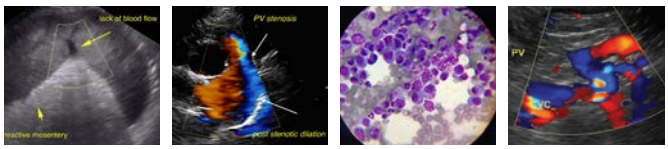
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Clyde Siedlyk

SPECIES

Canine

BREED

Golden Retriever X

SEX

Neutered Male

AGE

11 Years

WEIGHT

35.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Fen Vet

REFERRING VET

Dr. Hammond

INVOICE

46575

DATE

4/11/23

PRESENTING CLINICAL SIGNS

Presented initially for lethargy, having difficulty standing. Marked hypertension which persisted over several hours. Had delayed CP hind limbs which has now resolved. Was put on benazepril and BP has reduced to 134 MAP. Initial systolic was 220.

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, or masses. There is a small grouping of pinpoint hyperechoic mineralizations in the dependent portion of the urinary bladder, most consistent with small stones/sandy debris.

Pancreas is prominent in size with swollen irregular contour. Parenchyma is heterogenous characterized by hyperechoic tissue remodeling intermixed with ill-defined hypoechoic nodules. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

The left kidney has a normal shape and size (6.27 cm) with small cortical mineralizations. Overall echogenicity is slightly hyperechoic with poor 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 is normal in size (6.41 cm) but irregular in shape (likely due to previous infarct). There is a small cortical cyst at 0.39 cm. Overall echogenicity is slightly hyperechoic with poor 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 or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is somewhat irregular in appearance. It measures 1.01 cm at the cranial pole, 0.96 cm at the caudal pole, and 3.8 cm in length. It is visualized in its normal position cranial to the left renal artery. It is slightly irregular in that it is hypoechoic with some hyperechoic mottling. This exists both in the cranial and mid caudal region of the adrenal. No evidence of vascular invasion is visualized.

The right adrenal gland is normal in size measuring 1.2 cm at the cranial pole, 0.92 cm at the caudal pole, and 3.0 cm in length. 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.

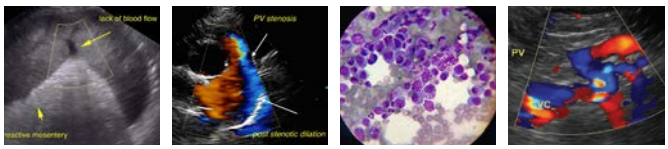
Spleen

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. No focal nodules or cystic lesions are observed.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Clyde Siedlyk

SPECIES
Canine

BREED
Golden Retriever X

SEX
Neutered Male

AGE
11 Years

WEIGHT
35.7 kg

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

IMAGING PERFORMED BY
Dr. Sarah Barthelemy

HOSPITAL NAME
Fen Vet

REFERRING VET
Dr. Hammond

INVOICE
46575

DATE
4/11/23

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

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.

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 0.41 cm. Jejunum wall measures 0.30 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 area of 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.

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.

ULTRASONOGRAPHIC FINDINGS

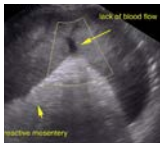
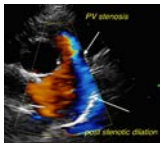
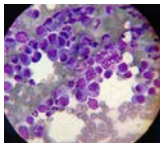
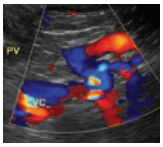
- Small amount of mineralized debris/small stones in the dependent portion of the urinary bladder – Recommend urinalysis and culture.
- Slightly irregular/mottled left adrenal gland – This could represent hyperplastic change or an early neoplastic process.
- Decreased corticomedullary distinction in both kidneys with a right-sided renal infarct and small mineralizations – The bilateral renal findings are consistent with age-related change.
- Heterogeneous liver – The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left adrenal appears slightly mottled with some hyperechoic regions but no distinct mass effect and appears relatively similar in size to the right adrenal. An early mass effect such as a pheochromocytoma cannot be ruled out but is not clearly visualized on today's exam. You could consider measuring urine catecholamine levels (Marshfield Labs) to look for further evidence of pheochromocytoma if this is strongly suspected. Additionally, a contrast CT scan of the adrenals would provide better resolution and could evaluate for smaller mass lesions.

The changes in the kidneys are consistent with chronic age related renal disease. Recommend a urinalysis and culture and urine protein to creatinine ratio.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Clyde Siedlyk

SPECIES

Canine

BREED

Golden Retriever X

SEX

Neutered Male

AGE

11 Years

WEIGHT

35.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Fen Vet

REFERRING VET

Dr. Hammond

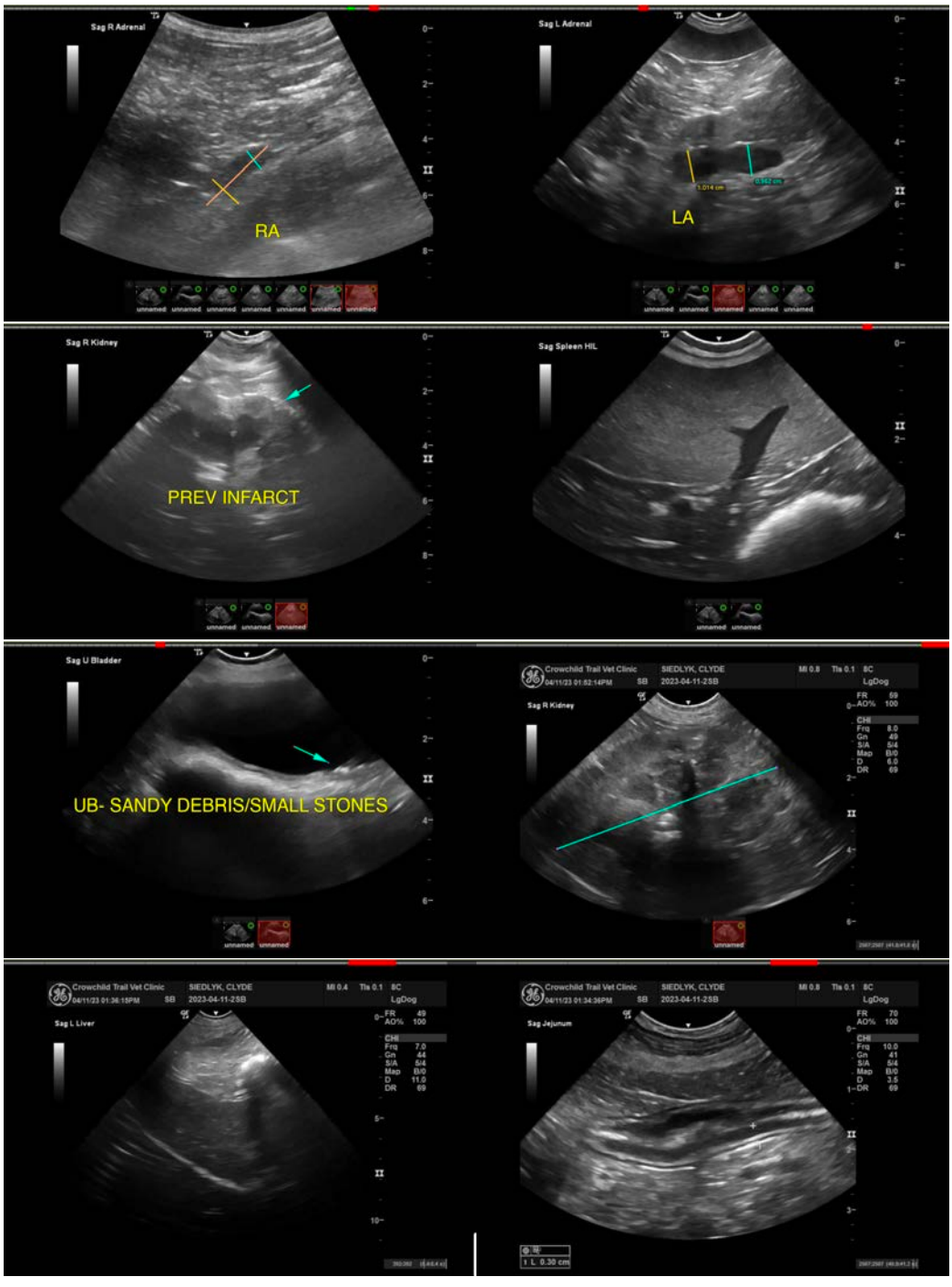
INVOICE

46575

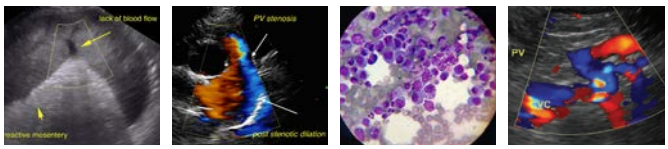
DATE

4/11/23

The cause of the reported hypertension is unclear. Correlate these findings with a retinal exam, looking for evidence of chronic hypertension. Catecholamine levels and a contrast CT could help to further evaluate for a possible pheochromocytoma. Additionally, a recheck ultrasound of this region in 8-12 weeks. Other possible differentials would include underlying renal disease, hyperadrenocorticism, white coat syndrome, pain response, etc.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Clyde Siedlyk

SPECIES

Canine

BREED

Golden Retriever X

SEX

Neutered Male

AGE

11 Years

WEIGHT

35.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Fen Vet

REFERRING VET

Dr. Hammond

INVOICE

46575

DATE

4/11/23

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