

PATIENT PRESENTING CLINICAL SIGNS

Tucker VandeVoorde

P was diagnosed with Atypical Addison's at OSU

SPECIES

Abnormal PE/Chem/CBC/UA Results: marked elevation of ALP (1059) and P usually has ALP of approx 400 (for last 2-3 years) and elevated ALT (198) Current Medications Prednisone 3.75 mg eod, alternating with 2.5 mg eod

Canine

BREED

Border Collie X

SEX

Neutered Male

AGE

8 Years

WEIGHT

53 Pounds

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly 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. There is a small pile of hyperechoic shadowing structures in the dependent portion of the urinary bladder, most consistent with a small pile of stones or mineralized debris.

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.

The left kidney has a normal shape and size (6.89 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 (7.06 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 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 normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.60 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 subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a 3.9 cm hyperechoic, slightly mixed echogenicity mass effect visualized near the gallbladder.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Hills AH

REFERRING VET

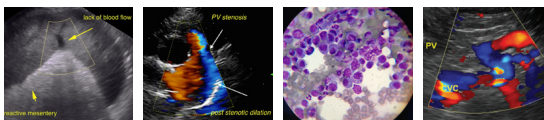
Dr. Remcho

INVOICE

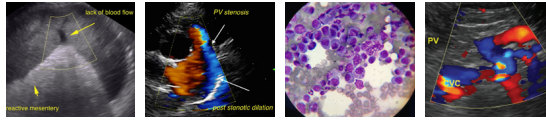
36549

DATE

3/29/22



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| PATIENT | 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. |
| Tucker VandeVoorde | |
| SPECIES | <i>Gastrointestinal</i> |
| Canine | 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 | |
| Border Collie X | 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. Jejunum wall measured 0.37 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. |
| SEX | |
| Neutered Male | |
| AGE | 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. |
| 8 Years | |
| WEIGHT | <i>Pancreas</i> |
| 53 Pounds | 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. |
| INTERPRETED BY | <i>Free Abdomen</i> |
| Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine) | 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. |
| IMAGING PERFORMED BY | <i>Other</i> |
| Sara Hansen | A brief view of the heart was submitted. No significant pericardial effusion was seen. |
| HOSPITAL NAME | ULTRASONOGRAPHIC FINDINGS |
| West Hills AH | <ul style="list-style-type: none"> • Dependent mineralized debris visualized in the urinary bladder – Findings are most consistent with small calculi. Correlate with abdominal radiographs. • Hyperechoic mass effect visualized near the gallbladder – This lesion is most consistent with a hepatic mass. This could be a benign or neoplastic lesion. |
| REFERRING VET | <u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u> |
| Dr. Remcho | There is a hyperechoic mass effect in the liver (much less likely spleen, but is in the same area). Consider a contrast CT scan to better evaluate this lesion for possible surgical resection and referral to a veterinary surgeon. |
| INVOICE | There is hyperechoic shadowing material visualized within the urinary bladder. This is most consistent with a small pile of stones. Recommend correlation with abdominal radiographs, urinalysis and culture. If radiographs confirm the presence of stones, then consider cystotomy at the time of surgery for the liver mass. |
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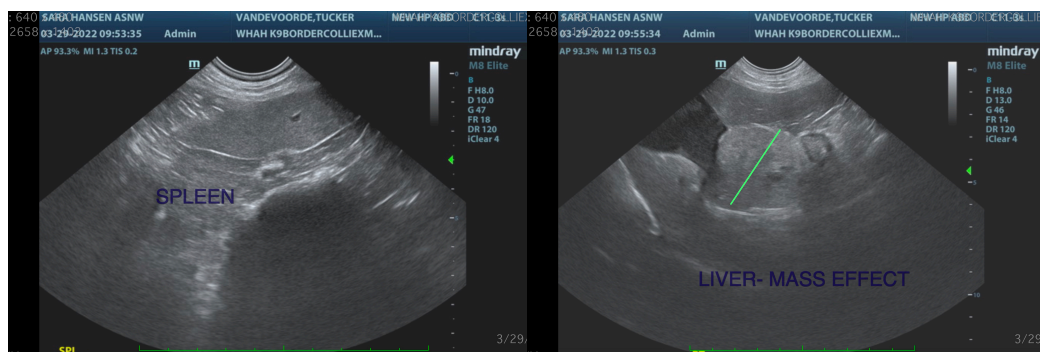
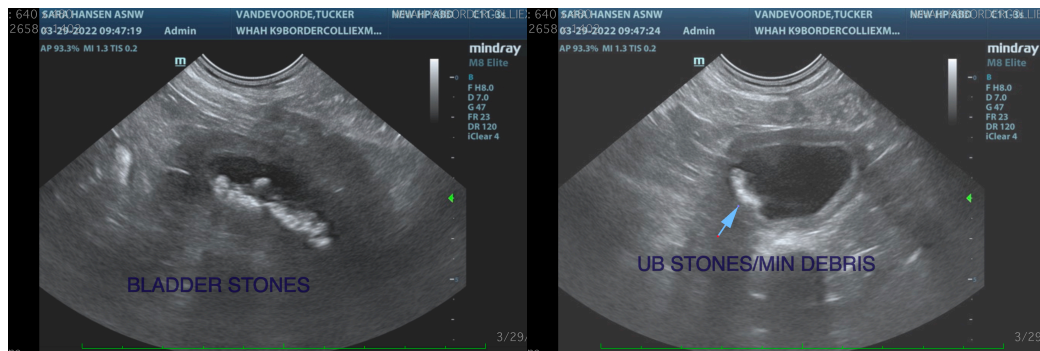
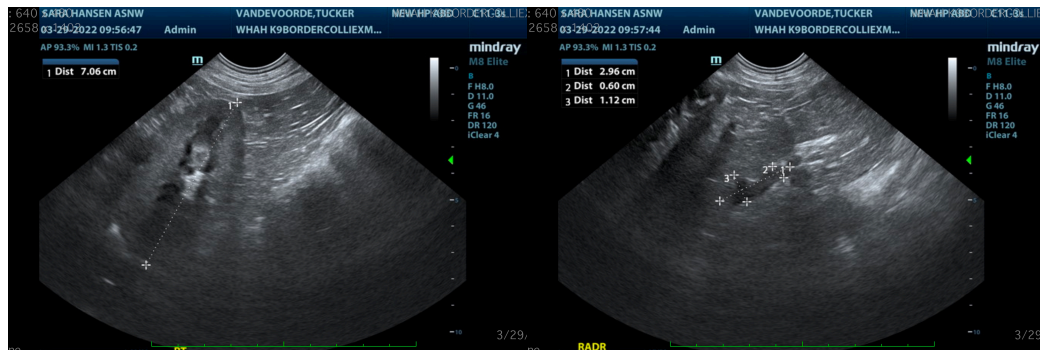
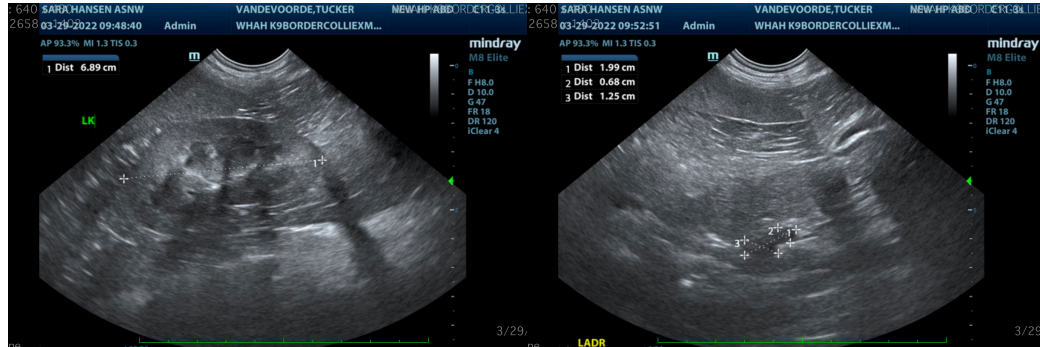
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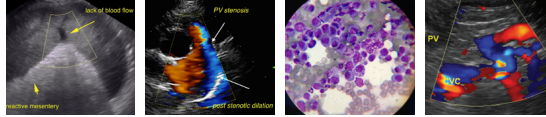
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

Border Collie X

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

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kathleen.sennello@sonopath.com

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