

PATIENT PRESENTING CLINICAL SIGNS

Thumper DeYoung 2 yr hx of chronic intermittent loose stool, abdominal pain, occ vomiting CE - severe dental disease, grade IV/VI systolic heart murmur, lungs clear, intestines palpably thickened, A/G easily expressed, rectal exam NSF

SPECIES

Canine

BREED

Min Pin

SEX

Neutered Male

AGE

7 Years

WEIGHT

14.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Linn Vet Hospital

REFERRING VET

Dr. Stern

INVOICE

35593

DATE

2/10/22

Abnormal PE/Chem/CBC/UA Results: SpecCPL 369 (H) Reticulocytes 145 (H) lymphocytes 991 (L) albumin 59 (H) AST 59 (H) Triglyceride 996 (H) Creatine Kinase 260 (H) all other values WNL Current Medications metronidazole 62.5mg BID; clavamox 125mg BID; fortiflora Radiographic findings: large globoid soft tissue opacity mid abdomen, caudal to liver/stomach, dorsal to spleen, ventral to kidneys (globoid on both laterals and VD) quick U/S scan - hypoechoic encapsulated structure

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 prostate is normal in size (0.89 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 is large, measuring 8.1 cm. The kidney is very irregular in shape, in that there is a very large, homogenous appearing, thin-walled mass effect on the cranial pole of the kidney measuring 6.5 cm x 6.1 cm. This mass effect appears to involve the cranial half to two thirds of the left kidney. This lesion could be consistent with a mass effect or cystic structure with echogenic fluid. There is minimal color flow visualized. There is no evidence of pyelectasia, nephroliths, or hydroureter, and the renal vasculature of the normal portion of kidney appears normal.

The right kidney has a normal shape and size (5.13 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 large in size measuring 1.48 cm at the cranial pole, 0.80 cm at the caudal pole, and 4.5 cm in length. It is observed in its normal position cranial to the left renal artery. It is somewhat irregular in appearance in that it is large, but the shape and overall appearance are relatively normal with no focal masses visualized.

The right adrenal gland is normal in size measuring 1.58 cm at the cranial pole, 0.54 cm at the caudal pole, and 2.26 cm in length. 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.



PATIENT *Liver*

Thumper DeYoung

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

SPECIES

Canine

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

BREED

Min Pin

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

7 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. Jejunum wall measured 0.21 cm, 0.24 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

WEIGHT

14.8 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.

INTERPRETED BY

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

Pancreas

The area of 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.

IMAGING PERFORMED BY

Sara Hansen

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.

HOSPITAL NAME

Linn Vet Hospital

Other

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

REFERRING VET

Dr. Stern

ULTRASONOGRAPHIC FINDINGS

- Large mass effect lesion off the cranial pole of the left kidney – This lesion could be consistent with a mass, echogenic cyst or abscess.
- Large left adrenal gland – Left adrenomegaly could be consistent with neoplasia (e.g., adenoma, carcinoma, pheochromocytoma), hyperplasia, inflammation, other.

INVOICE

35593

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

2/10/22

There is a large lesion on the cranial pole of the left kidney. This has minimal color flow, but could be consistent with a mass effect or a fluid filled structure with echogenic fluid (cyst or abscess). Drainage of the structure could be considered with heavy sedation and a small/medium gauge needle, as contents



PATIENT

Thumper DeYoung

could be thick. Consider fluid analysis and cytology and culture on fluid if obtained. Otherwise, consider fine needle aspirate and cytology. There does appear to be good blood flow to the more normal caudal portion of the kidney, and I suspect it still has a fair bit of function.

SPECIES

Canine

The left adrenal gland appears relatively normal in size, but appears large. Full evaluation is difficult due to the large renal mass, as this adrenal gland appears to be in an atypical location, likely due to the mass effect displacing it. Recommend blood pressure evaluation, and if further evaluation is desired, a CT scan of the abdomen to further delineate the left renal lesion and the left adrenal gland. Recommend 3-view thoracic radiographs.

BREED

Min Pin

Unfortunately, I suspect these lesions are unrelated to the diarrhea described in the history. No focal bowel lesions were observed. It is not uncommon to be unable to diagnosis cause for diarrhea by ultrasound alone. Possible differentials would be metabolic disease (seems less likely based on blood work results) or primary GI disease such as dietary intolerance/food allergy, GI parasitism, IBD, dysbiosis, and less likely intestinal neoplasia.

SEX

Neutered Male

AGE

7 Years

- Consider a hydrolyzed protein/novel protein prescription diet.
- Consider a GI panel with qualitative PLI, TLI, cobalamin and folate to further evaluate the small intestine.
- Recommend parasite screening and deworming if not already done.
- Recommend chronic probiotic therapy.
- If no response to these treatments is observed, consider obtaining GI biopsies.

WEIGHT

14.8 Pounds

INTERPRETED BY

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

If surgery is considered for the renal mass or adrenal gland, then recommend obtaining GI biopsies at the time of surgery.

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Linn Vet Hospital

REFERRING VET

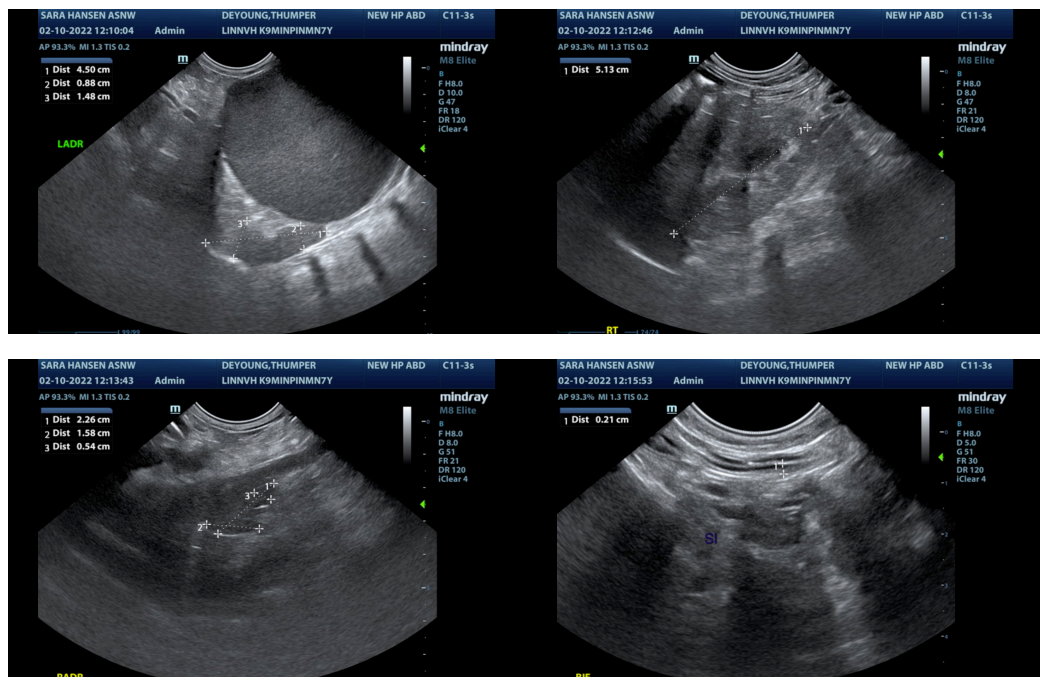
Dr. Stern

INVOICE

35593

DATE

2/10/22





PATIENT

Thumper DeYoung

SPECIES

Canine

BREED

Min Pin

SEX

Neutered Male

AGE

7 Years

WEIGHT

14.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Linn Vet Hospital

REFERRING VET

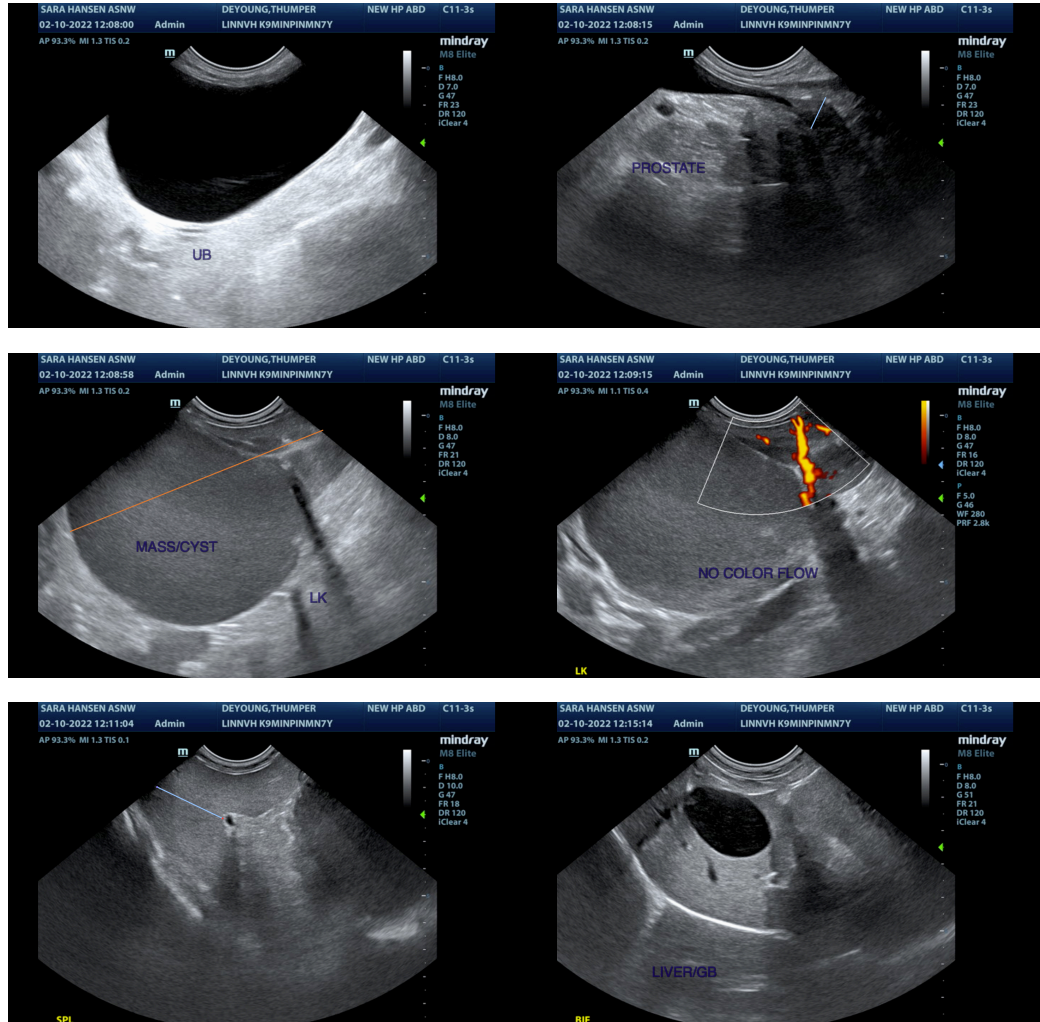
Dr. Stern

INVOICE

35593

DATE

2/10/22



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.

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

kathleen.sennello@sonopath.com