



PATIENT

Lucy Berman

SPECIES

Canine

BREED

Basset Hound

SEX

Spayed Female

AGE

12 Years

WEIGHT

36.5 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Judy Schroeder

HOSPITAL NAME

Animal Health
Associates

REFERRING VET

Dr. Judy Schroeder

INVOICE

33435

DATE

12/14/21

PRESENTING CLINICAL SIGNS

Patient has a hx of renal disease, hypertension, and hyperadrenocorticism. Recently appetite has declined, in past few days severe decline, and last night patient had grand mal seizure. Unable to get value for ALT (not sure if due to hemolysis or it was just very elevated).

Abnormal PE/Chem/CBC/UA Results: Bili 1.5 mg/dl ALP 341 U/l GGT 76 U/l ALT unreadable by in house machine lipase 2641 U/l electrolytes and CBC were unremarkable.

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 (6.02 cm) with pyelectasia of 0.37 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (6.26 cm) with a 0.6 cm cortical cyst. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 large in size measuring 1.1 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.

The right adrenal gland is large in size measuring 0.87 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. No focal parenchymal abnormalities are visualized.

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.

The gallbladder lumen is significantly distended. Most of the wall appears mildly thickened with adherent debris. There is a large amount of primarily organized echogenic debris present, consistent with gallbladder mucocele. There is no evidence of bile duct dilation.

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.



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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 measured 0.43 cm. Jejunum wall measured 0.39 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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Pancreas

The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic 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.

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PRIMARY FINDINGS

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- Gallbladder mucocele – The gallbladder wall is thickened with organized adherent intraluminal debris and surrounding inflammation.
- 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. This is consistent with the Cushing's disease present.
- Bilateral adrenomegaly – This is most consistent with pituitary dependent hyperadrenocorticism.
- Decreased corticomedullary distinction in both kidneys with left-sided pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the left kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

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SECONDARY FINDINGS

- Prominent, hypoechoic pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large and heterogeneous, but I suspect these changes are consistent with the current diagnosis of Cushing's disease. The gallbladder wall is thickened and appears somewhat inflamed with a mucocele present. I suspect this is the source of the current liver enzyme elevations. If the patient is stable, recommend referral to a veterinary surgeon for removal of the gallbladder and liver biopsy with culture and histopath.



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Additionally, there are some changes associated with the kidneys that are consistent with the history of chronic renal disease. Recommend urinalysis and culture, particularly due to the left-sided pyelectasia visualized. Consider starting medication for hypertension if this is persistent. Recommend considering adrenal function testing and treatment for the Cushing's disease if this has not already been done.

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You can consider medical therapy for the gallbladder mucocele with Ursodiol, antibiotics, Denamarin, pain medications, etc. Sometimes this will get a patient out of a crisis, but typically the gallbladder should be removed, as it's unlikely to normalize. Recommend 30view thoracic radiographs.

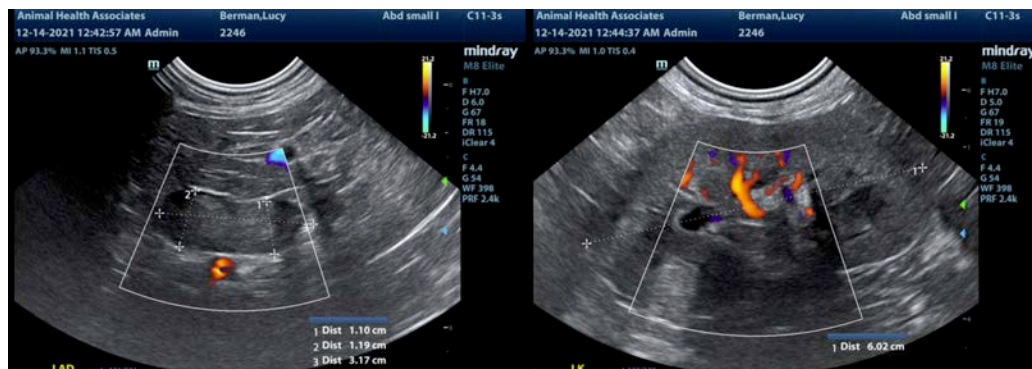
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Differentials for the seizure reported would include, hypertension, stroke (due to hypercoaguable state), pituitary macro adenoma, etc.. Consider evaluation and possible brain imaging by a veterinary neurologist. Strongly recommend therapy for hypertension.

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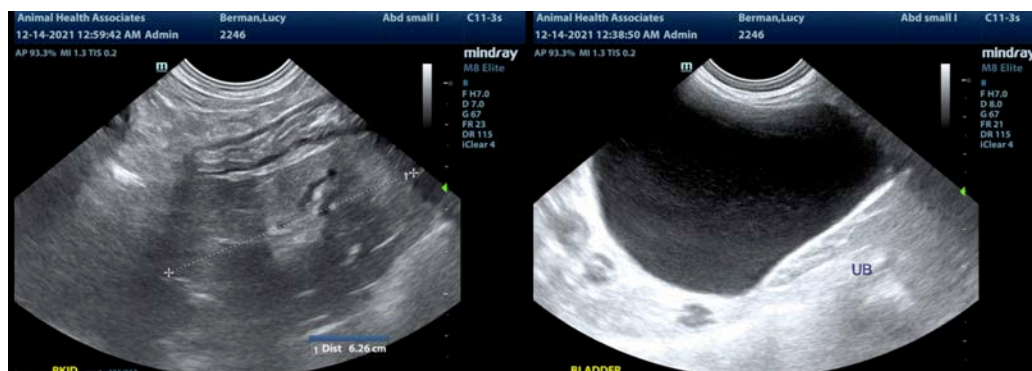
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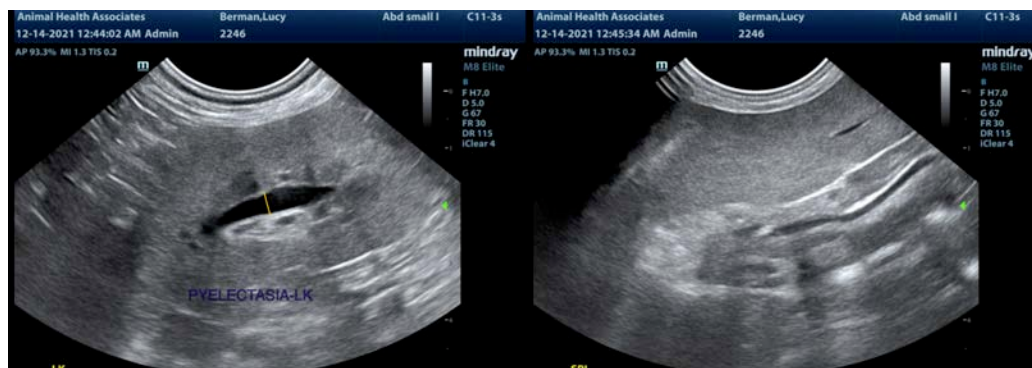


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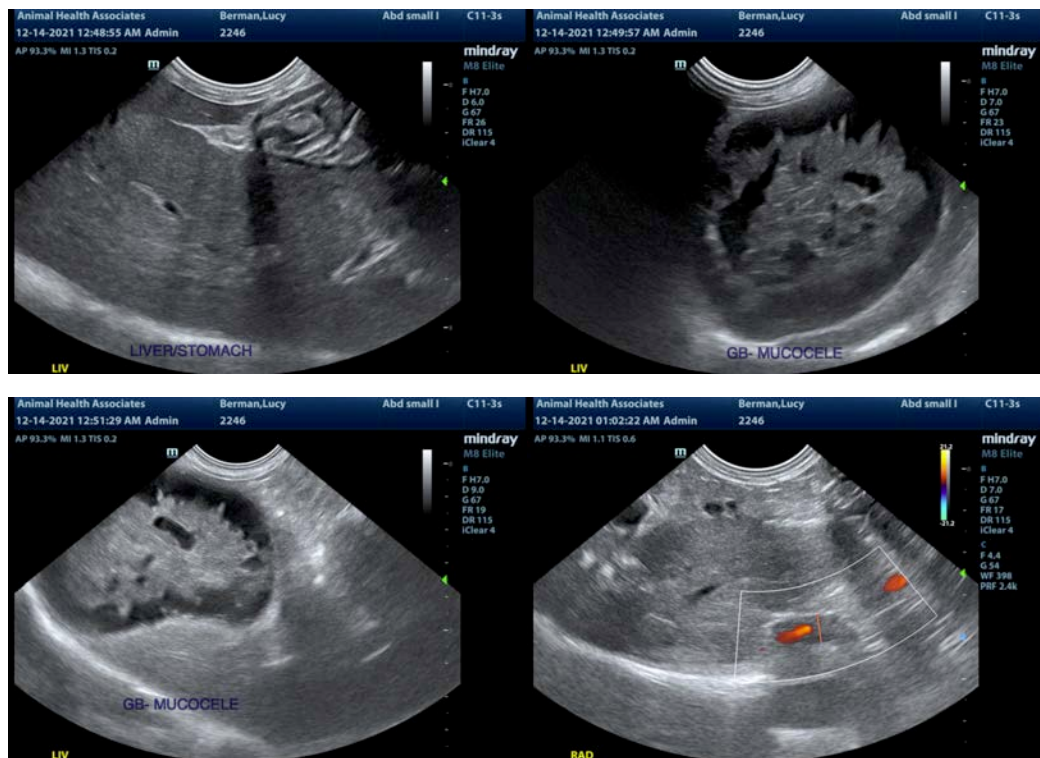
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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