



PATIENT

Jackson Vacca

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

Bichon Frise

Lab Results (02/01/2022): CBC- HCT High (57.9), All Else WNL. Chemistry Panel- BUN High (33), Na:K Ratio Low (27), K- High-Normal (5.4), Cl Low-normal (108), Albumin High (4.2), ALT High (346), ALP High (358), GGT High (20), CHO High (363), All Else WNL. Total T4- Normal (1.9) UA- Pending urine from O. A: Mild hemoconcentration and elevated Albumin-. P: Recommend adding on basal cortisol. Recommend abdominal imaging (radiographs and ultrasound to assess gallbladder and liver). Can try ursodiol if no evidence of gallbladder obstruction. Continue on Denamarin as directed. Start on Vitamin E, Fish Oil daily.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Neutered Male

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, or masses. In the proximal urethra, there are at least two hyperechoic foci, most consistent with small mineralizations/stones. These could be within the urethral lumen or embedded in the mucosa.

AGE

15 Years

The prostate is normal in size (0.58 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.

WEIGHT

19 Pounds

The left kidney has a normal shape and size (5.08 cm) with pyelectasia at 0.27 cm, pinpoint non-obstructive nephroliths, and small pinpoint cortical cysts. 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 infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

The right kidney has a normal shape and size (3.7 cm) with pinpoint non-obstructive nephroliths noted. 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.

IMAGING BY

Loetitia Saint-Jacques,
LVT

Adrenal Glands

The left adrenal gland is normal in size measuring 0.68 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is somewhat abnormal in appearance in that there is an indistinct, hyperechoic foci in the cranial pole of the adrenal gland, measuring 0.46 cm. This does not deviate the shape of the adrenal gland at all. Findings are most consistent with an ill-defined nodule or mottling in the cranial pole of the left adrenal gland.

HOSPITAL NAME

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The right adrenal gland is normal in size measuring 0.62 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.

REFERRING VET

Dr. Alexandra Moore

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.

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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 is a large anechoic cyst in the liver measuring 2.14 cm x 1.6 cm. Additionally, there are numerous hypoechoic nodules throughout the hepatic parenchyma measuring 0.58, 0.74 cm. A larger one on the left side measures 1.07 cm x 2.3 cm. Another measures 0.82 cm x 1.53 cm.

The gallbladder lumen is large and distended, measuring 5.96 cm in diameter with a large amount of debris and dependent hyperechoic debris, but no obvious pathology involving the gallbladder wall and no evidence of obstruction. The proximal bile duct appears relatively normal. The distal bile duct is visualized measuring 0.31 cm at the level of the duodenal papilla. No obstruction noted.

Gastrointestinal

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.

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

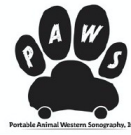
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Other

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

ULTRASONOGRAPHIC FINDINGS

- Pinpoint mineralization visualized within the preprostatic urethra – These findings are most consistent with small stones/mineralization, and they can be intraluminal or embedded in the wall.



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- Ill-defined, hyperechoic foci within the cranial pole of the left adrenal gland – This could be consistent with a benign lesion or an early neoplastic lesion. Current impression is that of a likely incidental finding.
- Decreased corticomedullary distinction in both kidneys with small cortical cysts and non-obstructive nephroliths – The bilateral renal findings are consistent with age-related change.
- Mild left-sided renal pyelectasia – Pyelectasia of the left kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Large, heterogeneous liver with ill-defined, hypoechoic nodules and hepatic cyst – 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. The nodules visualized are most consistent with benign nodules, but an underlying neoplastic process cannot be excluded as a possibility.
- Large, distended gallbladder with a large volume of intraluminal debris. No obstruction is visualized, but this should continue to be monitored.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
Medicine)

There is diffuse nodular change involved in the liver and a large distended gallbladder with a large volume of non-organized debris present. These are non-specific findings.

The ultrasonographic changes in the liver were relatively mild. Unfortunately, the sonographic changes do not always reflect the severity or cause of the hepatopathy. The scan today supports a primary hepatopathy as no severe biliary changes were observed.

IMAGING BY

Loetitia Saint-Jacques,
LVT

- Consider close evaluation of history for possible toxic changes examine medications, diet, dietary indiscretion etc...
- Consider PCR on urine/serum for leptospirosis (if not on antibiotics)/serology if recent antibiotic history
- If not already done, consider pre and post prandial bile acids to evaluate liver function
- If the ALP is significantly elevated relative to the ALT and symptoms consistent with cushings are present, consider adrenal function testing (ACTH stim)
- Consider Fine needle aspirate if round cell neoplasia is on your differential list (25 g needle, normal coags)
- If no response to supportive care (denamarin, fluids, antibiotics,+/- ursodiol etc...) Consider liver biopsy with samples obtained for histopathology, culture, and copper levels.

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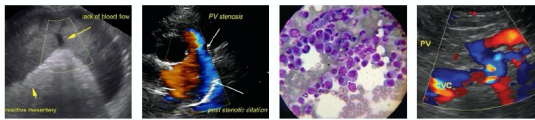
Recommend continued monitoring of the gallbladder (with medical therapy) with ultrasound to look for progression of this process.

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There are pinpoint mineralizations within the proximal urethra. Recommend urinalysis and culture and correlation with abdominal radiographs. You could consider passing a urinary catheter to ensure it passes smoothly and to determine if the mineralizations can be displaced back into the bladder.

There is a small hyperechoic region to the cranial pole of the left adrenal gland. Consider blood pressure evaluation, and if signs of Cushing's are present, adrenal function testing. This lesion is very subtle and small at this time. Recommend continued monitoring with ultrasound. If it changes, then consider further evaluation for a true adrenal lesion.

Recommend 3-view thoracic radiographs.

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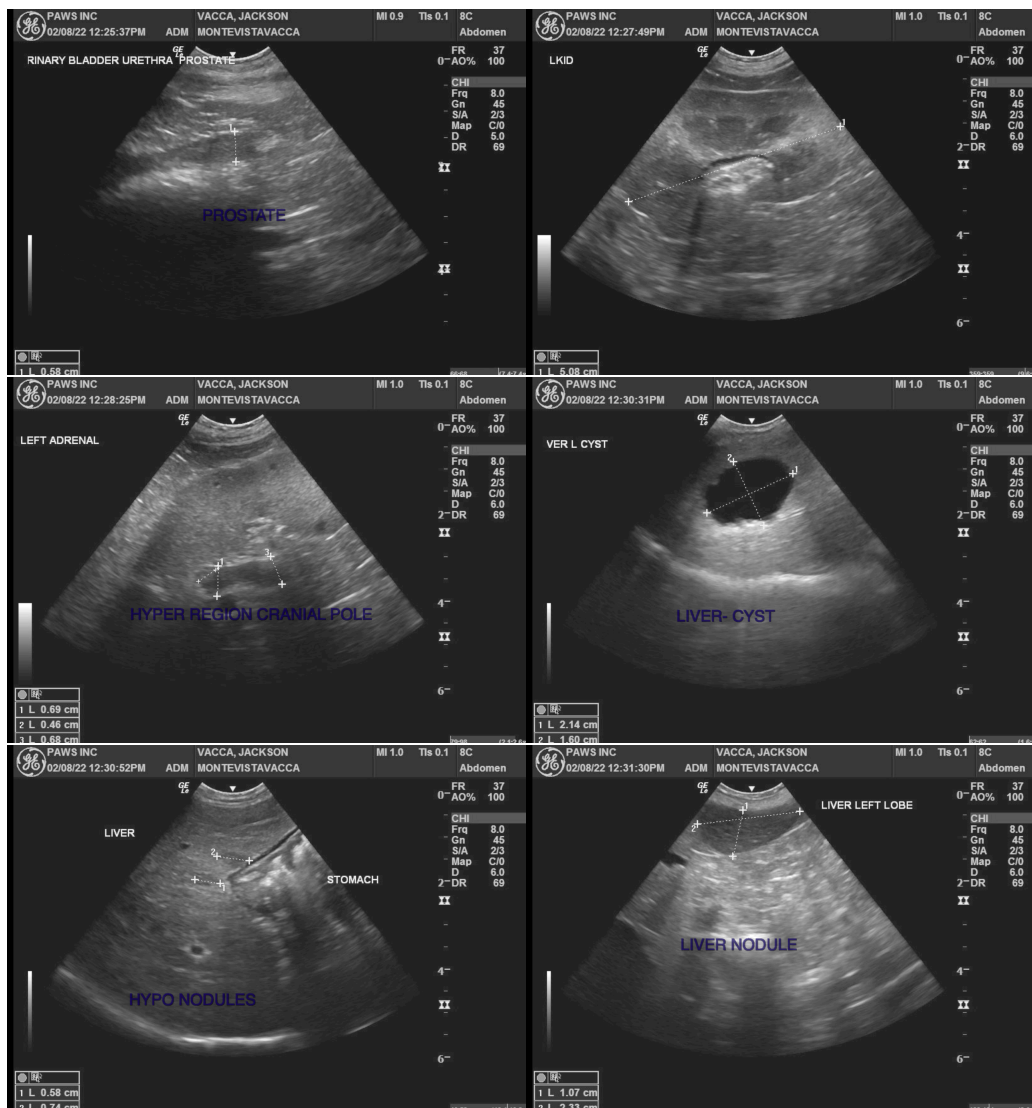
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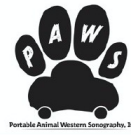
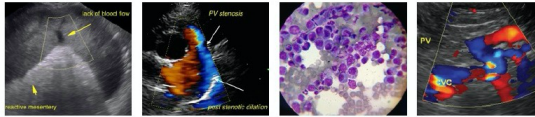
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Portable Animal Western Sonography, Inc.

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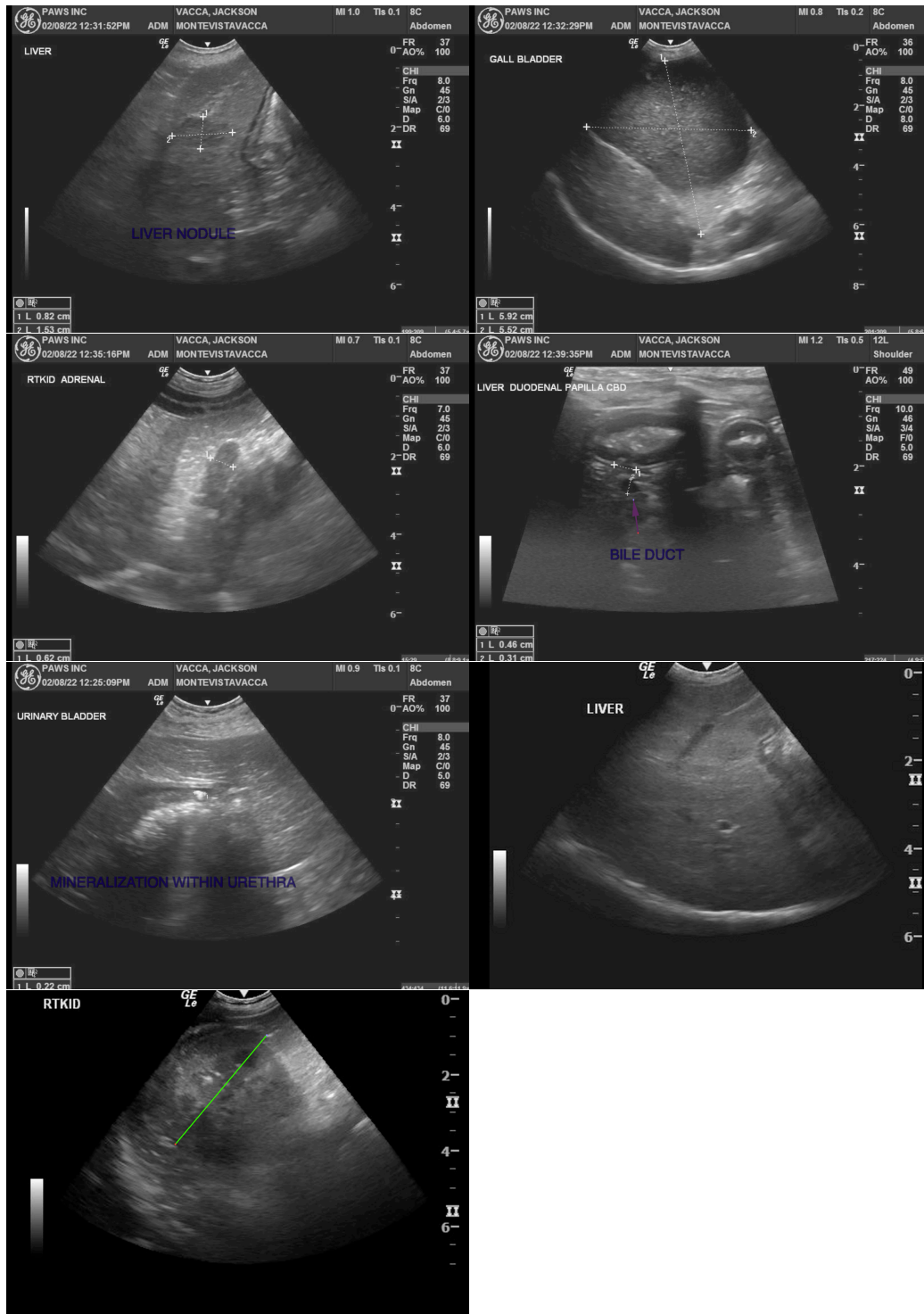
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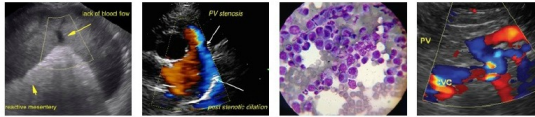
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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