

**PATIENT**

Buster DeFrancesco

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Neutered Male

AGE

10 years

WEIGHT

17.6 Pounds

INTERPRETED BYKathleen Sennello
DVM, MS, Diplomate
ACVIM (Small Animal
Internal Medicine)**IMAGING PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VETWixom Family Pet
Practice**INVOICE**

95932

DATE

6/10/20

PRESENTING CLINICAL SIGNS

Last year elevated ALKP 766, this year increased to 1086. Normal thyroid and UA. No clinical signs. Patient seemed uncomfortable when area of gall bladder was imaged.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The bladder wall appears diffusely, subjectively thickened and slightly irregular with a maximal thickness that measured 0.41 cm in the apical region. The area of the trigone, proximal urethra and ureteral papillae appear normal and free of any mass lesions or calculi. The findings are most consistent with diffuse cystitis or lack of urine distension.

The prostate is normal in size (0.64 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 (5.07 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.

The right kidney has a normal shape and size (5.76 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.

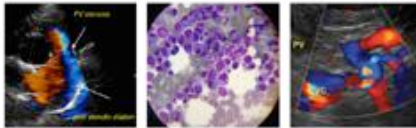
Adrenal Glands

The left adrenal gland is large in size measuring 0.99 cm at the cranial pole and 0.75 cm at the caudal pole and has a length of 2.4 cm. 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 somewhat blunted. Additionally, there is an ill-defined, hypoechoic region towards the midbody of the pancreas measuring 1.2 x 1.0 cm. The findings are suspicious for an adrenal mass.

The right adrenal gland is normal in size measuring 0.53 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. In the cranial third of the spleen there is a 1.5 x 1.2 cm cavitated/cystic almost moth eaten appearing isoechoic nodule. This nodule deviates the splenic capsule.

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Liver

The liver is subjectively large 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. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. There is a moderate amount of slightly organized echogenic debris with some mucosal stranding. The cystic and common bile ducts are normal/not visible.

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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.

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Internal Medicine)

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.

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Amy Mayhew LVT

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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ULTRASONOGRAPHIC FINDINGS**PRIMARY FINDINGS:**

Subjectively thickened irregular urinary bladder wall. The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.

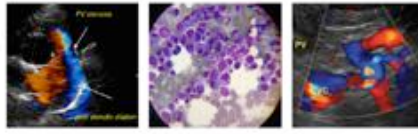
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Large, irregular appearing left adrenal gland with hypoechoic region. The gland itself it is not severely enlarged, but appears irregular and could be an early mass lesion.

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Isoechoic cystic/cavitated splenic nodule. Differentials include a benign or neoplastic lesion. Cytology or histopathology would be necessary to get a definitive diagnosis.

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Large 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.

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Moderate gallbladder debris with some early mucosal stranding. The findings could be consistent with a very early developing mucocele.

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There is a hypoechoic irregularity present on the left adrenal gland. This could be consistent with a nodule. It appears relatively small and is not severely deforming the adrenal gland. No obvious vascular invasion is visualized. These lesions can be incidental, benign or malignant and can secrete hormones or be non-active. Options moving forward include:

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- If signs of Cushing's are present, consider adrenal function testing. I prefer an ACTH stimulation test combined with an adrenal panel to the University of Tennessee's endocrine lab to look for atypical adrenal hormones as well as cortisol. (other testing can suffice)

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- If adrenal dependent Cushing's is suspected and supported by adrenal function testing consider medical therapy with Lysodren or Trilostane or consider surgical removal (recommend referral to a board certified veterinary surgeon and possible pre op CT)

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- Recommend blood pressure evaluation-if hypertensive consider testing catecholamine levels for a possible pheochromocytoma
- If no symptoms of Cushing's are present, consider either referral for surgery or continued monitoring with ultrasound (in 3-4 months).
- Many of these nodules can be benign and incidental in nature, unfortunately that is difficult to determine with a single ultrasound.

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Amy Mayhew LVT

The liver is somewhat heterogenous with no focal lesions. Given the abnormal adrenal gland I would suspect this could be a vacuolar hepatopathy as this is also incidentally common in this breed. You can consider a FNA and liver function test particularly if the values continue to rise and cortisol excess is not suspected.

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The changes to the gallbladder are relatively mild. Options moving forward would be continued monitoring or you can start Ursodiol in an effort to prevent progression of the lesion.

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The significance of the lesion in the spleen is uncertain. It could be benign or cancerous. Options include: continued monitoring, a fine needle aspirate or splenectomy for diagnostic and therapeutic purposes. An FNA would be a reasonable option.

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The changes in the urinary bladder can be due to a lack of distension or mild cystitis. Consider urinalysis and culture to further evaluate.

I recommend three view thoracic radiographs.

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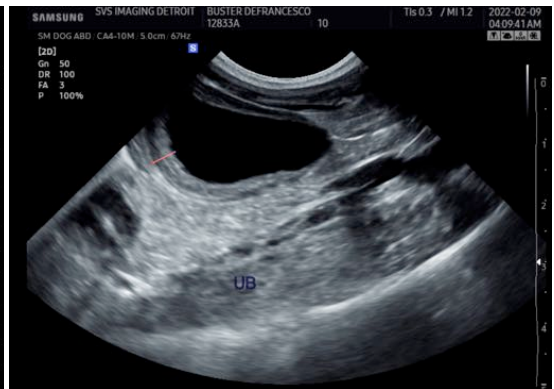
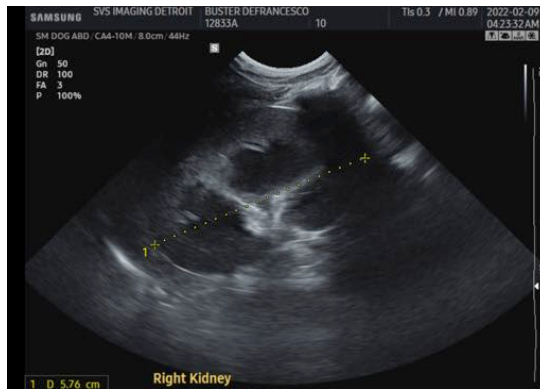
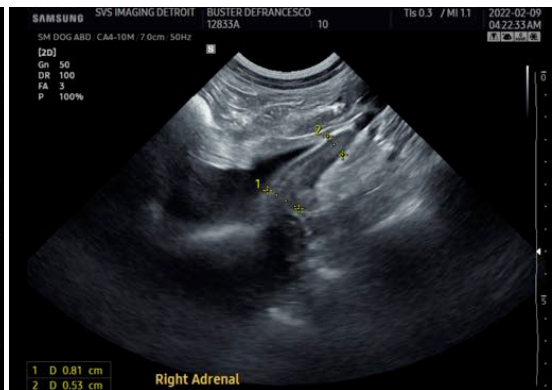
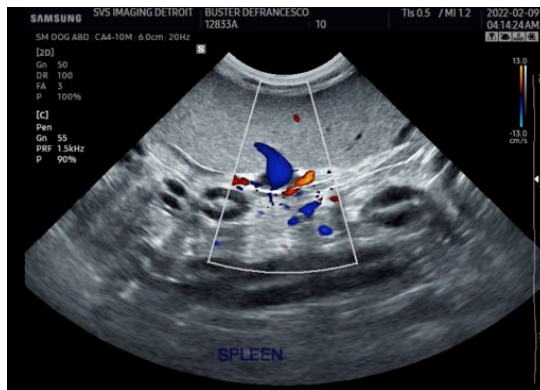
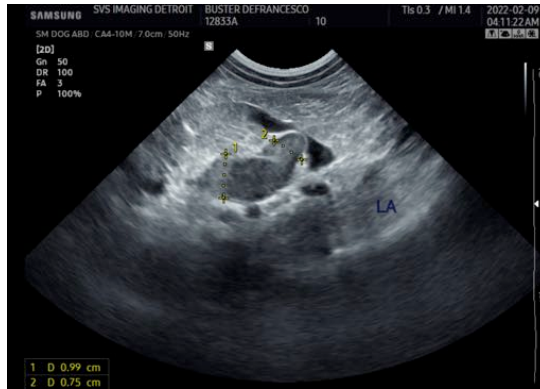
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svsimagingmi@gmail.com



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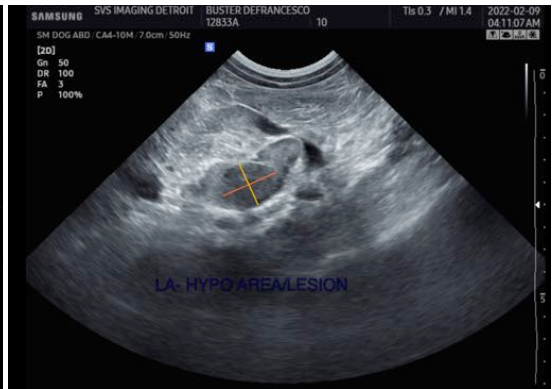
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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