



PATIENT

Chance Bujdos

SPECIES

Canine

BREED

Chihuahua X

SEX

Spayed Female

AGE

13 Years

WEIGHT

18.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Michelle Bartus

HOSPITAL NAME

Valley Vet Service

REFERRING VET

Dr. Michelle Bartus

INVOICE

41866

DATE

10/6/22

PRESENTING CLINICAL SIGNS

Has had GI symptoms intermittently for years. Recently treated for symptoms of what was diagnosed as pancreatitis, improved. Taking Clavamox 125 mg BID since Sept. 22. Switched to a low fat diet, doing well recently.

Abnormal PE/Chem/CBC/UA Results: ALKP > 2000 (2-212), ALT so high, it would not read on referring vet's in house lab machine.

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 (4.8 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.12 cm) with two moderate sized cortical cysts, one measuring 1.17 cm and one measuring 0.90 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is slightly enlarged. The cranial pole measures 0.84 cm. The caudal pole measures 0.63 cm. Length measures 1.8 cm. It is observed in its normal position cranial to the left renal artery. It is abnormal in appearance in that there is an ill-defined hyperechoic nodule in the cranial pole measuring 0.60 cm in diameter. There is no evidence of vascular invasion visualized.

The right adrenal gland is normal in size measuring 0.46 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 is an irregular hypoechoic lesion/nodule visualized within the parenchyma measuring 0.93 cm x 0.50 cm. Additionally, there are pinpoint hyperechoic foci diffusely throughout the parenchyma.

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 gallbladder lumen is distended with organizing/stranding mucoid material and material adhered to the gallbladder wall with very mild surrounding inflammation. There is a large amount of primarily non-organized echogenic debris present as well. There is no evidence of bile duct dilation.



PATIENT

Chance Bujdos

SPECIES

Canine

BREED

Chihuahua X

SEX

Spayed Female

AGE

13 Years

WEIGHT

18.8 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Michelle Bartus

HOSPITAL NAME

Valley Vet Service

REFERRING VET

Dr. Michelle Bartus

INVOICE

41866

DATE

10/6/22

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.

ULTRASONOGRAPHIC FINDINGS

- Distended gallbladder with organized/stranding intraluminal debris – Findings are consistent with a gallbladder mucocele.
- Hyperechoic nodule in the cranial pole of the left adrenal gland – Left adrenomegaly could be consistent with neoplasia (e.g., adenoma, carcinoma, pheochromocytoma), hyperplasia, inflammation, other.
- Hypoechoic lesion/nodule within the splenic parenchyma – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.
- Large, heterogeneous liver – 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder is distended with organized debris, most consistent with a mucocele. There is no evidence of surrounding fluid or severe inflammation, although subtle inflammation may be present. Additionally, the liver itself is large and heterogeneous. It is unclear at this time if the gallbladder is the



PATIENT

Chance Bujdos

source of the majority of the symptoms, but there is minimal pancreatic changes observed, so I'm concerned that there may be active cholecystitis and an active mucocele.

SPECIES

Canine

Options moving forward would include attempted medical therapy with antibiotics, pain medications, nausea medications, and Ursodiol, with close continued monitoring with ultrasound and monitoring of bloodwork values, or surgical removal of the gallbladder. If this lesion progresses and/or there is no response to therapy, then gallbladder removal might be essential to recovery. Additionally, there is likely a primary hepatopathy. The degree that this is contributing is unknown. No focal hepatic lesions are observed.

BREED

Chihuahua X

There are changes in both kidneys consistent with chronic progressive age related renal disease. Recommend a blood pressure evaluation, urinalysis and culture.

SEX

Spayed Female

There is a hypochoic nodule/lesion within the spleen. Options moving forward would include a fine needle aspirate or continued monitoring with ultrasound. This lesion is on the periphery, so it would be a good candidate for a fine needle aspirate.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

AGE

13 Years

There is a hyperechoic nodule visualized within the left adrenal gland. This could be an incidental finding or an early neoplastic lesion. Additionally, this could be secreting hormone or be non-active. These are my recommendations for further evaluation of a small adrenal nodule:

WEIGHT

18.8 Pounds

- 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)

INTERPRETED BY

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

- 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

IMAGING PERFORMED BY

Dr. Michelle Bartus

- 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.

HOSPITAL NAME

Valley Vet Service

I suspect the adrenal nodule is somewhat incidental at this time, although if it is secreting cortisol it could be contributing to the ALP elevation, but I do not think it would be making this pet not feel well. Consider dealing with the gallbladder/liver issues, then circling back to address the adrenal nodule.

REFERRING VET

Dr. Michelle Bartus

INVOICE

41866

DATE

10/6/22



PATIENT

Chance Bujdos

SPECIES

Canine

BREED

Chihuahua X

SEX

Spayed Female

AGE

13 Years

WEIGHT

18.8 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Michelle Bartus

HOSPITAL NAME

Valley Vet Service

REFERRING VET

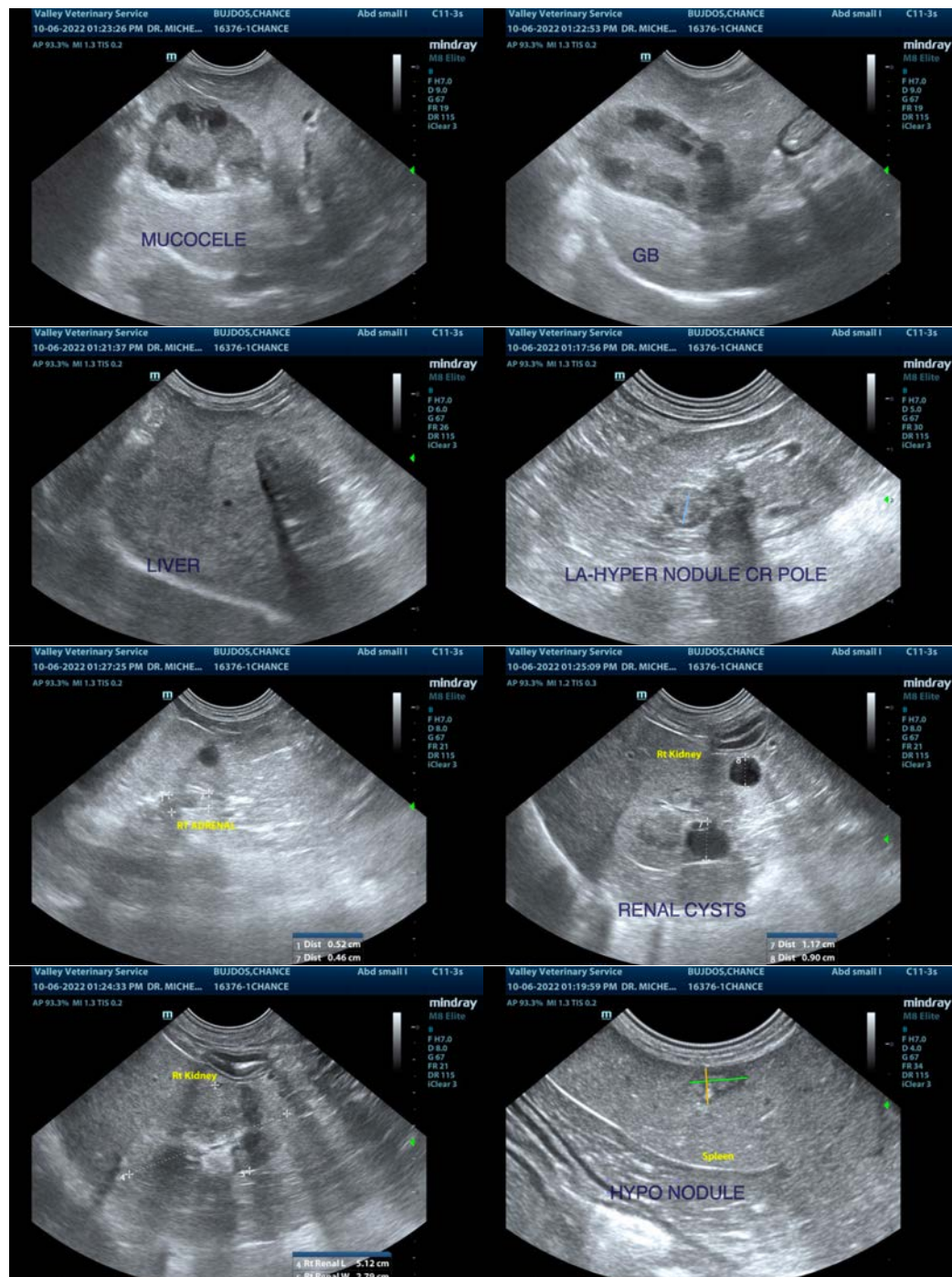
Dr. Michelle Bartus

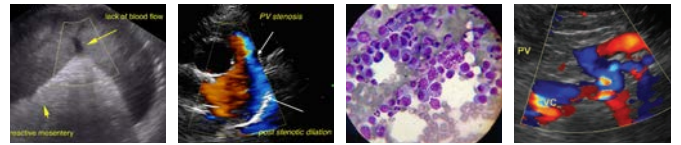
INVOICE

41866

DATE

10/6/22





PATIENT

Chance Bujdos

SPECIES

Canine

BREED

Chihuahua X

SEX

Spayed Female

AGE

13 Years

WEIGHT

18.8 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Michelle Bartus

HOSPITAL NAME

Valley Vet Service

REFERRING VET

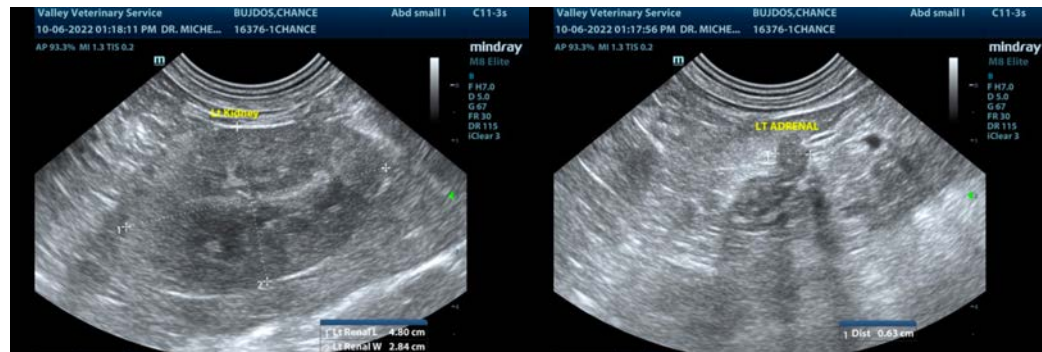
Dr. Michelle Bartus

INVOICE

41866

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