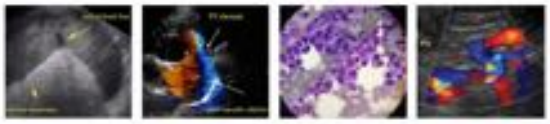


PATIENT

Butch Fletcher

SPECIES

Canine

BREED

Bichon X Maltese

SEX

Neutered Male

AGE

11yr

WEIGHT

13.6lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Mount Rose Animal Hospital

REFERRING VET

Dr. Katie Weldon

INVOICE

10046

DATE

2/14/2023

PRESENTING CLINICAL SIGNS

Patient has been doing well at home. Is not PU/PD per owner. He isn't eating as much as he used to, but he tends to be pretty picky about his food. REASON FOR ULTRASOUND: · Evaluate liver and adrenal glands. r/o the potential for Cushing's.
Abnormal PE/Chem/CBC/UA Results: Physical Exam: All WNL except lenticular sclerosis and dental tartar. Bloodwork Results: AlkP = 241 (high) Cholest = 469 (high - not a fasted sample, was 463) Platelets = 562,000 (high) HCT = 58.3% (sl high) U/A: S.G. = 1.039 pH > 9.0 (was not fasted, early am sample) 2+ protein 2-5 WBC 0-2 RBC no bacteria seen UPC = 0.3 (we are rechecking this today)

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 (0.74 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 with small pinpoint non obstructive nephroliths. Overall echogenicity is slightly hyperechoic with poor 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 (4.42 cm) with small pinpoint non obstructive nephroliths. Overall echogenicity is slightly hyperechoic with poor 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.51 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.

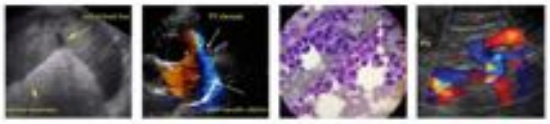
The right adrenal gland is normal in size measuring 0.48 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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



PATIENT

Butch Fletcher

SPECIES

Canine

BREED

Bichon X Maltese

SEX

Neutered Male

AGE

11yr

WEIGHT

13.6lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Mount Rose Animal Hospital

REFERRING VET

Dr. Katie Weldon

INVOICE

10046

DATE

2/14/2023

of the vasculature and biliary tract appear normal. The caudate lobe of the liver appears somewhat prominent and rounded. It is isoechoic to the rest of the liver, recommend continued monitoring of this region for a possible ill-defined mass effect.

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 echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

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 echogenic debris. The cystic and common bile ducts are normal/not visible.

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 (0.42 cm in wall thickness), and the jejunum measured as normal (0.36 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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.

Free Abdomen

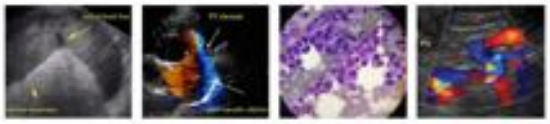
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

PRIMARY FINDINGS

- Decreased corticomedullary distinction in both kidneys with small pinpoint non-obstructive nephroliths. The bilateral renal findings are consistent with age-related change.
- Heterogenous 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.
- Moderate Gallbladder debris. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are relatively non-specific and could be consistent with age



PATIENT

Butch Fletcher

SPECIES

Canine

BREED

Bichon X Maltese

SEX

Neutered Male

AGE

11yr

WEIGHT

13.6lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Mount Rose Animal Hospital

REFERRING VET

Dr. Katie Weldon

INVOICE

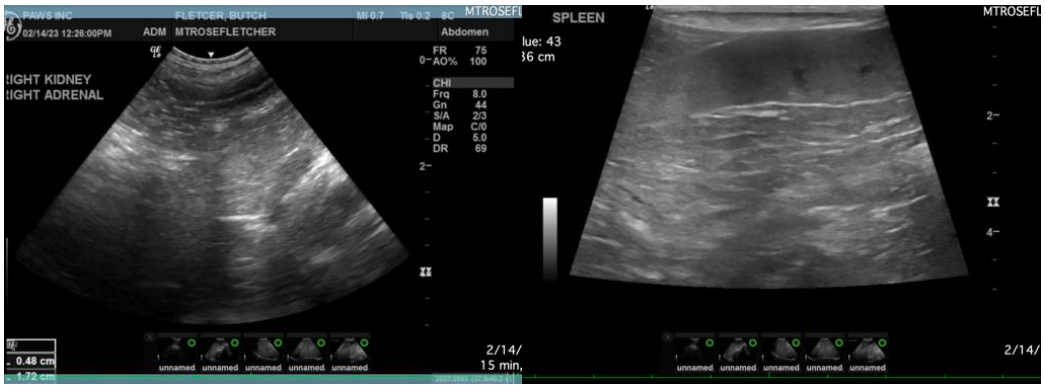
10046

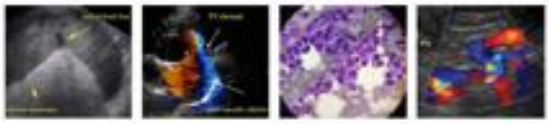
DATE

2/14/2023

related change. Correlate these findings with clinical signs and full lab values. If this patient isn't feeling well, you can consider liver function test, + or – fine needle aspirate of liver (particularly the caudate lobe of the liver, as this appears somewhat irregular on the scan. Consider recheck of this area of the liver in the future.). Additionally, consider the possibility of underlying gastrointestinal diseases, you can have significant GI disease with minimum ultrasonographic changes. If this is a concern, consider a GI panel to Texas A&M for a quantitative fPLI/TLI/Cobalamin/Folate looking for evidence of underlying gastrointestinal disease.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.





PATIENT

Butch Fletcher

SPECIES

Canine

BREED

Bichon X Maltese

SEX

Neutered Male

AGE

11yr

WEIGHT

13.6lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Mount Rose Animal Hospital

REFERRING VET

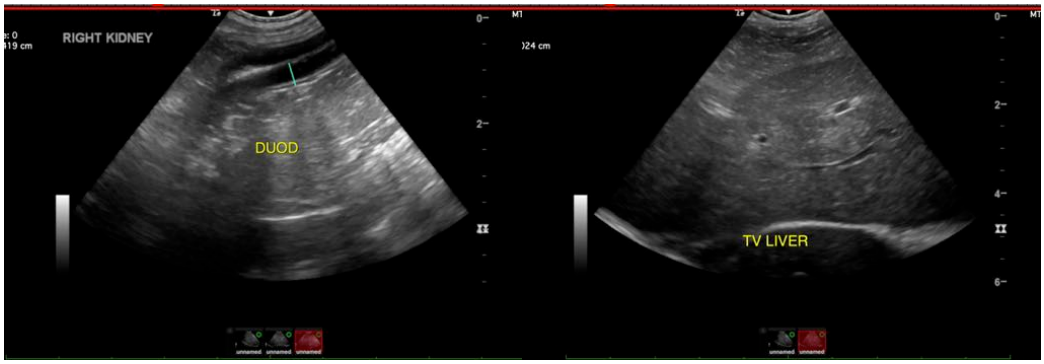
Dr. Katie Weldon

INVOICE

10046

DATE

2/14/2023



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