



PATIENT

Buddy Polidoro

SPECIES

Canine

BREED

Beagle X

SEX

Neutered Male

AGE

10 Years

WEIGHT

21.4 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

Ridge Road AH

REFERRING VET

Dr. Pathak

INVOICE

45202

DATE

2/16/23

PRESENTING CLINICAL SIGNS

Buddy is diabetic and is on 6 units Prozine BID (Did not do well on Vetsulin), patient being monitored with a Freestyle Libre for a week. Patient has consistently had high glucose levels. R/O Cushing's/neoplasia/UTI. Current med: Prozine 6 units BID.

Abnormal PE/Chem/CBC/UA Results: Elevated glucose/renal values (SDMA/BUN/creat.), ALT 668, ALP 1607, GGT 110.

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 (1.13 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 (5.4 cm). 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.53 cm). 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is large and irregular, measuring 1.11 cm at the cranial pole, 1.9 cm at the caudal pole, and 2.65 cm in length. It is observed in its normal position cranial to the left renal artery. It is somewhat abnormal in appearance in that it is large and irregular, and there is questionable vascular invasion/impingement at the level of the left renal artery.

The right adrenal gland is normal in size measuring 0.39 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. There are diffuse punctate hyperechoic foci visualized within the spleen.

Liver

The liver is large in size and hyperechoic 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.



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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.

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Gastrointestinal

The stomach contains moderate fluid/ingesta. 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 measures 0.62 cm. Jejunum wall measures 0.38 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 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.

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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

- Large, irregular left adrenal gland with questionable vascular invasion – Findings are most consistent with an adrenal mass. Adrenomegaly could be consistent with neoplasia (e.g., adenoma, carcinoma, pheochromocytoma), hyperplasia, inflammation, other.
- Large, heterogeneous, hyperechoic 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 likely consistent with a diabetic hepatopathy/vacuolar 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.

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SECONDARY FINDINGS

- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.
- Diffuse hyperechoic foci in the spleen – Findings are most consistent with punctate mineralization/dystrophic mineralization.



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- Moderate fluid and ingesta within the gastric lumen – Findings are most consistent with a non-fasted patient.

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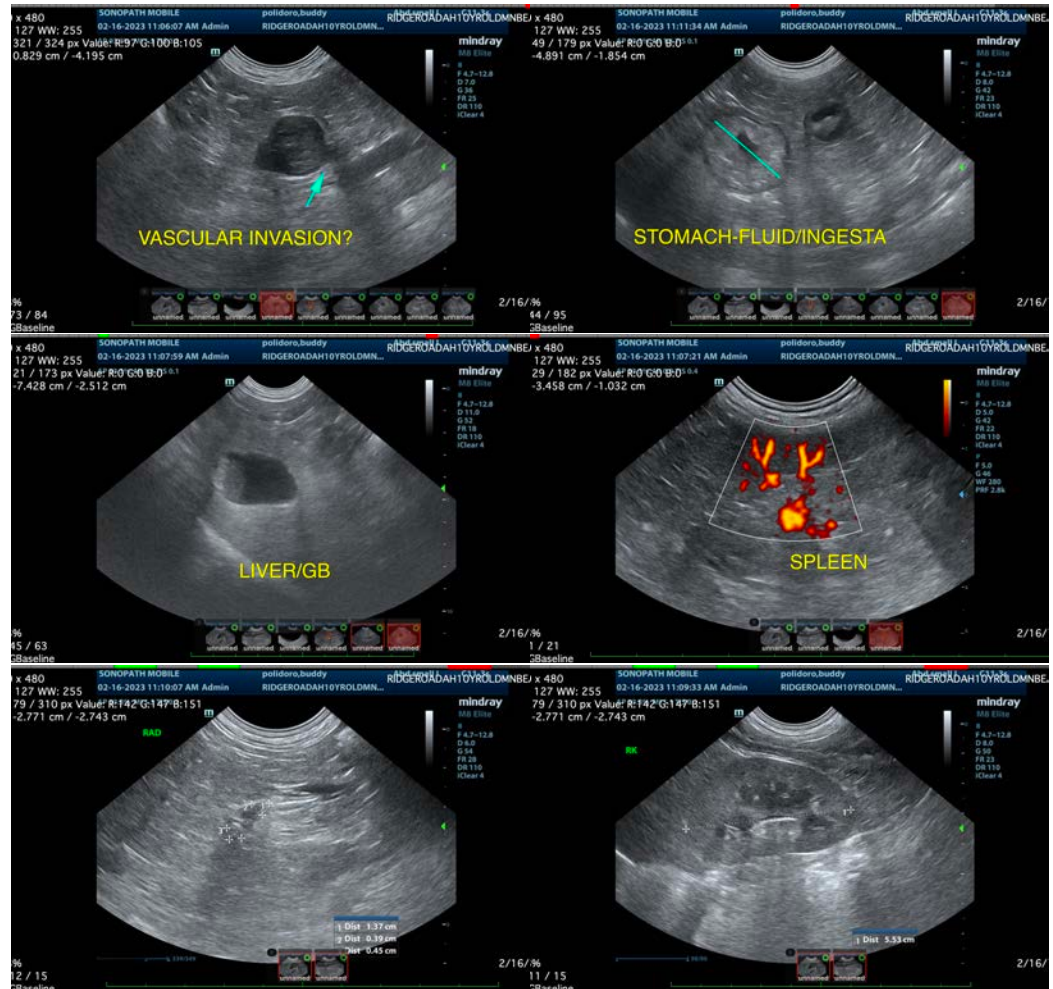
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a left-sided adrenal mass present. This mass lesion impinges on the local vasculature and is difficult to determine if there is invasion or not. Otherwise, it appears to be a good candidate for possible surgical removal. Recommend a blood pressure evaluation. If hypertension is present, consider catecholamine levels. Additionally, consider a contrast CT scan to better evaluate the local vasculature and look for smaller lesions consistent with metastasis. This could represent a benign or neoplastic lesion and could be actively secreting hormone or be non-active. Based on your concerns for Cushing's, I would suspect this could be a cortisol-secreting lesion, and an ACTH stimulation test may help to confirm.

The changes in the liver are most consistent with a vacuolar hepatopathy or diabetic hepatopathy and are expected under the circumstances.

The material visualized within the gastric lumen is most consistent with a non-fasted patient.

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





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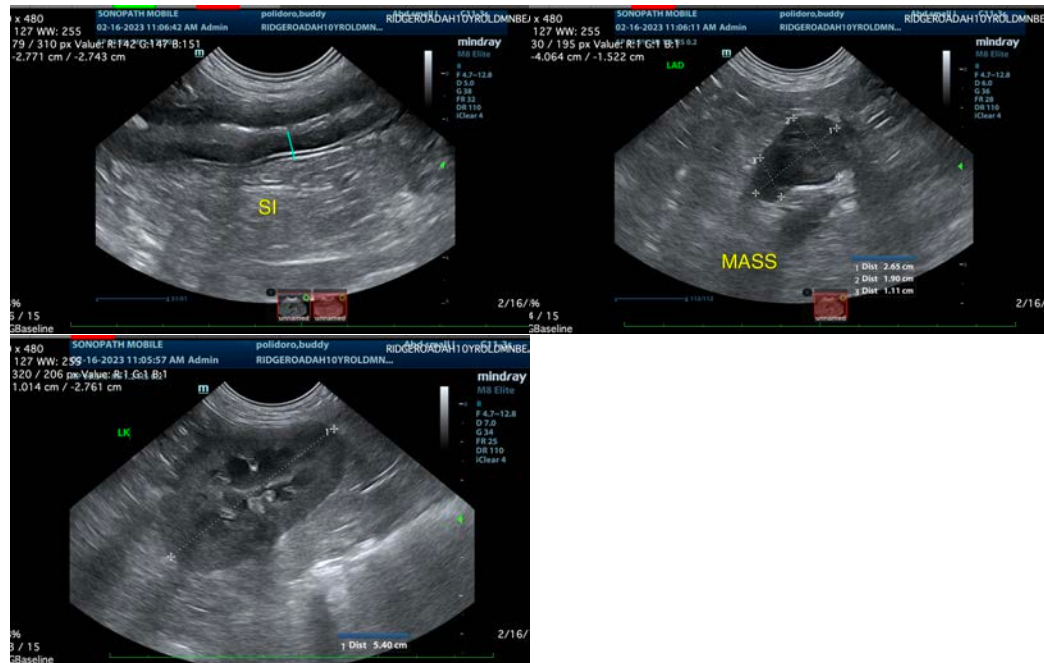
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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