



PATIENT PRESENTING CLINICAL SIGNS

Tiger Goles

SPECIES

Canine

BREED

Lab Retriever

SEX

Neutered Male

AGE

1/8/09

WEIGHT

31 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Desert Hills AH

REFERRING VET

Dr. Coats

INVOICE

46586

DATE

4/11/23

P has history Laryngeal Paralysis w / suspected full body progression w/ both front & hind end mobility decline. P has had 2 recurrent UTIs that are E.coli & are susceptible to multiple antibiotics but have not cleared. Looking for a reason p not clearing UTI & an overall wellness check due to age. Working diagnosis Generalized nerve progression associated w/ Lar Par. Possibly not voiding urine enough that UTI not cleared.....MEDS Galliprant 100 mg 1/2 tab Po q 24 hours, Gabapentin 300 mg PO q 12 hours, Cranberry chew twice weekly, Occasional Methocarbamol 500 mg PRN if a really sore day

Abnormal PE/Chem/CBC/UA Results: 12/30/22: Superchem- ALT=123-minimal elevation just out of range, R/o Normal variation vs Other Alk Phos=263 CBC-all WNL T4=1.2-WNL Urinalysis SG 1.024 pH=6.0 WBC 4-10 Bacteria=Cocci 10-25 Urine culture 3/27/23=E. coli; 3/7/23- Urinalysis SG 1.021 pH=7.0 Occult Blood 2+ bacteria=Cocci 51-100 No WBCs seen Urine Culture=E. coli

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears relatively normal with no significant thickening or irregularity. There is questionable hyperechoic debris visualized in the dependent portion of the urinary bladder, which shadows and could be consistent with small mineralizations. Additionally, in the non-dependent portion of the urinary bladder, there is hyperechoic shadowing most consistent with luminal gas and emphysematous cystitis.

The prostate is normal in size (1.13 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.

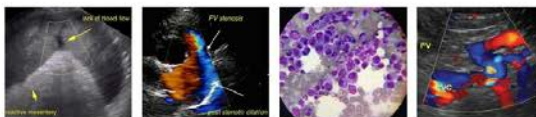
The left kidney has a normal shape and size (6.58 cm) with a 0.40 cm non-obstructive nephrolith. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.67 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 large measuring 1.29 cm at the cranial pole, 0.75 cm at the caudal pole, and 2.87 cm in length. It is observed in its normal position cranial to the left renal artery. It is abnormal in appearance in that there is a hyperechoic nodule at the cranial pole measuring 1.76 cm x 1.15 cm. No significant vascular invasion is visualized.

The right adrenal gland is large and abnormal in appearance, measuring 3.6 cm at the cranial pole, 1.1 cm at the caudal pole, and 4.4 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 abnormal in appearance in that the cranial pole is hyperechoic and large, creating a mass effect measuring 2.77 cm x 3.6 cm. No overt vascular invasion is visualized but there is significant impingement on the local vasculature.



PATIENT *Spleen*

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The spleen is large and irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. There is a hyperechoic nodule visualized within the parenchyma measuring 1.19 cm x 1.72 cm, most consistent with a benign myelolipoma. The tail of the spleen is severely blunted and irregular, creating an isoechoic mass effect. Findings are most consistent with a focal mass, but anatomic variation is possible.

BREED *Liver*

Lab Retriever

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a mixed echogenic poorly defined nodule visualized measuring 2.25 cm x 2.2 cm.

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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

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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.

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Kathleen Sennello DVM,
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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. Duodenum wall measures 0.34 cm. Jejunum wall measures 0.30 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.

INVOICE

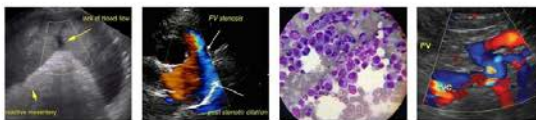
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- Gas visualized within the urinary bladder – Findings are most consistent with emphysematous cystitis and possible dependent mineralizations. Correlate with abdominal radiographs.

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- Hyperechoic nodule in the cranial pole of the left adrenal gland – Differentials include hyperplasia, adenoma, carcinoma, pheochromocytoma, metastatic disease, etc.



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- Hyperechoic nodule in the cranial pole of the right adrenal gland - Differentials include hyperplasia, adenoma, carcinoma, pheochromocytoma, metastatic disease, etc.
- Rounded, irregular, isoechoic tail of the spleen – This could represent a benign or neoplastic mass lesion or anatomic variation (rounded, blunted spleen). Recommend a fine needle aspirate.
- Mixed echogenic liver nodule – This could represent a benign or neoplastic lesion. It is very subtle and the appearance trends towards a benign lesion.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

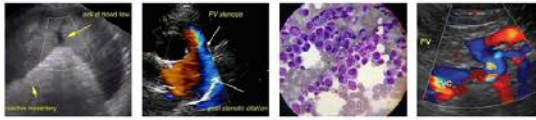
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is what appears to be gas visualized within the urinary bladder, most consistent with emphysematous cystitis. Correlate with the E. coli and UTI described. Recommend abdominal radiographs to confirm this and to look for any evidence of dependent mineralizations. Recommend treatment based on urinalysis and culture results. You can get a rough idea if this patient is emptying their bladder by imaging the bladder before and after going out for a walk. If the bladder is not emptying appropriately and there is no evidence of an obstructive process, then recommend medications to help relax the sphincter and increase bladder muscle tone.

There is a hyperechoic nodule in the cranial pole of the left adrenal gland and a large hyperechoic nodule/mass effect in the cranial pole of the right adrenal. These lesions could be related (metastatic) or could be concurrent independent mass lesion. They could represent benign or neoplastic lesions and could be secreting hormone or be non-active. If signs of Cushing's are present, you could consider adrenal function testing with the knowledge that the chronic UTIs may cause false positive test results (recommend ACTH stimulation test, as this is the least likely to have a false positive). If there is excess cortisol, you could consider Trilostane therapy. Additionally, I would recommend a blood pressure evaluation. If the patient is hypertensive, consider measuring catecholamine levels, looking for evidence of a pheochromocytoma. Additionally, you could consider a contrast CT scan to better evaluate these lesions for possible vascular invasion and surgical options (bilateral versus unilateral adrenalectomy, etc.).

The tail of the spleen is irregular and blunted, creating a mass effect. This is relatively isoechoic to the rest of the spleen but is slightly irregular. This could be a benign or neoplastic mass effect and also could be an atypically shaped tail of the spleen. Recommend a fine needle aspirate of this region.

You're doing a nice job managing these chronic urinary tract infections. Recommend your treatment strictly adheres to urine culture and sensitivity results, and consider starting chronic probiotic therapy with probiotic administration spaced at least two hours from antibiotic administration.



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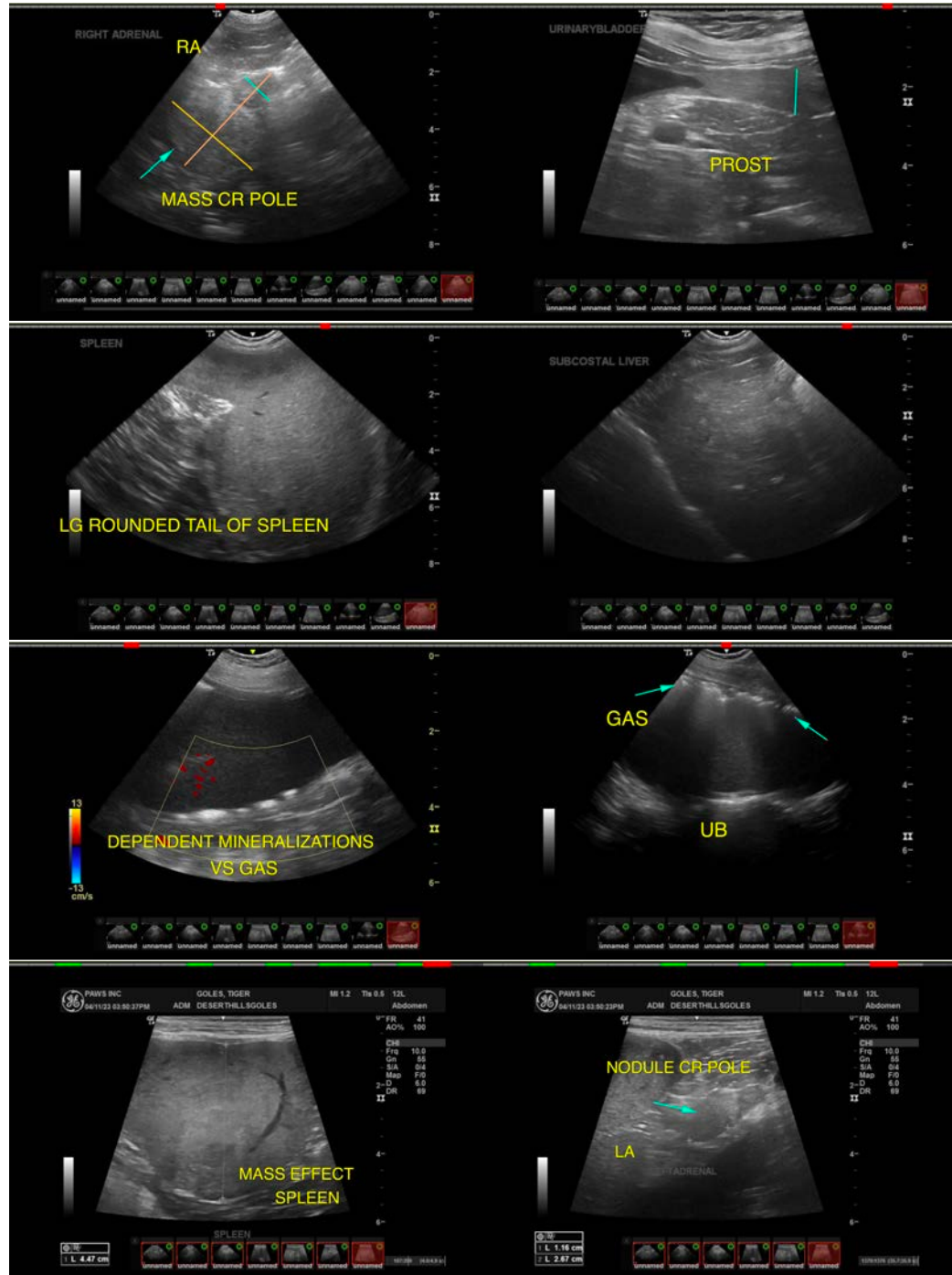
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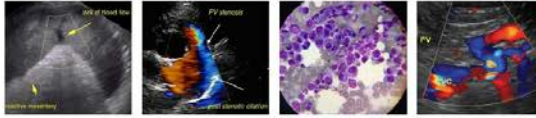
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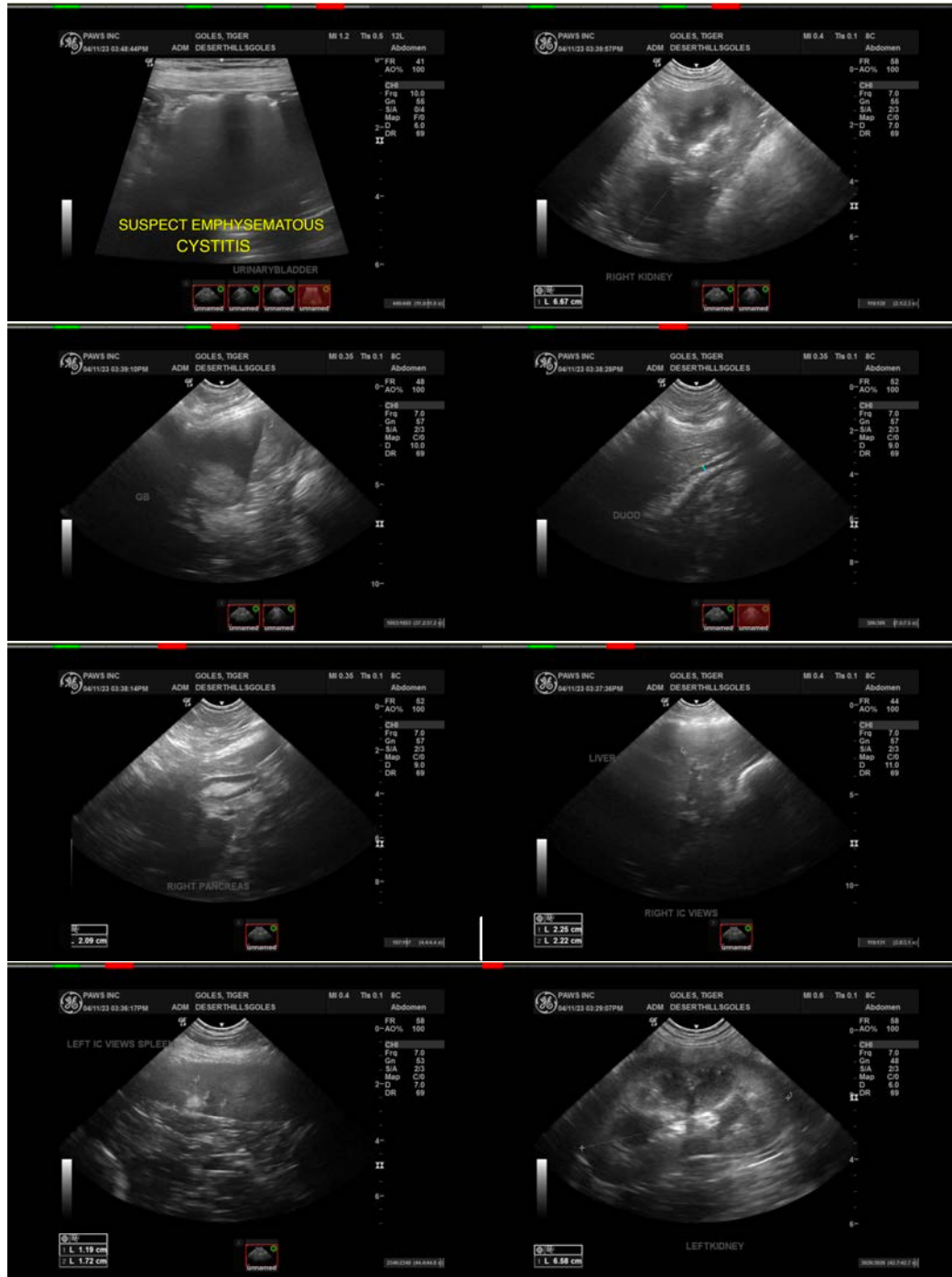
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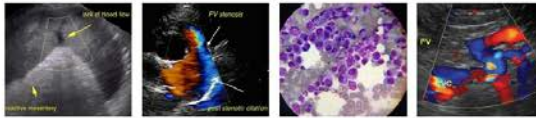
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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