

PATIENT

Chewey Massthoire

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

Brittany

SEX

Neutered Male

Paws Inc. Abdominal Ultrasound Form Please send the completed form to pawsonography@gmail.com Referring Veterinarian: Anna Lopez Hospital Name: Valley Veterinary Clinic Patients Name: Chewey Owners first and last name: Renee Maas-Thoyre Species: K9 Gender (altered?): neutered Age: 8 yr Weight (in lbs): 68.4 lb Breed: Brittany Chief Concern/Provisional Diagnosis: Concerned about potential liver mass. P has a few growths they would like removed, abdominal palpates abnormal. Diagnosis: growths throughout body History/Physical Findings: Mentation: BAR BCS:7/9 Hydration status: euhydrated MM Pink, capillary refill time less than 2 seconds. Heart auscultates normally, no murmur or arrhythmia noted. Lungs auscultate normally. Hair coat appears healthy. OU appear normal. AU are clean in visible ear canal. Nose appears normal. Mouth appears to have grade 1/4 periodontal disease. LN are WNL. Abdomen palpates normally with no palpable masses. No signs of lameness. Summary of Laboratory Abnormalities: Total body function sent to Antech, values were WNL. Radiographic Abnormalities: Mass effect noted on liver upon abdominal radiographs. Current Therapy and Medications: P just finished 2 week course of cephalexin 500 mg BID for growth on toe.

AGE

8 Years

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

WEIGHT

69 Pounds

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 prostate is normal in size (0.66 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.

The left kidney has a normal shape and size (7.08 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 (7.98 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 0.84 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 0.75 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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Valley Vet Clinic

REFERRING VET

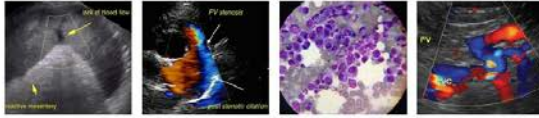
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12/9/21



PATIENT

Chewey Massthoire **Liver**

SPECIES

Canine

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. There are numerous, very ill-defined, hypoechoic nodules. A more distinct nodule is visualized at 1.22 cm x 1.71 cm.

BREED

Brittany

The gall bladder lumen is moderately distended. The wall of the gall bladder has small, irregular polypoid projections and there is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

SEX

Neutered Male

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.

AGE

8 Years

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 0.41 cm. Jejunum wall measured 0.32 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

WEIGHT

69 Pounds

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 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. There are occasional prominent mesenteric lymph nodes visualized at 0.52 cm and 0.32 cm. The omentum is of normal echogenicity.

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Other

Both thyroid glands were imaged. The left thyroid gland measures approximately 0.94 cm in width. There is a small, hypoechoic nodule visualized in the cranial portion of the gland, measuring 0.53 cm, and a larger hypoechoic nodule in the caudal pole measuring 1.08 cm. The right thyroid gland measures 0.73 cm in width, and a very small hypoechoic nodule is visualized in the cranial pole measuring 0.24 cm. Findings are most consistent with a left-sided parathyroid nodule, but emerging nodules on both glands are possible.

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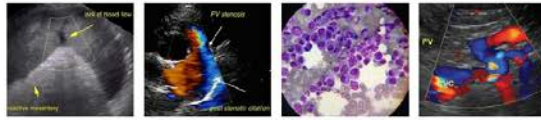
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A brief view of the heart was submitted. No significant pericardial effusion was seen.

PRIMARY FINDINGS

- Heterogeneous liver with hypoechoic nodule – 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.



PATIENT

Chewey Massthoyre

- Left-sided parathyroid nodule – most consistent with parathyroid adenoma or carcinoma.

SPECIES SECONDARY FINDINGS

Canine

- Very small gallbladder polyps – The significance of the gall bladder polyps and debris is unclear. This could represent an early mucocele, cholestasis, or chronic inflammation, or could be an incidental finding.

BREED

Brittany

- Occasional prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. This is likely an incidental finding.

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Based on the images, I suspect this patient is hypercalcemic. If this is the case, recommend an ionized calcium, PTH and PTHrP level. Recommend a good oral exam and rectal exam to palpate for anal gland nodules.

AGE

8 Years

The left-sided parathyroid nodule is suspicious for hyperparathyroidism. This finding in conjunction with elevated or normal parathyroid levels would likely be diagnostic, and surgery could be considered. There are two small parathyroid nodules visualized in addition to the larger caudal one. These are either normal, or could eventually develop into larger nodules. This could be further evaluated at the time of surgery.

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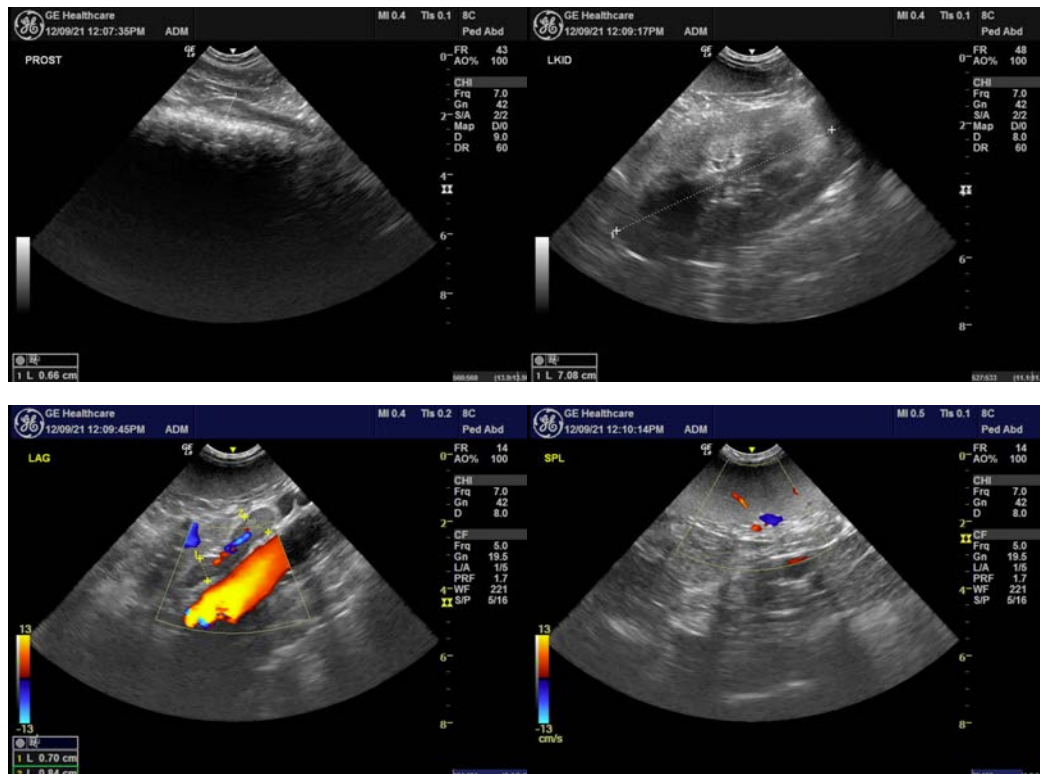
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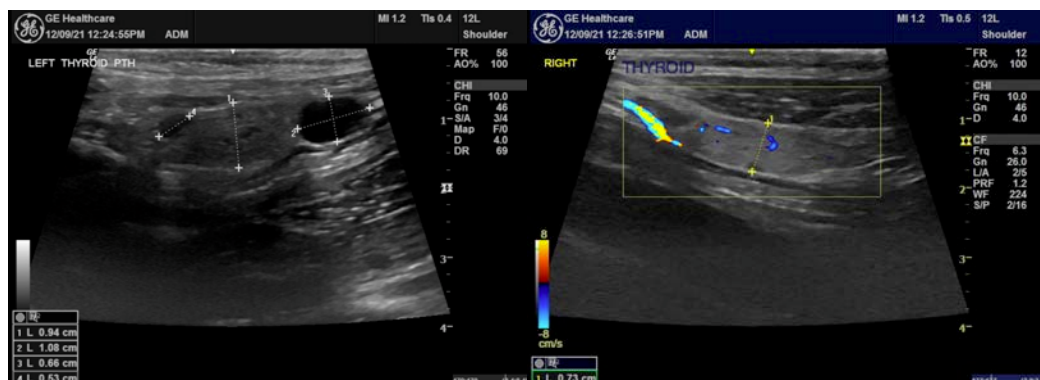
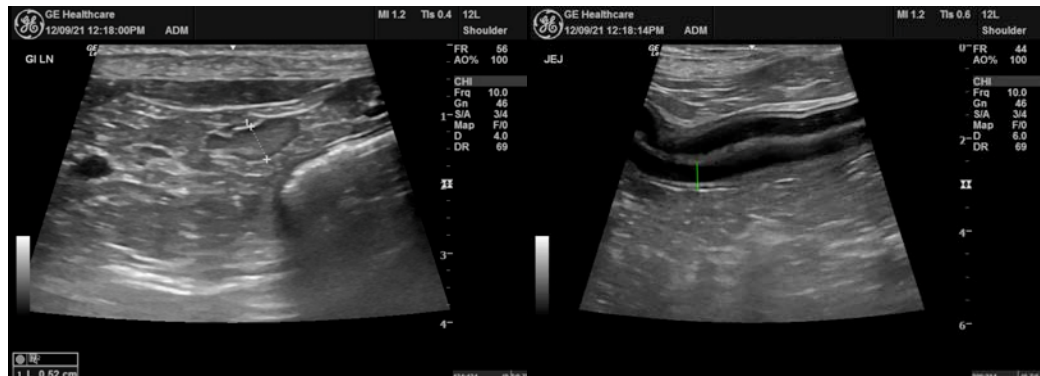
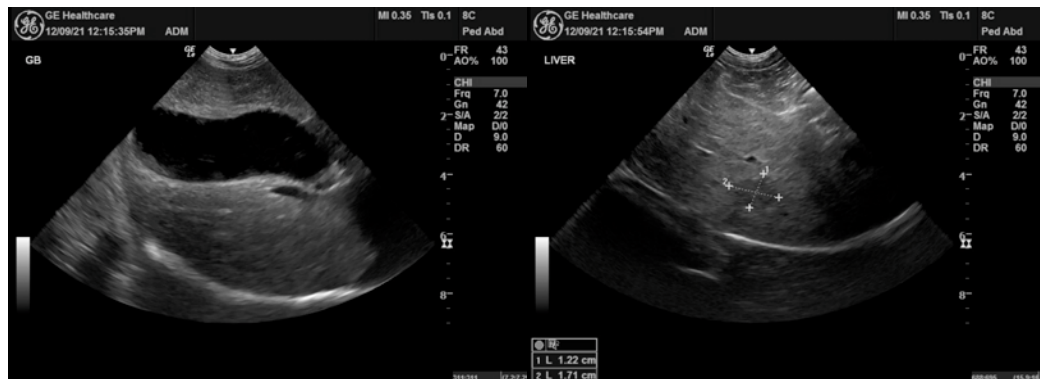
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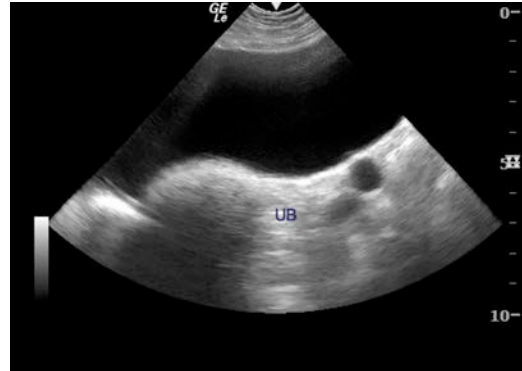
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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