 0.49 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. There are numerous well circumscribed, small hyperechoic nodules within the spleen measuring 0.46, 0.48, 0.46, 0.42, and 0.51 cm.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Bailey McMullan

SPECIES

Canine

BREED

Golden Retriever X

SEX

Spayed Female

AGE

14 Years

WEIGHT

30 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

MountainView AH

REFERRING VET

Dr. Sarah Kalivoda

INVOICE

41889

DATE

10/6/22

Liver

The liver is large in size, and normal in echogenicity with rounded 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 a small hypoechoic lesion visualized within the parenchyma measuring 0.50 cm in diameter. Additionally, there is a rounded isoechoic area of liver near the esophageal inlet measuring 4.5 cm x 3.5 cm, most consistent with a rounded liver lobe, but an isoechoic mass effect cannot be excluded as a possibility.

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. Much of the debris is typical gallbladder sludge, but a small amount is hyperechoic and shadowing, most consistent with sandy debris or small gallbladder stones. The cystic and common bile ducts are normal/not visible.

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

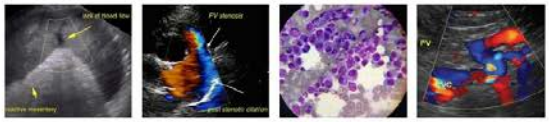
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Other

A brief view of the heart was submitted. No significant pericardial effusion was seen.

ULTRASONOGRAPHIC FINDINGS

- Enlarged caudal pole of the left adrenal gland – Left adrenomegaly could be consistent with neoplasia (e.g., adenoma, carcinoma, pheochromocytoma), hyperplasia, inflammation, other.
- Decreased corticomedullary distinction in both kidneys with bilateral pyelectasia – The



PATIENT

Bailey McMullan

SPECIES

Canine

BREED

Golden Retriever X

SEX

Spayed Female

AGE

14 Years

WEIGHT

30 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

MountainView AH

REFERRING VET

Dr. Sarah Kalivoda

INVOICE

41889

DATE

10/6/22

bilateral renal findings are consistent with age-related change. Pyelectasia of the kidney(s)could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

- Hyperechoic nodules within the splenic parenchyma – These nodules have the appearance of benign lesions. Recommend continued monitoring.

- Large, heterogeneous liver with rounded margins, a small hypoechoic nodule, and a rounded area near the esophageal inlet – 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 small hypoechoic lesion is most consistent with a benign lesion, but continued monitoring is warranted. The rounded isoechoic area near the esophageal inlet is most consistent with a rounded liver lobe, but this too should be monitored for progression.

- Moderate gallbladder debris with sandy debris/small stones – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large and heterogeneous, and there are some focal lesions but nothing that appears overtly concerning. The hypoechoic nodule and the rounded area near the esophageal inlet should be monitored for progression. Consider the following evaluation for the liver:

- Consider close evaluation of history for possible toxic changes examine medications, diet, dietary indiscretion etc...

- Consider PCR on urine/serum for leptospirosis (if not on antibiotics)/serology if recent antibiotic history

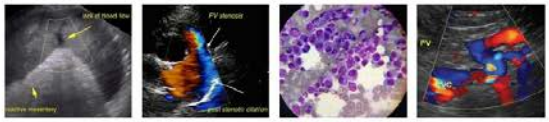
- If not already done, consider pre and post prandial bile acids to evaluate liver function

- Consider Fine needle aspirate if round cell neoplasia is on your differentia list (25 g needle, normal coags)

- If no response to supportive care (Denamarin, fluids, antibiotics, +/- ursodiol etc.) Consider liver biopsy with samples obtained for histopathology, culture, and copper levels.

The pancreas was visible on today's exam but did not appear overtly inflamed. That being said, there still could be some pancreatitis present. Recommend treatment for pancreatitis and colitis.

There is a small nodule on the caudal pole of the left adrenal gland. I suspect this is an incidental finding at this time, but evaluation is warranted, as this could progress into a more significant issue. These are my typical recommendations for evaluation of an adrenal nodule:



PATIENT

Bailey McMullan

SPECIES

Canine

BREED

Golden Retriever X

SEX

Spayed Female

AGE

14 Years

WEIGHT

30 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

MountainView AH

REFERRING VET

Dr. Sarah Kalivoda

INVOICE

41889

DATE

10/6/22

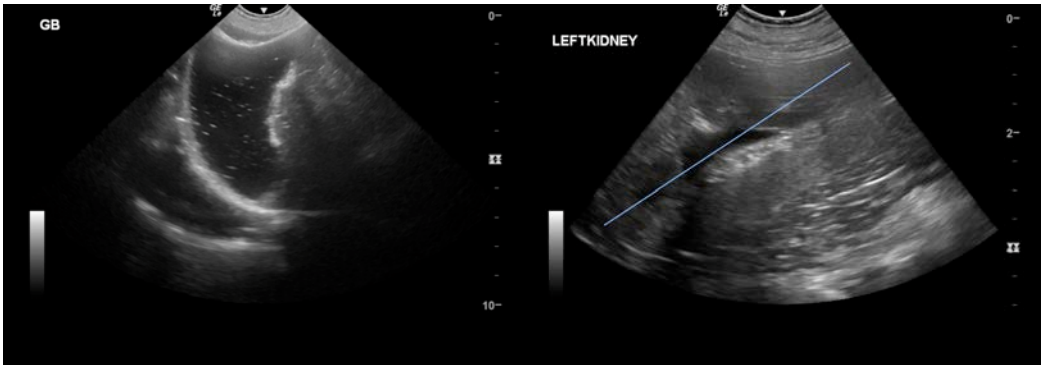
- If signs of cushings are present, consider adrenal function testing. I prefer an ACTH stimulation test combined with an adrenal panel to the University of Tennessee's endocrine lab to look for atypical adrenal hormones as well as cortisol. (other testing can suffice)
- If adrenal dependent cushings is suspected and supported by adrenal function testing consider medical therapy with lysodren or trilostane or consider surgical removal (recommend referral to a board certified veterinary surgeon and possible pre op CT)
- Recommend blood pressure evaluation-if hypertensive consider testing catecholamine levels for a possible pheochromocytoma
- If no symptoms of cushings are present, consider either referral for surgery or continued monitoring with ultrasound (in 3-4 months).
- Many of these nodules can be benign and incidental in nature, unfortunately that is difficult to determine with a single ultrasound.

Adrenal function testing should be postponed until this patient is feeling well, is off steroids, and stable.

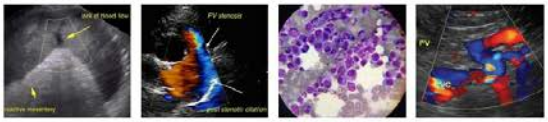
The kidneys appear to have age related change and there is bilateral pyelectasia. Recommend a urinalysis and culture and blood pressure evaluation.

The changes in the spleen are most consistent with benign hyperechoic nodules, but continued monitoring is warranted.

Additionally, the debris and small mineralizations in the gallbladder are likely incidental at this time. If they progress, we can always add in Ursodiol.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Bailey McMullan

SPECIES

Canine

BREED

Golden Retriever X

SEX

Spayed Female

AGE

14 Years

WEIGHT

30 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

MountainView AH

REFERRING VET

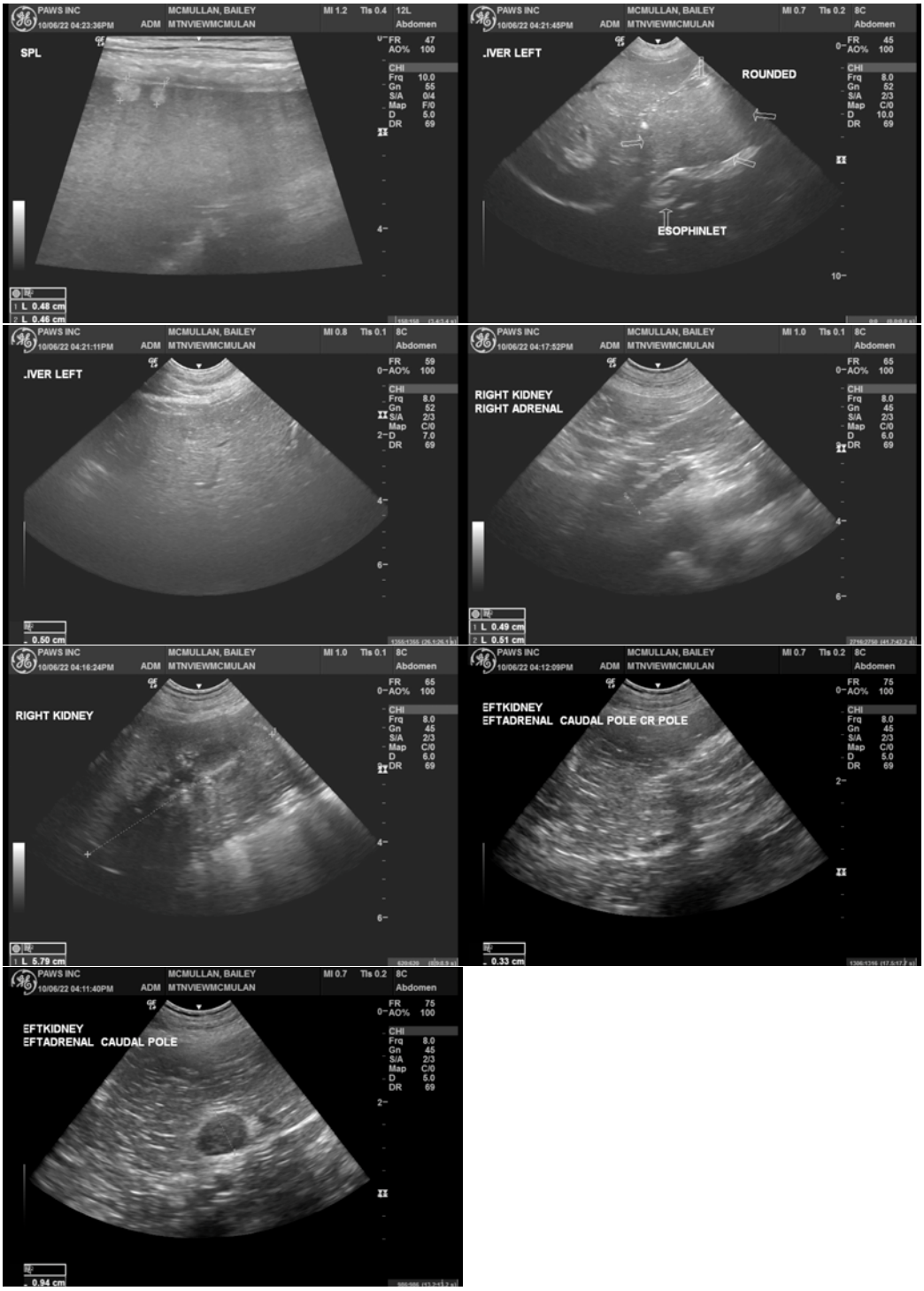
Dr. Sarah Kalivoda

INVOICE

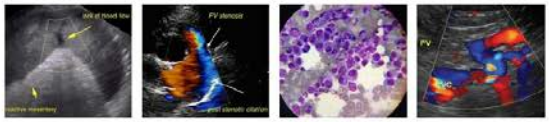
41889

DATE

10/6/22



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Bailey McMullan

SPECIES

Canine

BREED

Golden Retriever X

SEX

Spayed Female

AGE

14 Years

WEIGHT

30 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

MountainView AH

REFERRING VET

Dr. Sarah Kalivoda

INVOICE

41889

DATE

10/6/22

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)
kathleen.sennello@sonopath.com