

**PATIENT**

Conner Walter

**SPECIES**

Canine

**BREED**

Great Pyrenees

**SEX**

Neutered Male

**AGE**

9 Years

**WEIGHT**

106.7 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Jessica Bailes

**HOSPITAL NAME**

All Creatures Great &  
Small Corvallis

**REFERRING VET**

Dr. Jessica Bailes

**INVOICE**

36639

**DATE**

3/31/22

**PRESENTING CLINICAL SIGNS**

acute onset progressive lethargy, poor appetite and diarrhea.  
Abnormal PE/Chem/CBC/UA Results: Significant weight loss per owners ( new to our practice), possible low grade fever ( 102.7), severe pyoderma L side of face Bloodwork done 3/8/22: CHEM: increased ALP ( 671), increased CHOL ( 355), increased amylase ( 1356), increased PSL ( 4003) CBC: neutrophilia ( 11400), monocytosis ( 1500), otherwise WNL Started on prednisone and cephalexin for pyoderma Recheck exam 2 weeks later - resolved poor appetite, resolved pyoderma but progressive weight loss noted. Abdomen soft, non - painful. Recheck labs: CHEM: increased ALT ( 245), increased ALP ( 869), increased GGT ( 24), increased PSL ( 4215) CBC: WNL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The urinary bladder wall appears subjectively mildly thickened (0.77 cm) and slightly irregular. The area of the trigone, ureteral papilla, and proximal urethra to a depth of 2.0 cm appears free of any mass lesions or calculi. Findings are most consistent with bacterial cystitis or lack of urine distention.

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 (6.7 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 (7.42 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 0.61 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 in size measuring 0.88 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 heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. In some views of the liver, there is a slightly hyperechoic region near the hilus and caudal to the gallbladder that appears rounded and is hyperechoic compared



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to the rest of the hepatic parenchyma. This could represent an area of focal remodeling or an ill-defined mass effect.

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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.

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**Gastrointestinal**

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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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 0.43 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.

**WEIGHT**

106.7 Pounds

**Pancreas**

The pancreas is hypoechoic and prominent visualized in the right limb and the region of the gastroduodenal junction. It appears fairly defined at 3.7 cm in diameter, surrounded by hyperechoic mesentery. Findings are most consistent with moderate pancreatitis or a pancreatic mass.

**INTERPRETED BY**

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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**

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- Subjectively thickened and slightly 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.
- Focal area of hypoechoic pancreas surrounded by hyperechoic mesentery – Findings are most consistent with moderate pancreatitis or less likely a pancreatic mass. Recommend fine needle aspirate.
- Mildly heterogeneous liver with ill-defined, hyperechoic area – Findings are most consistent with an area of hepatic remodeling or an ill-defined hepatic mass.
- Moderate gastric distention with fluid and suspected kibble – Correlate with feeding history. If this patient was adequately fasted, this could represent delayed gastric emptying or a partial outflow tract obstruction (none observed).

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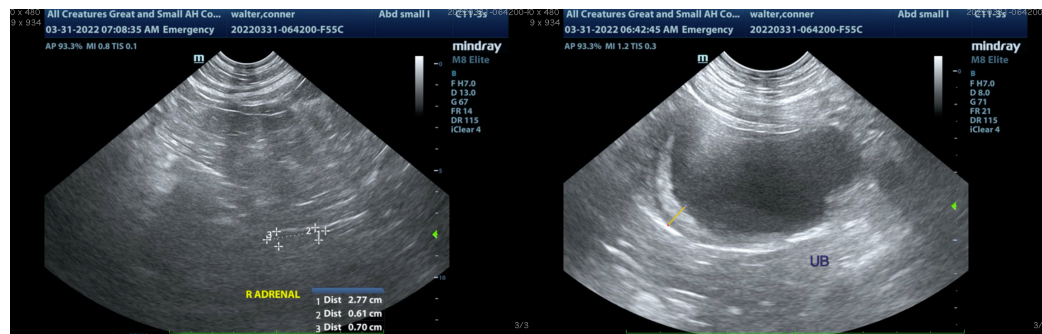
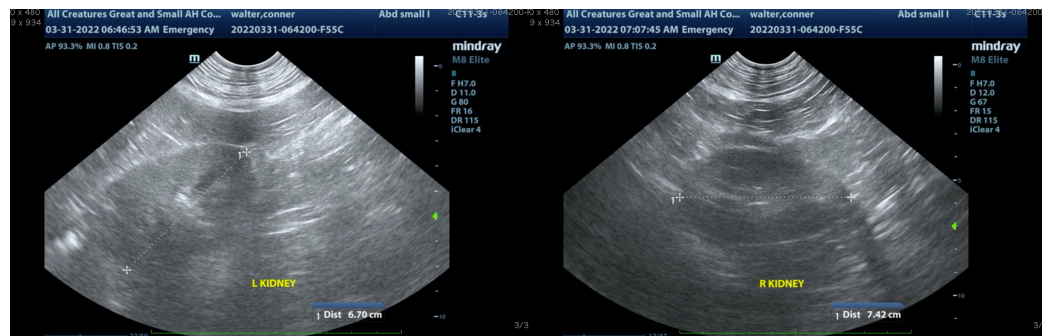
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The area of the pancreas appears prominent and hypoechoic as compared to the surrounding mesentery. This tissue does not appear particularly edematous, and is well defined, so this could represent more chronic pancreatitis or even a pancreatic mass effect. Consider a fine needle aspirate, as the presentation described is not classic for pancreatitis. Alternately, recommend treatment for pancreatitis with an ultra low-fat diet, nausea medications, etc., and repeat ultrasound in two weeks.

The liver is mildly heterogeneous and there is an ill-defined region caudal to the gallbladder that appears somewhat irregular. This is a very large dog, so penetration in this area is difficult, and a fine needle aspirate is likely not possible. Much of the recent liver enzyme elevation could be secondary to the steroid therapy.

- Consider treatment for pancreatitis, weaning off of the steroids, and reevaluation of bloodwork in two weeks (provided the patient is stable and doing well).
- If liver enzymes remain abnormal, then consider a liver function test and a fine needle aspirate of the liver.
- The irregular area could be monitored with ultrasound, or a contrast CT scan could be considered to provide better resolution and penetration.
- Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.





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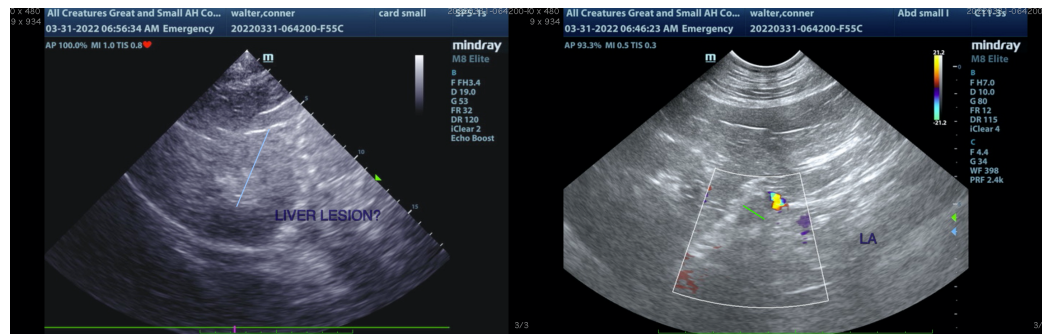
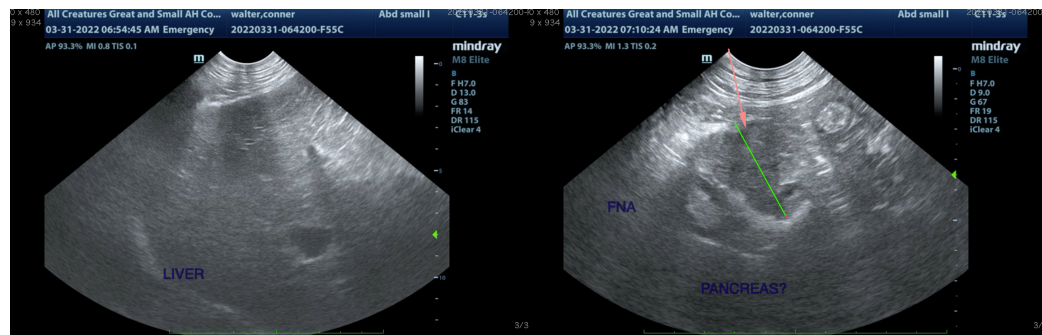
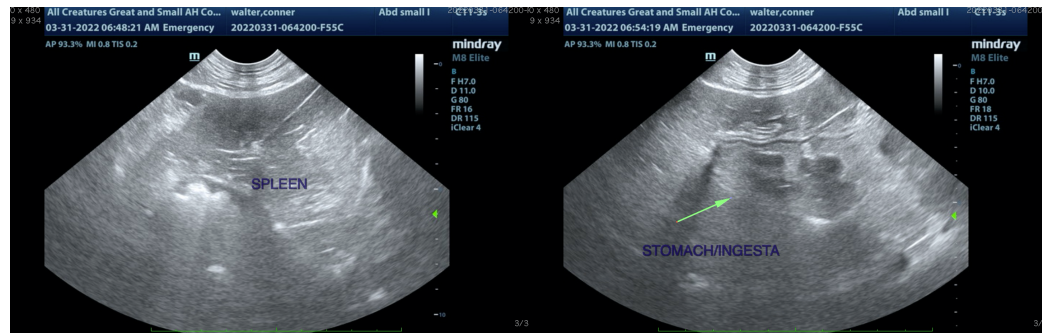
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com