



PATIENT

Cappy Simon

PRESENTING CLINICAL SIGNS

Gradually increasing ALK on routine lab work

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Alk - 523 (5-160 UL) Urinalysis pending - noted uroliths on US today and cystic lesion in left kidney

BREED

Maltese

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, or masses. There is a hyperechoic shadowing focal object in the dependent portion of the urinary bladder, most consistent with a solitary stone, measuring approximately 1.0 cm in diameter. Correlate findings with abdominal radiographs, urinalysis, and culture.

SEX

Neutered Male

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

AGE

14 Years

The left kidney has a normal shape and size (4.52 cm) with a cortical cyst measuring 1.25 cm in the cranial pole and small non-obstructive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

16.6 Pounds

The right kidney has a normal shape and size (4.8 cm) with small non-obstructive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
Medicine)

Adrenal Glands

The left adrenal gland is normal in size measuring 0.70 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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Dr. Arch Gordon

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.

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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. There is a focal hyperechoic lesion visualized in the parenchyma measuring 0.66 cm.

REFERRING VET

Dr. Arch Gordon

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.

INVOICE

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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.

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Gastrointestinal

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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.

SPECIES

Canine

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 0.51 cm. Jejunum wall measures 0.38 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

BREED

Maltese

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.

SEX

Neutered Male

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.

AGE

14 Years

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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- Shadowing mineralization in the dependent portion of the urinary bladder – Findings are most consistent with a bladder stone. Correlate with radiographs and culture.
- Decreased corticomedullary distinction in both kidneys with non-obstructive nephroliths and a left-sided renal cyst – The bilateral renal findings are consistent with age-related change. The cystic structure is most consistent with a benign renal cyst. The hyperechoic mineralized foci observed at the corticomedullary junction of the left/right kidney are consistent with small, non-obstructive nephroliths.
- Hyperechoic nodule in the spleen – This lesion is most consistent with a benign myelolipoma. Recommend continued monitoring.
- 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.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the liver to explain the elevation in ALP reported. The liver is somewhat heterogeneous. This is a non-specific finding. The gallbladder appears relatively normal. These findings are most consistent with a primary hepatopathy. These are my recommendations for further evaluation of a primary ALP elevation:

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

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

SPECIES

Canine

- If not already done, consider pre and post prandial bile acids to evaluate liver function
- If the ALP is significantly elevated relative to the ALT and symptoms consistent with Cushing's are present, consider adrenal function testing (ACTH stim)

BREED

Maltese

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

SEX

Neutered Male

Recommend urinalysis, culture, and radiographs to further evaluate the bladder stone. If this is causing the patient to be uncomfortable, a cystotomy should be considered with stone analysis.

AGE

14 Years

The changes observed in the kidneys are consistent with chronic progressive age related renal disease. Recommend a blood pressure, urinalysis, and culture (as recommended above) for a baseline.

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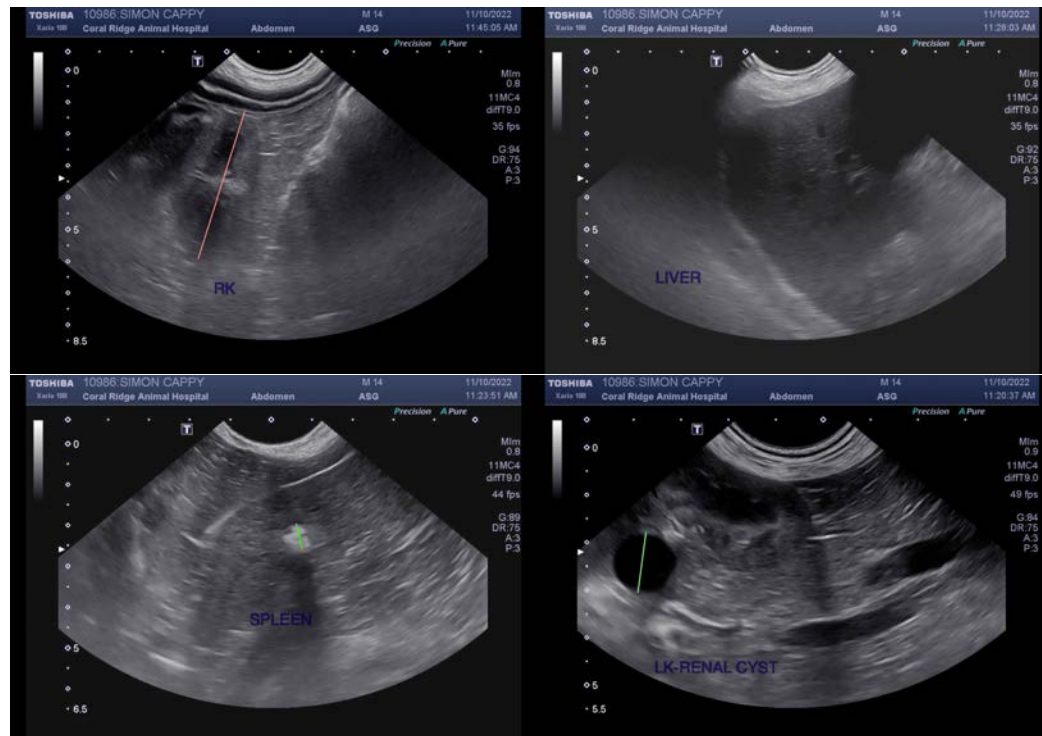
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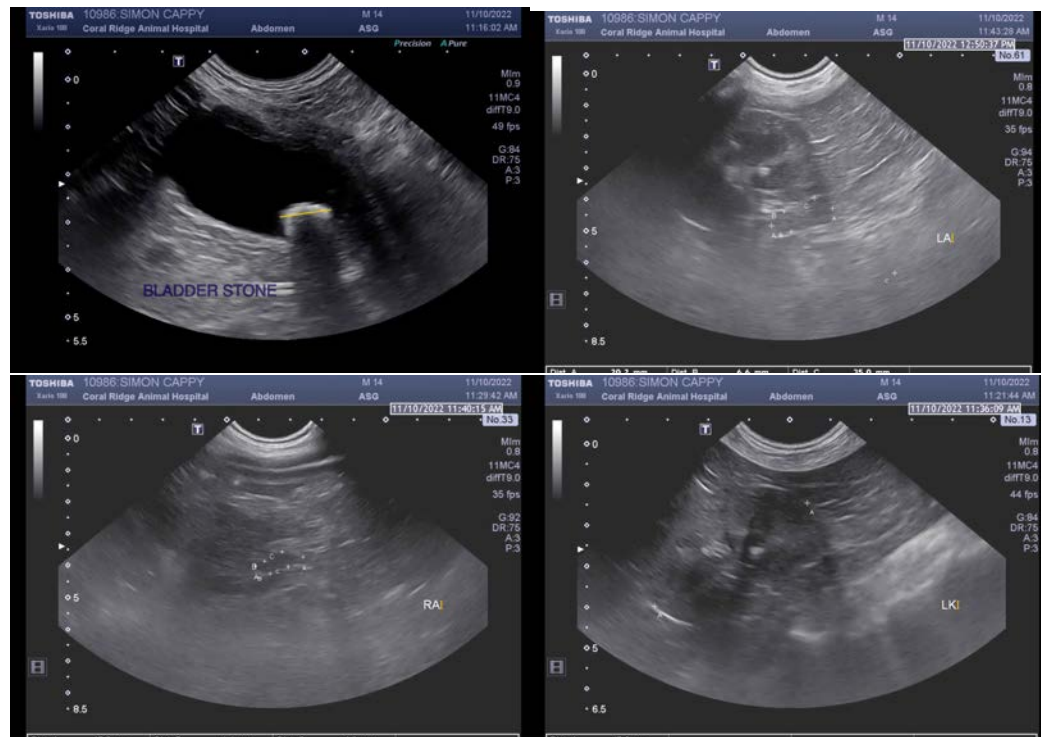
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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