



PATIENT PRESENTING CLINICAL SIGNS

Tucker Ciere Obese - ongoing multiple issues - currently having issues with gagging, rapid breathing that improves with eating, restlessness Ongoing - hypothyroid, elevated liver enzymes, Grade IV/VI heart murmur
SPECIES meds: Flovent BID, Theophylline 0.5 mg BID, Thyrotabs BID, Ursodiol SID, Hepato-support SID, Gabapentin 75 mg SID, Pimobendan 2.5 mg BID
 Canine Abnormal PE/Chem/CBC/UA Results: Please see attached labs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

JRT 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. In some view of the urinary bladder, there was the impression of overlapping mineral material I suspect this is material within the colon. Correlate with abdominal radiographs.

SEX Neutered Male

AGE The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

WEIGHT 15 Years The left kidney has a normal shape and size (5.14 cm) with 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 hydronephrosis. Renal vasculature is normal.

The right kidney has a normal shape and size (5.65 cm) with 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 hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Gagemount AH

REFERRING VET

Dr. Keir

INVOICE

36247

DATE

3/17/22

Adrenal Glands

The left adrenal gland is normal in size measuring 0.61 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.

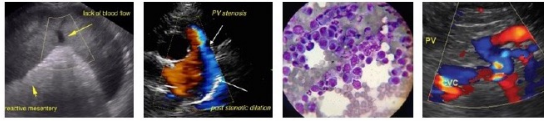
The right adrenal gland is normal/borderline large in size measuring 0.79 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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 severely heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a large, irregular area of liver with a rounded edge and partially cystic/moth eaten parenchyma measuring 7.57 cm x 5.02 cm, most consistent with an atypical liver lobe or a large mass effect.



PATIENT

Tucker Ciere

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

SPECIES

Canine

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

JRT

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.)

SEX

Neutered Male

Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

AGE

15 Years

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.

WEIGHT

29 Pounds

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

- Severely heterogeneous liver with irregular margins and a focal cystic/motheaten area most consistent with a liver mass
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

IMAGING PERFORMED BY

Kelly Reschny

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is very large and heterogeneous with rounded irregular margins. There is an area of abnormal motheaten appearing tissue, which I suspect is consistent with an ill-defined liver mass.

REFERRING VET

Dr. Keir

- Recommend 3-view thoracic radiographs.
- Recommend a liver function test and fine needle aspirate of the liver as long as coagulation parameters are normal.
- If symptoms of Cushing's are present, consider adrenal function testing.
- Consider a contrast CT scan to better evaluate the liver as a whole with high resolution to see if a discrete/removable liver lesion is identified.
- If symptoms of Cushing's are present, and cortisol levels are appropriate, consider treatment.

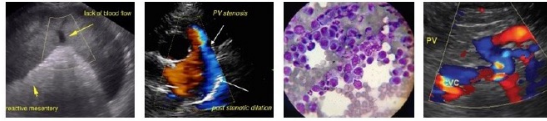
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Recommend urinalysis, culture, and blood pressure evaluation.



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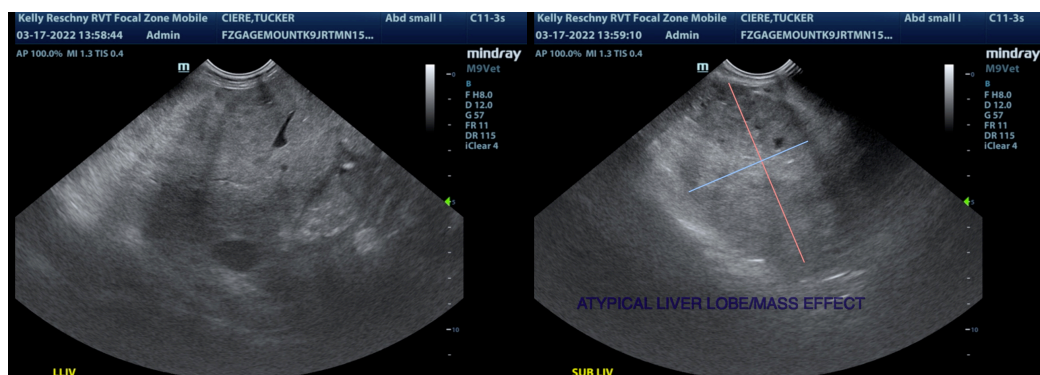
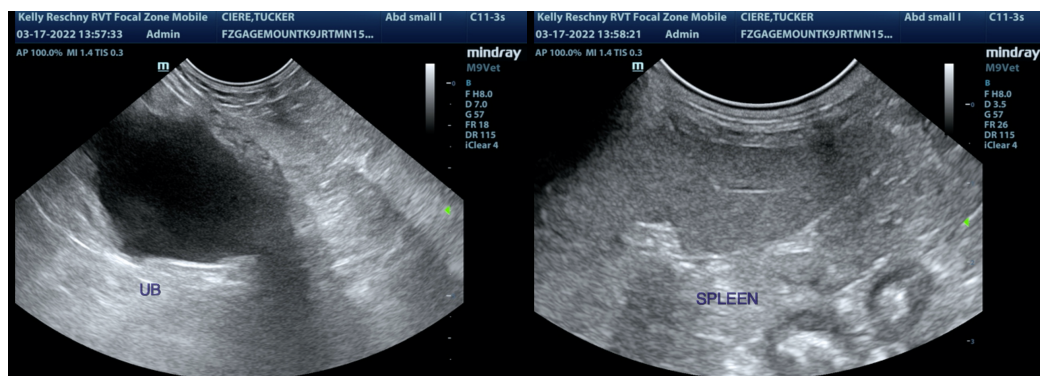
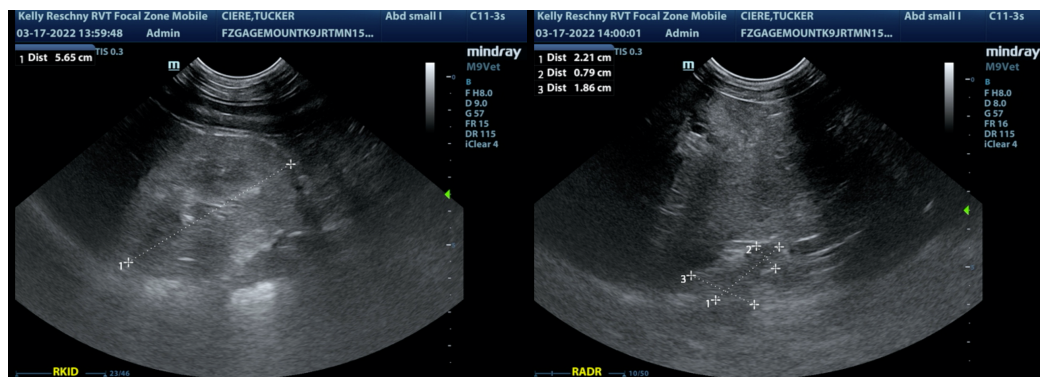
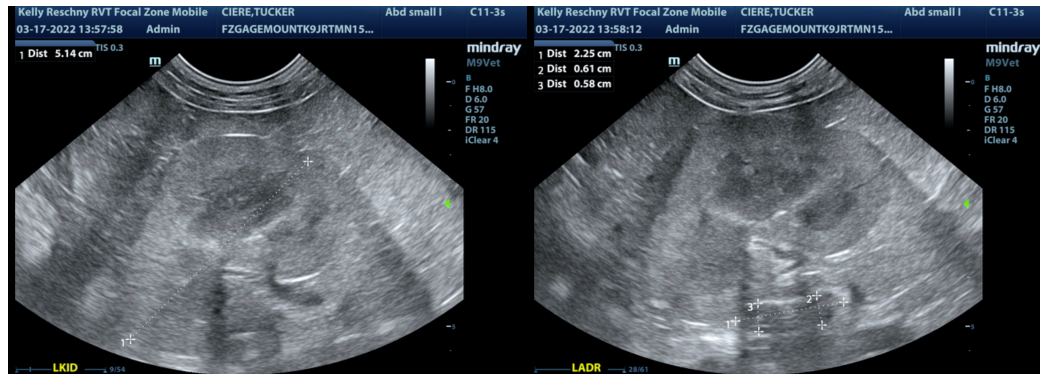
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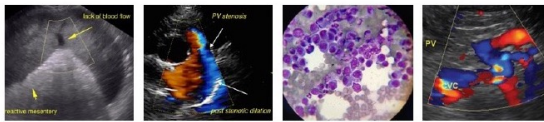
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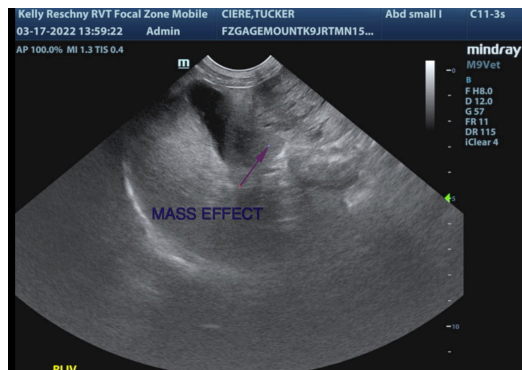
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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