

PATIENT

Alba Congdon

PRESENTING CLINICAL SIGNS

SPECIES

Canine

O says P has been PU/PD since 1st week of december. P is having more accidents in the house, no licking, no excessive panting. Internist recd ABx. Clavamox x 2 weeks with no improvement in the PU/PD. Reason for ultrasound: Evaluate causes for PU/PD and help rule out Cushings. Renal/liver/GB disease

BREED

Dachshund X

Abnormal PE/Chem/CBC/UA Results: Bloodwork Results: AlkP = 567 (high) GGT = 30 (high) Triglyc = 483 (high) Spec cPL = 488 (high) T4 = 1.7 (WNL) U/A Results: S.G. = 1.007 pH = 6.0 1+ protein 2-5 WBC 6-10 RBC no bacteria, casts, or crystals

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

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.

AGE

11 Years

The left kidney has a normal shape and size (4.45 cm) Numerous small non-obstructive nephroliths noted. Overall echogenicity is slightly hyperechoic with mildly reduced 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, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

17.2 Pounds

The right kidney has a normal shape and size (5.38 cm) with numerous 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 perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal/borderline large 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.

IMAGING BY

Loetitia Saint-Jacques,
LVT

The right adrenal gland is normal in size measuring 0.66 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.

HOSPITAL NAME

MountRose AH

Spleen

The spleen is subjectively normal in size, echotexture is homogenous. The blood flow through the hilus and splenic parenchyma appears normal. Towards the head of the spleen there is a hyperechoic lesion measuring approximately 1.8 cm x 2.5 cm, which appears to deviate the splenic capsule somewhat. This could be consistent with an atypical myelolipoma, but an underlying neoplastic lesion cannot be excluded as a possibility.

REFERRING VET

Dr. Katie Weldon

Liver

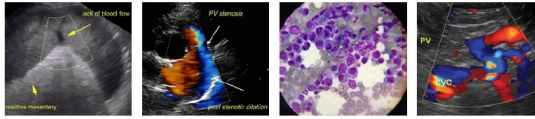
The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are numerous ill-defined, hyperechoic nodules within the parenchyma, examples measuring 1.37 cm, 1.45 cm and 1.0 cm.

INVOICE

35503

DATE

2/8/22



PATIENT

Alba Congdon

SPECIES

Canine

BREED

Dachshund X

SEX

Spayed Female

AGE

11 Years

WEIGHT

17.2 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

MountRose AH

REFERRING VET

Dr. Katie Weldon

INVOICE

35503

DATE

2/8/22

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 stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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.) 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

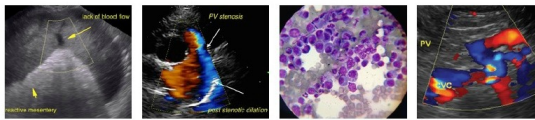
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Other

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

ULTRASONOGRAPHIC FINDINGS

- Borderline plump adrenal glands – The bilateral adrenomegaly could be consistent with bilateral hyperplasia (e.g., secondary to pituitary-dependent hyperadrenocorticism), bilateral infiltrative neoplasia, inflammatory adrenal disease, other. Correlation with clinical findings is recommended.
- Mildly reduced corticomedullary distinction in both kidneys with numerous small non-obstructive nephroliths – The bilateral renal findings are consistent with age-related change. The hyperechoic mineralized foci observed at the corticomedullary junction of the left/right kidney are consistent with small, non-obstructive nephroliths.
- Hyperechoic lesion within the splenic parenchyma – This lesion does deviate the splenic capsule somewhat, but is most consistent with a myelolipoma. An underlying neoplastic lesion cannot be excluded. Recommend fine needle aspirate.



PATIENT

Alba Congdon

SPECIES

Canine

BREED

Dachshund X

SEX

Spayed Female

AGE

11 Years

WEIGHT

17.2 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

MountRose AH

REFERRING VET

Dr. Katie Weldon

INVOICE

35503

DATE

2/8/22

- Large, heterogeneous liver with numerous subtle hyperechoic nodule – 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. No focal nodules or cystic lesions are observed.

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

SECONDARY FINDINGS

- Mild ingesta within the gastric lumen – most consistent with a small amount of ingesta.

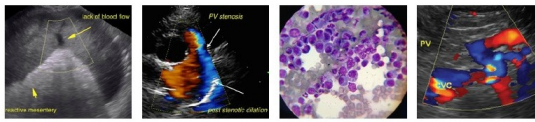
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings on today's scan could be consistent with a diagnosis of pituitary dependent hyperadrenocorticism, but the adrenal glands are somewhat borderline in size.

- Recommend urinalysis and culture.
- Recommend blood pressure evaluation.
- Recommend 3-view thoracic radiographs.
- You could consider a fine needle aspirate of the liver to further evaluate the nodules present, although the appearance trends towards a benign process.
- Consider a fine needle aspirate of the hyperechoic region of the spleen.

Provided these factors are relatively normal, and no concurrent issues are identified, then I would recommend considering adrenal function testing and treatment for Cushing's if clinically appropriate.





PATIENT

Alba Congdon

SPECIES

Canine

BREED

Dachshund X

SEX

Spayed Female

AGE

11 Years

WEIGHT

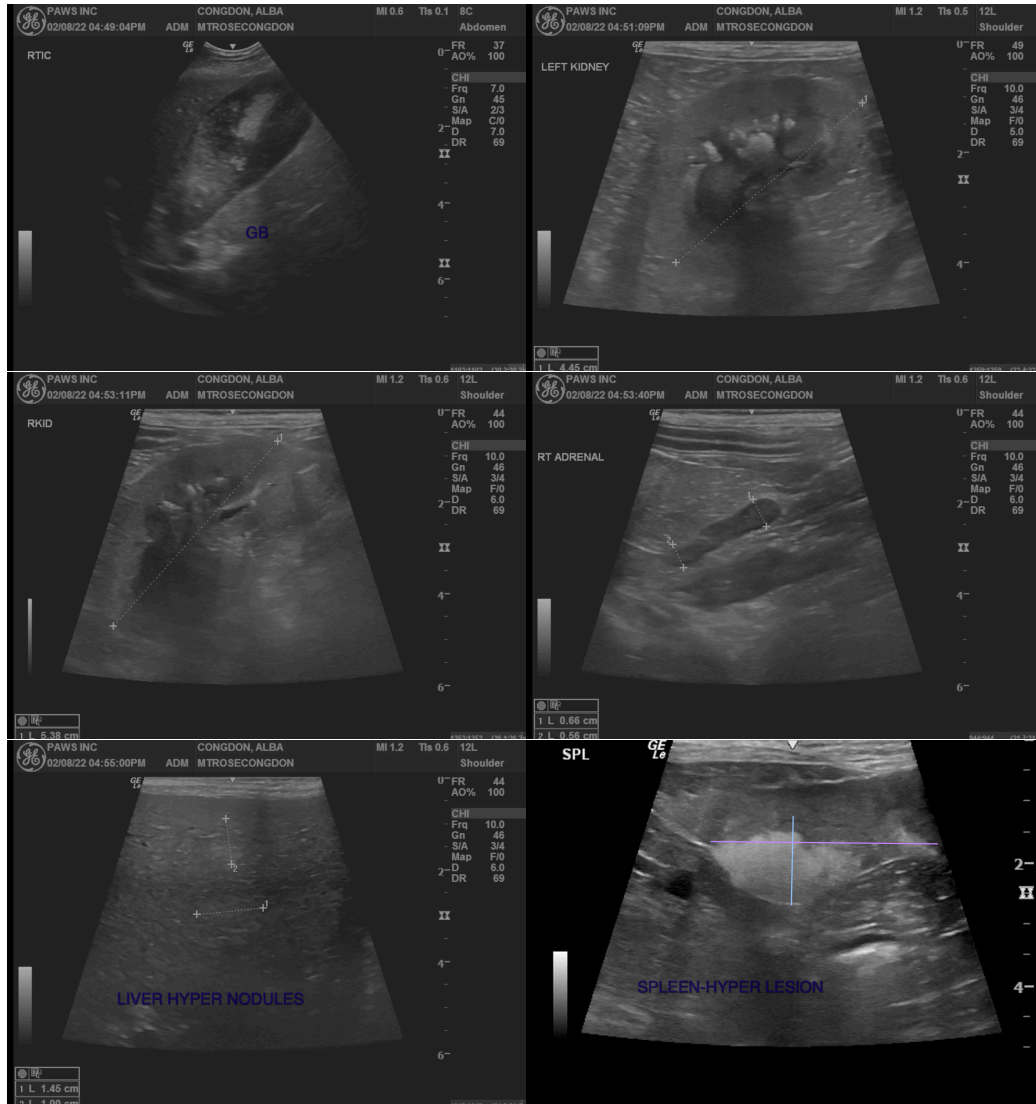
17.2 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques,
LVT



HOSPITAL NAME

MountRose AH

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.

REFERRING VET

Dr. Katie Weldon

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

INVOICE

35503

DATE

2/8/22