



PATIENT

Monty Perkins

PRESENTING CLINICAL SIGNS

For the past few weeks P has been dull, lethargic, low energy, doesn't want to walk far. No concurrent Hx of illness. O thinks P is also losing eyesight.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Weight gain, several SQ soft tissue lesions - too numerous to count. Susp lipomas. No overt new clinical findings. Blood work in clinic: Normal CBC with v mild reticulocyte count increase Chem: tBIL 3.2 (H), AlkP 258, ALT 174, TP 8.7, Alb 4.4. CRP 0.3. T4 pending. Blood smear not carried out yet.

BREED

Potcake

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

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.

AGE

8 Years

The prostate is normal in size (0.92 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

WEIGHT

23.4 Pounds

The left kidney has a normal shape and size (5.75 cm) with numerous small cortical cysts and occasional non-obstructive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.34 cm) with small cortical cysts and small non-obstructive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

IMAGING PERFORMED BY

Dr. Sorbo

The left adrenal gland is normal in size measuring 0.60 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.

HOSPITAL NAME

Mill Brook AC

The right adrenal gland is normal in size measuring XXcm 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

REFERRING VET

Dr. Sorbo

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.

Liver

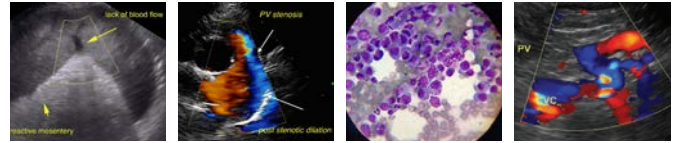
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The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. There is no evidence of intrahepatic biliary dilation, but there is intrahepatic mineralization associated with the intrahepatic bile ducts. No focal nodules or cystic lesions are observed.

DATE

12/1/22



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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 and mineralized echogenic debris, consistent with some sandy debris and sludge. The bile duct is somewhat obscured, but there appears to be mineralizations within the proximal common bile duct.

SPECIES

Canine

Gastrointestinal

The stomach is dilated with a large amount of 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.

BREED

Potcake

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.

SEX

Neutered Male

AGE

8 Years

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.

WEIGHT

23.4 Pounds

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, 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

IMAGING PERFORMED BY

Dr. Sorbo

- Large, heterogeneous liver with intrahepatic mineralizations – 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. Mineralization of the intrahepatic ducts can be associated with chronic inflammation.

HOSPITAL NAME

Mill Brook AC

- Moderate amount of gallbladder debris with some mineralized debris/small stones – findings are consistent with small choleliths/sandy debris. Some of these extend into the proximal bile duct.

REFERRING VET

Dr. Sorbo

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large and heterogeneous. This is a somewhat non-specific finding. No focal hepatic lesions are visualized, but there are intrahepatic mineralizations most consistent with mineralization of the intrahepatic bile ducts. This can be associated with chronic inflammation. Additionally, there is a moderate amount of debris in the gallbladder, and some mineralized debris within the gallbladder lumen and the proximal bile duct.

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- Consider chronic Ursodiol therapy and continued monitoring of the gallbladder and liver enzymes.

SPECIES

Canine

- Recheck bloodwork on a fasted sample to ensure the bilirubin elevation is not due to lipemic serum, etc.

BREED

Potcake

- If the bilirubin is normal, consider a liver function test (pre- and post-prandial bile acids).
- A fine needle aspirate could be considered provided coagulation parameters are normal.
- Recommend routine imaging to follow the gallbladder stones, and routine lab work to try and evaluate for possible progression.

SEX

Neutered Male

If elevation in bilirubin is real, persistent, and does not resolve, reevaluation and treatment with antibiotics (in combination with probiotics) may be necessary. If bilirubin continues to rise, there could be an obstruction, and surgical intervention could be necessary.

AGE

8 Years

WEIGHT

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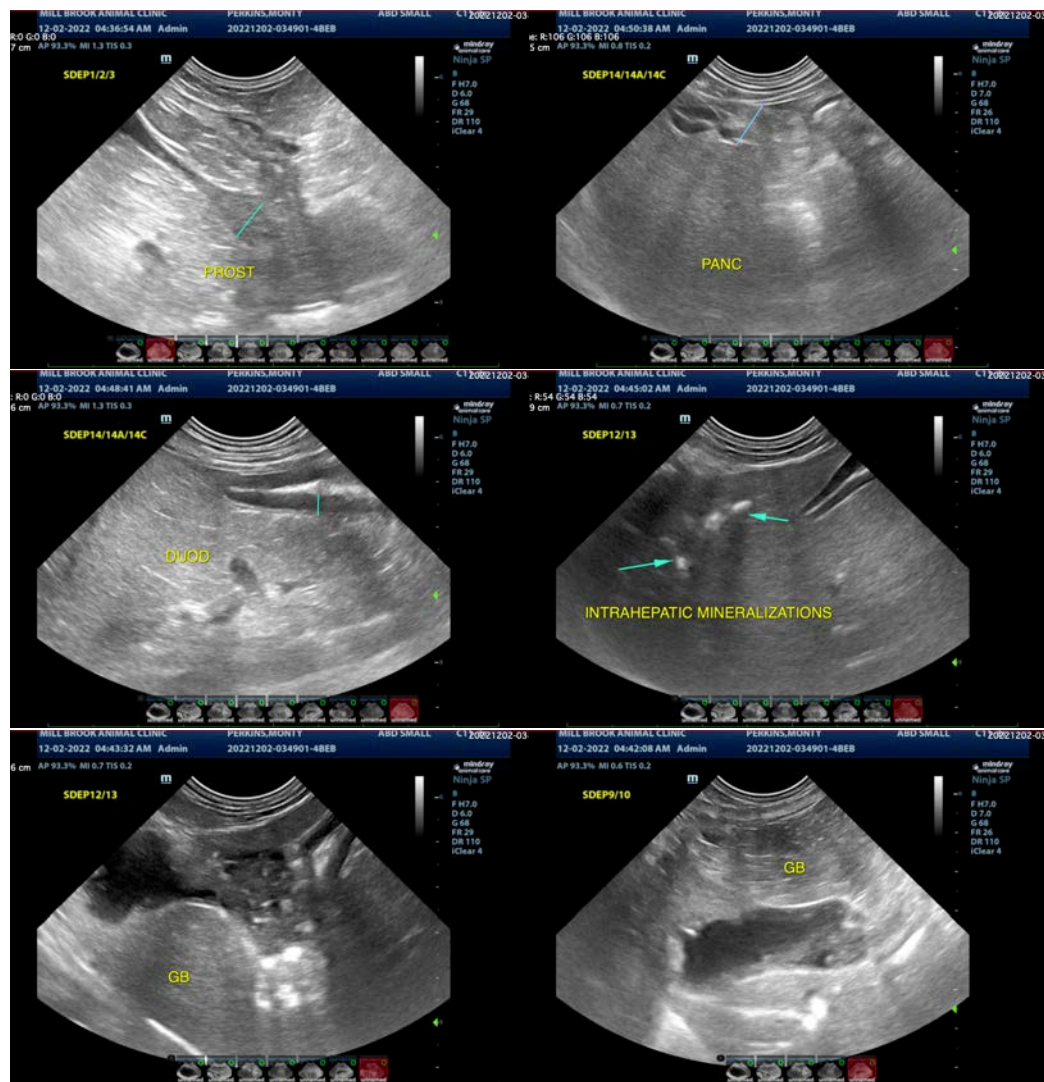
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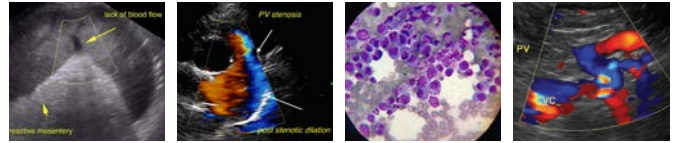
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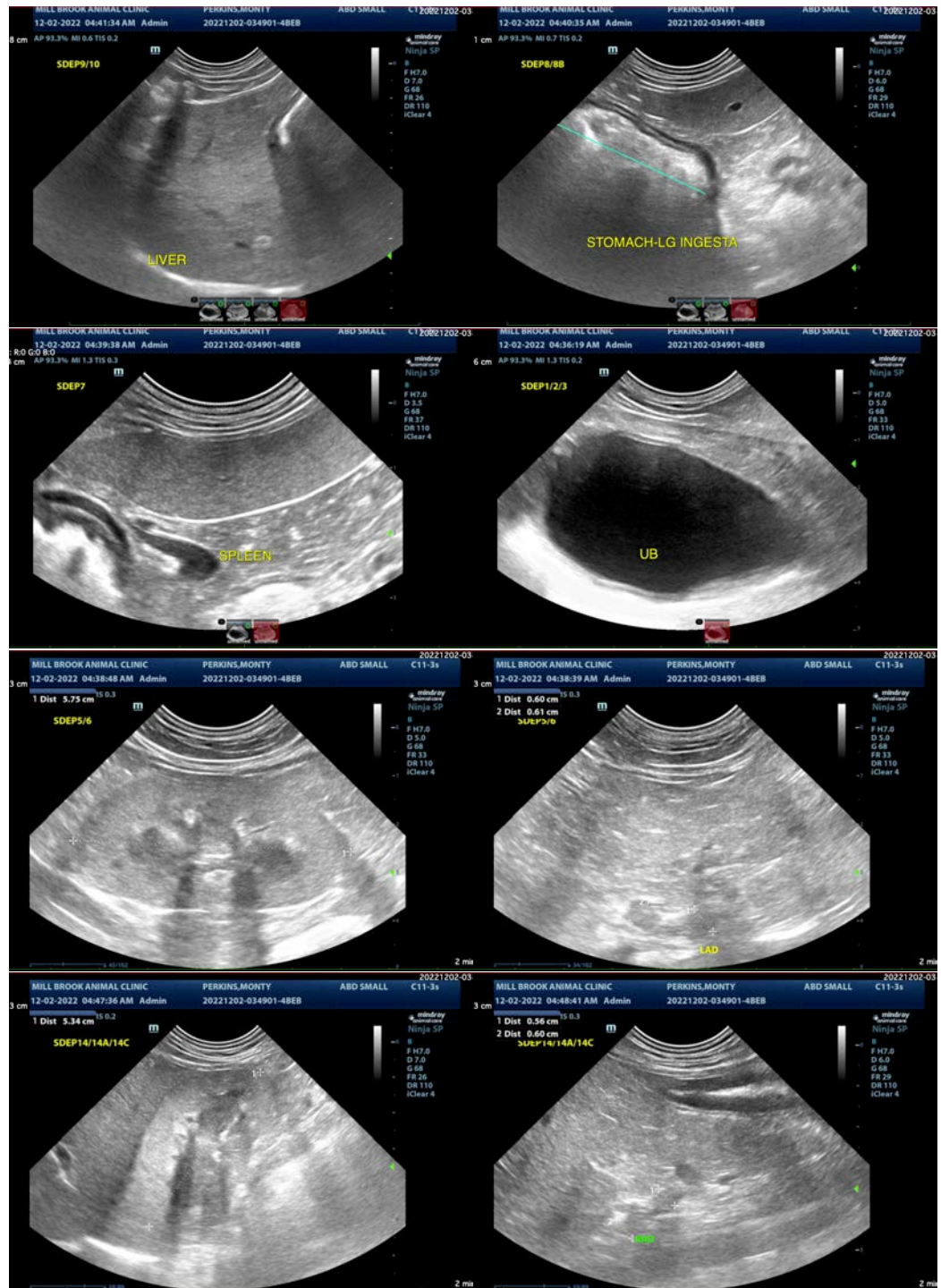
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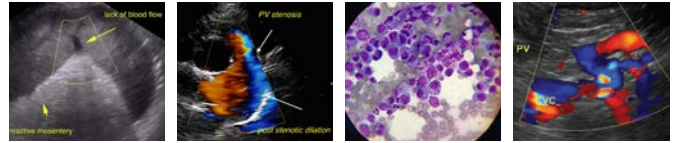
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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)
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