

PATIENT

Yodi Arnott

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered Male

AGE

15 Years 2 Months

WEIGHT

28 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

MountainView AH

REFERRING VET

Dr. Sarah Kalivoda

INVOICE

36093

DATE

3/10/22

Chief Concern / Provisional Diagnosis: ~Remarks: ~O reports PU/PD Having accidents in house 2-4/day which is very unusual for him and seems out of it for past 2 weeks. There has been a new box of Trilostane otherwise no other changes to his routine/diet Diagnosis(es): Cushings Hypothyroid Renal Insufficiency Diagnosis(es): , hypothyroidism, pituitary hyperadrenocorticism, calcinosis cutis Current Herbal Therapy including new Rx's from today: Lignans 20mg 1 cap PO SID - gets online; still taking 9/8/21 Dispel Dampness and Nourish the Skin 1 tab PO BID; still taking as of 9/8/21 Marshmallow Root 0.5cc PO BID prior to feeding - PRN as needed; does not have this at home right now. Eye Plus 1 cap PO SID Current Western Medications/Supplements including new Rx's from today: Thyrotabs 0.4mg in am, 0.3mg in pm; still taking this dose as of 9/8/21 Denamarin 225mg SID; still taking this dose as of 9/8/21 CBD oil Trilostane 15mg BID; still taking this dose as of 9/8/21 Fish oil 1000mg/day; does not give as of 9/8/21 DermaVet Ointment topically ; PRN therapy Ozonated gel topically; PRN therapy Digestive enzymes; daily as of 9/8/21 ~ Relevant Medical History and Physical Exam findings: ~, Enlarged kidney, polydypsia, Skin mass, Hi of bloody diarrhea 9/21~ Recent Diagnostics: Relevant Laboratory Results / Abnormalities: ~ALKP elevation, ALT elevation, GGT elevation~

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 (0.60 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) with numerous small 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.01 cm) with numerous small 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.89 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 large in size measuring 0.98 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 somewhat irregular in appearance, in that there is a small projection of tissue from the caudal pole of the adrenal gland, measuring 0.91 cm x 0.65 cm. The nature of this lesion is unclear, but the



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tissue appears very similar to the rest of the adrenal gland. There is no evidence of vascular invasion or localized inflammation.

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Spleen

The spleen is subjectively normal in size and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. Rare discrete focal hyperechoic, perivascular parenchymal abnormalities are present. The appearance of these lesions is most consistent with benign splenic myelolipomas. The blood flow through the hilus and splenic parenchyma appears normal.

BREED

Boston Terrier

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. No focal nodules or cystic lesions are observed.

SEX

Neutered Male

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 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.

WEIGHT

28 Pounds

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.

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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 pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with moderate pancreatitis.

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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 in the cranial abdomen around the pancreas is hyperechoic.

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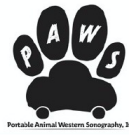
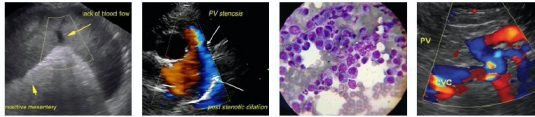
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ULTRASONOGRAPHIC FINDINGS

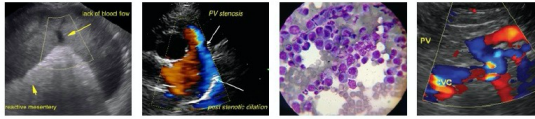
- **Bilateral adrenomegaly** – The bilateral adrenomegaly could be consistent with bilateral hyperplasia (e.g., secondary to pituitary-dependent hyperadrenocorticism), bilateral infiltrative neoplasia, inflammatory adrenal disease, other. Correlation with clinical findings is recommended. These findings are consistent with the current diagnosis of PDH.
- **Irregularly shaped right adrenal gland** – There is a projection of tissue causing an irregular shape to the right adrenal gland. The significance of this is unclear. recommend continued monitoring.
- **Large, prominent, hypoechoic pancreas surrounded by hyperechoic mesentery** – The pancreatic changes are most consistent with moderate pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.
- **Large, heterogeneous 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 sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.
- **Decreased corticomedullary distinction in both kidneys with numerous small cortical cysts** – The bilateral renal findings are consistent with age-related change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Many of the described changes on today's scan are consistent with the previous diagnosis of Cushing's disease. This pet has adrenomegaly and a large, heterogeneous liver. Additionally, the right adrenal gland is somewhat irregular in shape. The significance of this is unclear and should continue to be monitored with ultrasound.

The pancreas is very prominent and hypoechoic on today's exam. There appears to be surrounding hyperechoic mesentery, most indicative of active pancreatitis. Consider a quantitative PLI test and treatment for pancreatitis.

If behavior changes persist despite treatment and improvement of the pancreatitis, then consider a blood pressure evaluation and neurologic evaluation, and possible advanced imaging of the brain.



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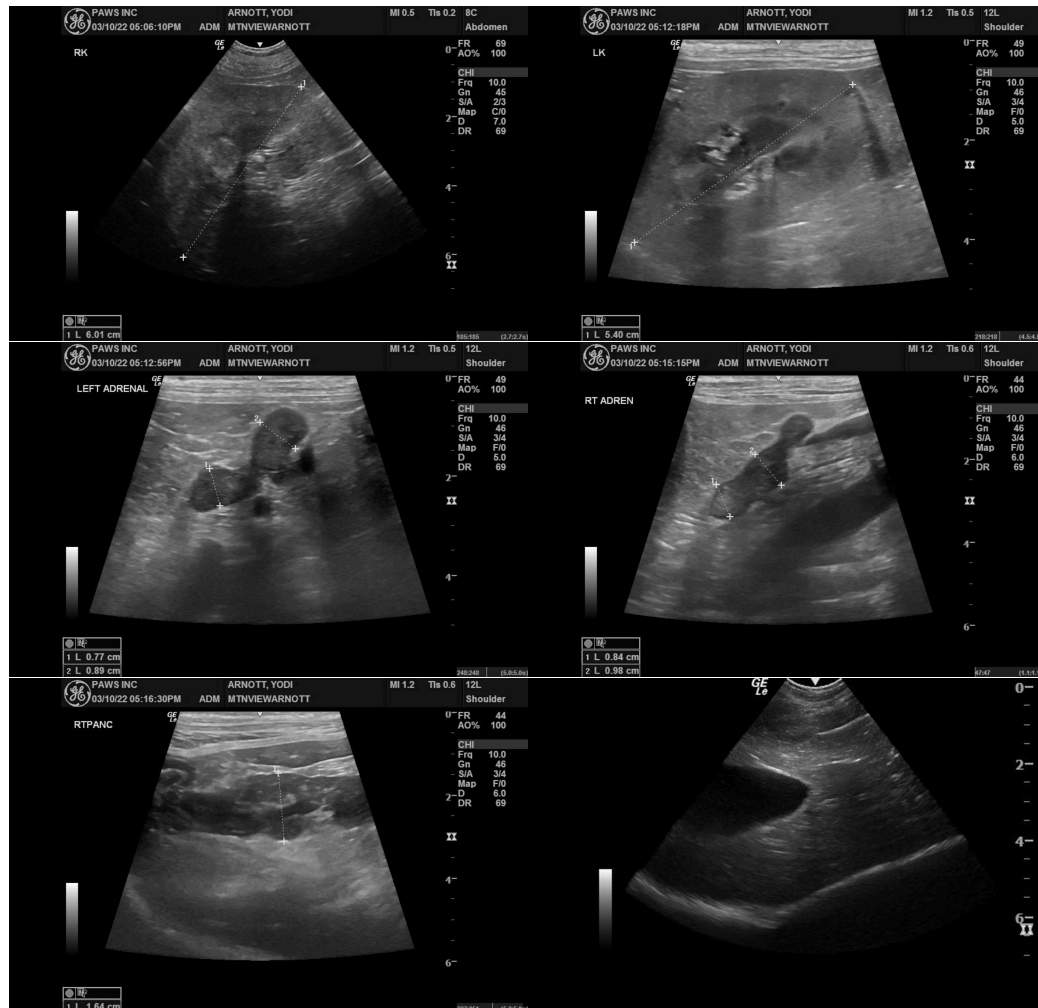
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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