



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Chai Best
SPECIES Canine
BREED Golden Retriever
SEX Spayed Female
AGE 8.67 Years
WEIGHT 30 kg

Hx of limping left rear leg, decreased ROM hocks, Hx of pancreatitis and dental issues
 Abnormal PE/Chem/CBC/UA Results: Blood screen pre dental, Urea 11.1 (N 2.5-9.6), SDMA 18 (N 0-14), ALKP 507 (N 23-212) was 1343 in March 2021, Chol 8.921 (N 2.84-8.26) , TT4 12 (n 13-51).
 USG1.016, Significant Proteinuria UPC . 4.44 1. Slight thickening the attachment of the common calcanean tendon bilaterally. Bursitis or focal tendon sheath effusion/trauma to the attachment of the common calcanean tendon would be differentials. 2. Slight extra-articular effusion of the left tarsus. A specific cause is not determined from the study. A synovial cyst would be the primary differential. A focal hematoma or granuloma cannot be ruled out. 3. Bilateral mild stifle effusion and arthritis likely compatible with a chronic intra-articular injury such as a partial/complete cruciate rupture and/or meniscal damage. 4. Enthesopathy formation involving the accessory carpal bone on the right. The right forelimb is otherwise unremarkable. 5. Unremarkable left forelimb. 6. Unremarkable thorax. 7. Mild hepatomegaly likely due to fatty infiltrates, endocrinopathies, nodular regeneration or nonspecific hepatopathy. 8. The slightly plump appearance of the spleen is likely secondary to anesthesia

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 (6.1 cm). Overall echogenicity is normal with adequate 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.

The right kidney has a normal shape and size (6.96 cm). Overall echogenicity is normal with adequate 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 normal in size measuring 0.65 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 normal in size measuring 0.61 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 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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brian Barnes

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Brian Barnes

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12/7/21



PATIENT

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The gall bladder lumen is moderately distended. The wall of the gall bladder is mildly prominent at 0.19 cm. There is a large amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

SPECIES

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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.

BREED

Golden Retriever

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.)

SEX

Spayed Female

Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

AGE

8.67 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.

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.

WEIGHT

30 kg

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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- 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.
- Large gallbladder sludge – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The liver appears somewhat enlarged with no focal lesions. Additionally, the gallbladder has a large amount of debris within it, and the wall has some mild thickening. Consider starting Ursodiol and continuing to monitor the liver. If this patient is sick or there is any concern for underlying round cell neoplasia, you could consider a fine needle aspirate and liver function test. If signs of Cushing's are present, you could consider adrenal function testing.

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There is significant proteinuria reported. Ultrasonographically, the kidneys appear relatively unremarkable.

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- Recommend blood pressure evaluation.
- Recommend imaging of thorax and abdomen.
- Recommend vector borne disease testing with NC State's vector borne disease lab (canine)



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- comprehensive panel) to look for evidence of underlying infection, which could be contributing.
- Recommend urinalysis and culture (if not already done).

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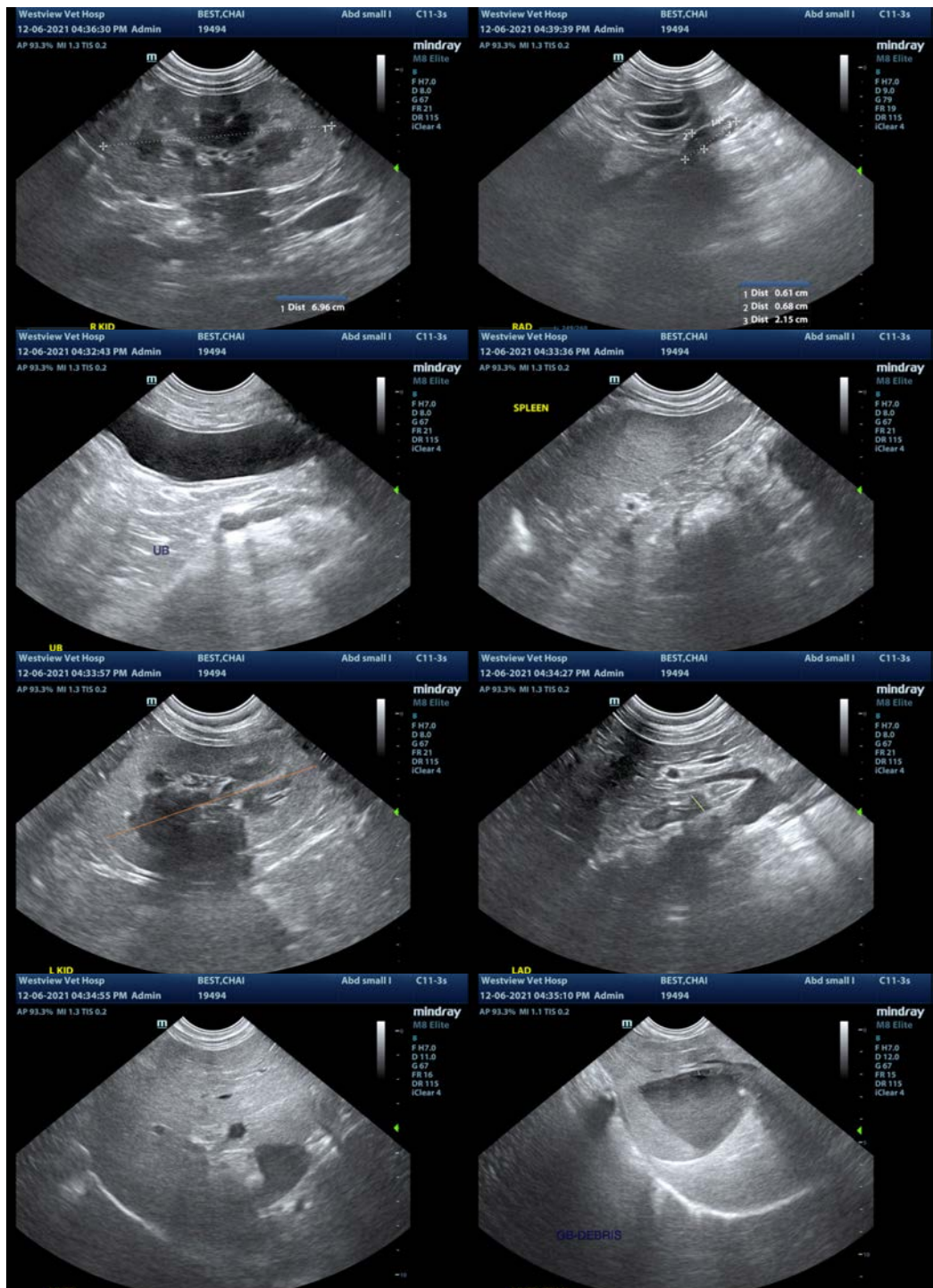
Dr. Brian Barnes

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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.

SPECIES

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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.

BREED

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