



PATIENT

Walter Schneider

SPECIES

Canine

BREED

Golden Doodle

SEX

Neutered Male

AGE

9 Years

WEIGHT

69.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jo Goodman

HOSPITAL NAME

Evandale-Blue Ash
Pet Hospital

REFERRING VET

Dr. Jo Goodman

INVOICE

45901

DATE

3/14/23

PRESENTING CLINICAL SIGNS

Recheck abdominal ultrasound from 6/17/21. Current medications: Ursodiol 250mg (1 tab BID) Standard Process Hepatic Support Provable (1 cap SID) Benadryl 25mg (2 tabs BID-SID) We've been monitoring patients liver values and chronic, intermittent cough. Presented 12/28/22 for annual exam and noted cough was happening more consistently. Declined radiographs initially but pursued them 2/15/23 - report attached. Annual bloodwork from 12/28/22 showed an increase in ALP, ALT and AST compared to BW from 10/25/2022. Patient is clinically doing well at home, e/d and acting himself. Owner has been giving Benadryl to help with the cough and he thinks it has helped.

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 (0.84 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 (6.36 cm). Overall echogenicity is normal with adequate 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 (6.46 cm). Overall echogenicity is normal with adequate 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 normal in size measuring 0.76 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 normal in size measuring 0.52 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. No focal parenchymal abnormalities are visualized.

Liver

The liver is large in size and irregular. 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 hyper- and hypoechoic nodules in the parenchyma. There are some larger hypoechoic mass effects visualized, one measures 4.46 cm in diameter, another measures 1.73 cm in diameter.



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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 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.

BREED

Golden Doodle

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 0.34 cm. Jejunum wall measures 0.28 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 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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ULTRASONOGRAPHIC FINDINGS

- Large, heterogeneous, irregular liver with hypoechoic mass effect lesions – 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. These “mass effects” could be consistent with enlargement of benign nodules or could be consistent with progressing primary hepatic mass lesion.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large and irregular with numerous ill-defined nodules. These were described previously on the scan dated 6/17/21. On today’s exam, there are some large hypoechoic, somewhat ill-defined mass effects that are concerning for either progression of the nodules described or new primary hepatic lesions. Options moving forward would include continued monitoring with ultrasound, a fine needle aspirate of the liver (particularly one of the larger mass effects if you’re able to reach one), and/or a contrast CT scan to further evaluate these lesions and try to determine if surgical removal is possible/warranted. These lesions do not appear to significantly deviate the hepatic architecture, etc., but the size and progression is somewhat concerning.

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



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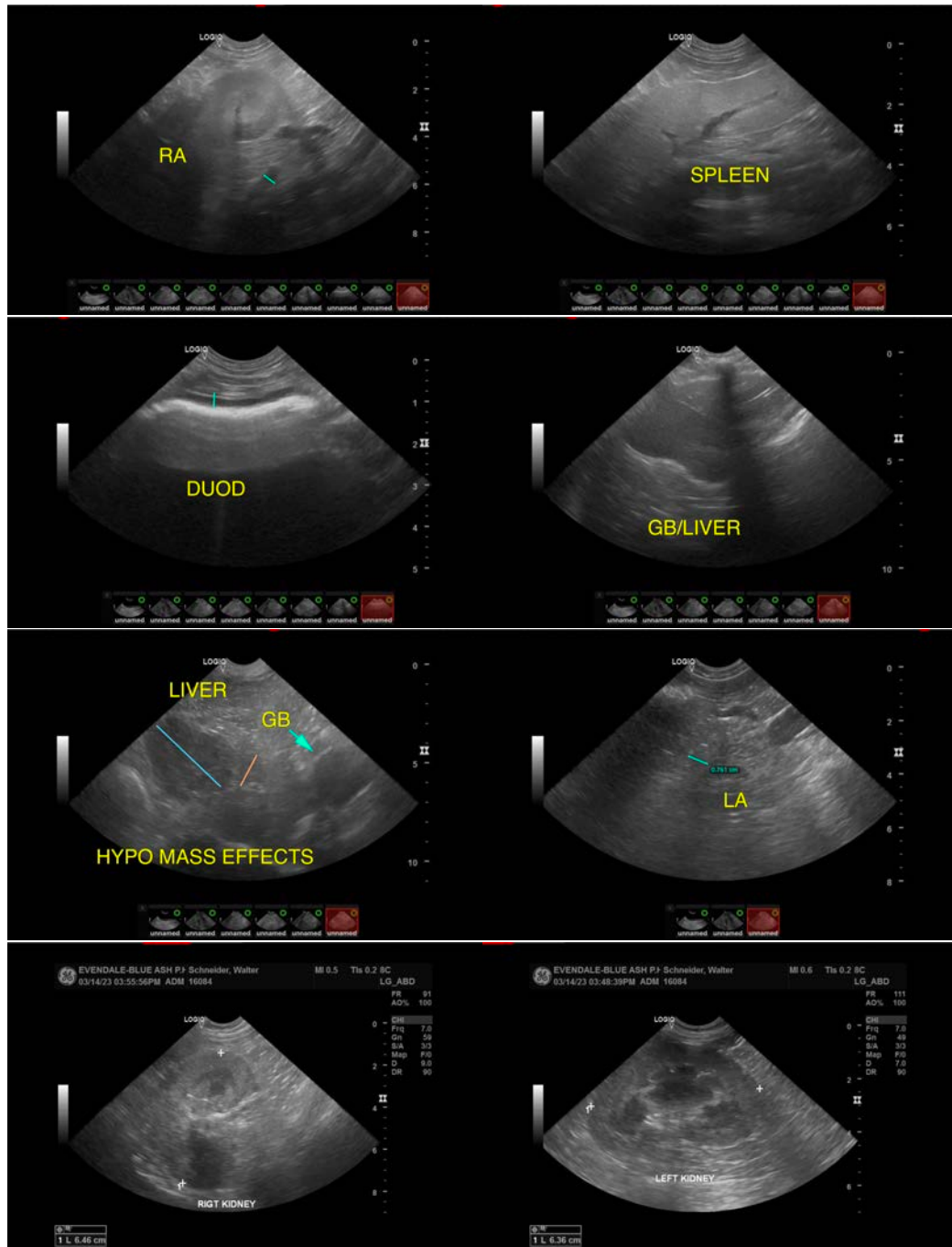
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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