



PATIENT PRESENTING CLINICAL SIGNS

Butch Fletcher

Prev AUS with KS done on 2/14/23. recheck liver and adrenal glands today. Episode of PU/PD in March- Sedation torb and then dexdormitor 1/2 way thru scan-

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: ALKP 592(H)- Chol 684, Plt 481,000. LDDS test 3/18/23, Pre=2.3, 4hr post 0.2, 8hr post 0.8 Not support cushings

BREED

Bichon x Maltese

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

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.

AGE

11 Years

The prostate is normal in size (0.71 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.

WEIGHT

14.4 Pounds

The left kidney has a normal shape and size (4.31 cm) with small pinpoint non-obstructive nephroliths. 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.

INTERPRETED BY

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

The right kidney has a normal shape and size (4.72 cm) with small pinpoint non-obstructive nephroliths. 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.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

Adrenal Glands

The left adrenal gland is normal in size measuring 0.51 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.

HOSPITAL NAME

Mount Rose AH

The right adrenal gland is normal in size measuring 0.51 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.

REFERRING VET

Dr. Katie Weldon

Spleen

Liver

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The liver is subjectively normal in size, and echogenicity with rounded margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. The parenchyma has several focal, patchy, hyperechoic regions, and there are occasional ill-defined hyperechoic nodules. One such nodule is visualized on the left side measuring 0.91 cm in diameter. Additionally, the caudate lobe is rounded and iso- to slightly hyperechoic compared to the remainder of the remaining tissue, creating an ill-defined mass effect,

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4/20/23



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which is likely within normal limits. The hyperechoic region of the caudate lobe measures approximately 3.0 cm in diameter.

The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation.

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 0.42 cm. Jejunum wall measures 0.36 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 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

- Decreased corticomedullary distinction in both kidneys with pinpoint non-obstructive mineralizations/nephroliths – The bilateral renal findings are consistent with age-related change.
- Heterogeneous liver with rounded margins – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. There are occasional hyperechoic nodules and patchy, hyperechoic regions visualized. Additionally, the caudate lobe of the liver appears somewhat rounded and slightly different in echotexture, but a distinct mass effect cannot be identified. The appearance of these regions is most consistent with benign change, although underlying neoplasia cannot be definitively ruled out.
- Large debris visualized in the gallbladder with no surrounding inflammation – A large amount of debris is evident in the gall bladder with no evidence of a mucocele or associated inflammation at this time. This could represent an early mucocele or cholestasis, with minimal evidence of associated inflammation at this time. Continued monitoring of labwork and



PATIENT

ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Today's scan appears relatively similar to the previous scan 2/14/23. There is a moderate amount of debris in the gallbladder with no surrounding inflammation. Empirical Ursodiol therapy could be considered with continued monitoring. The rounded liver margins and significantly mottled/slightly nodular liver changes are non-specific, and the rounded caudate portion of the liver could be consistent with an isoechoic mass effect, but no significant changes are visualized. A fine needle aspirate of this region could be considered. The appearance of the adrenals is stable.

Canine

BREED

Bichon x Maltese

SEX

Neutered Male

AGE

11 Years

WEIGHT

14.4 Pounds

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Medicine)

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REFERRING VET

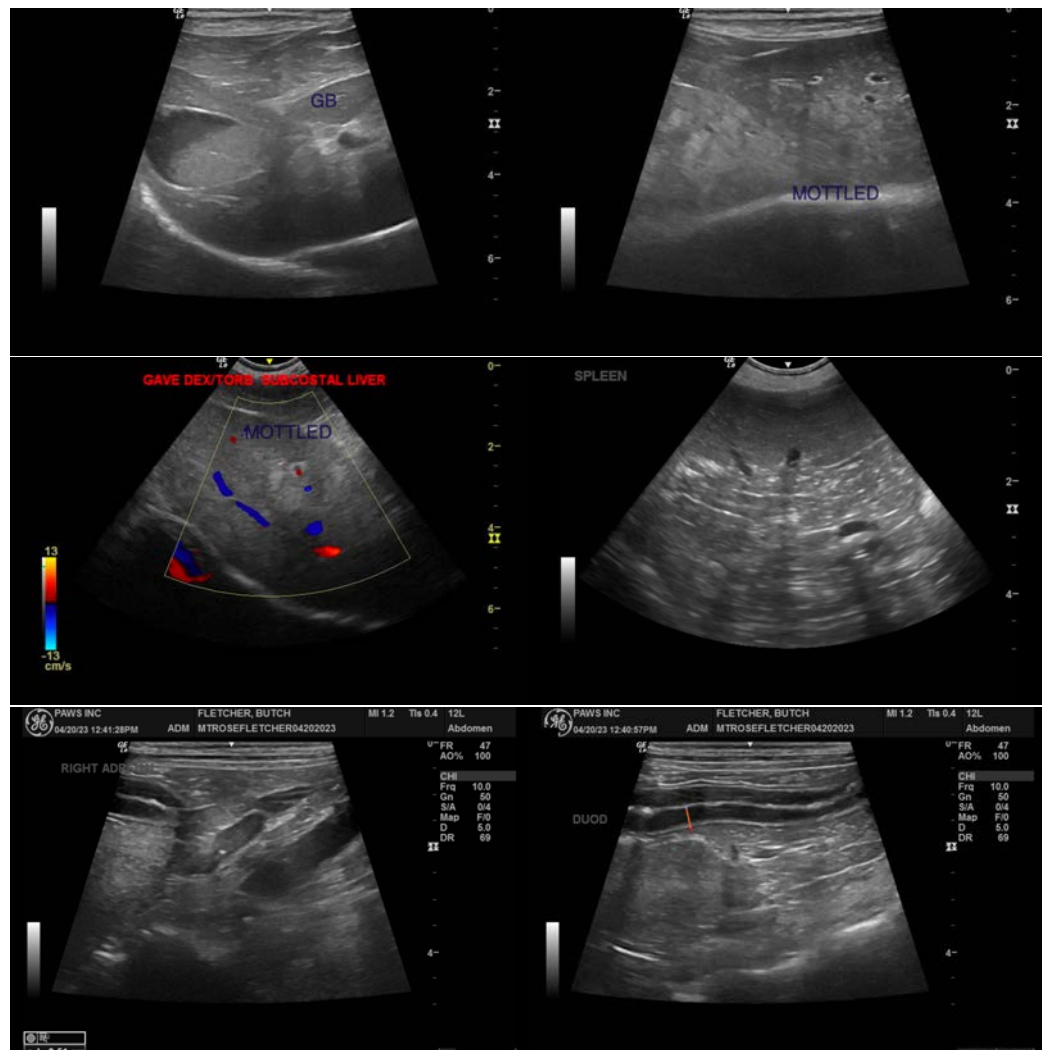
Dr. Katie Weldon

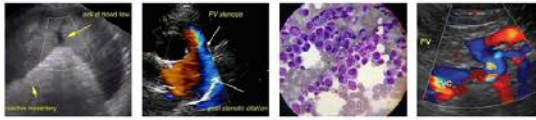
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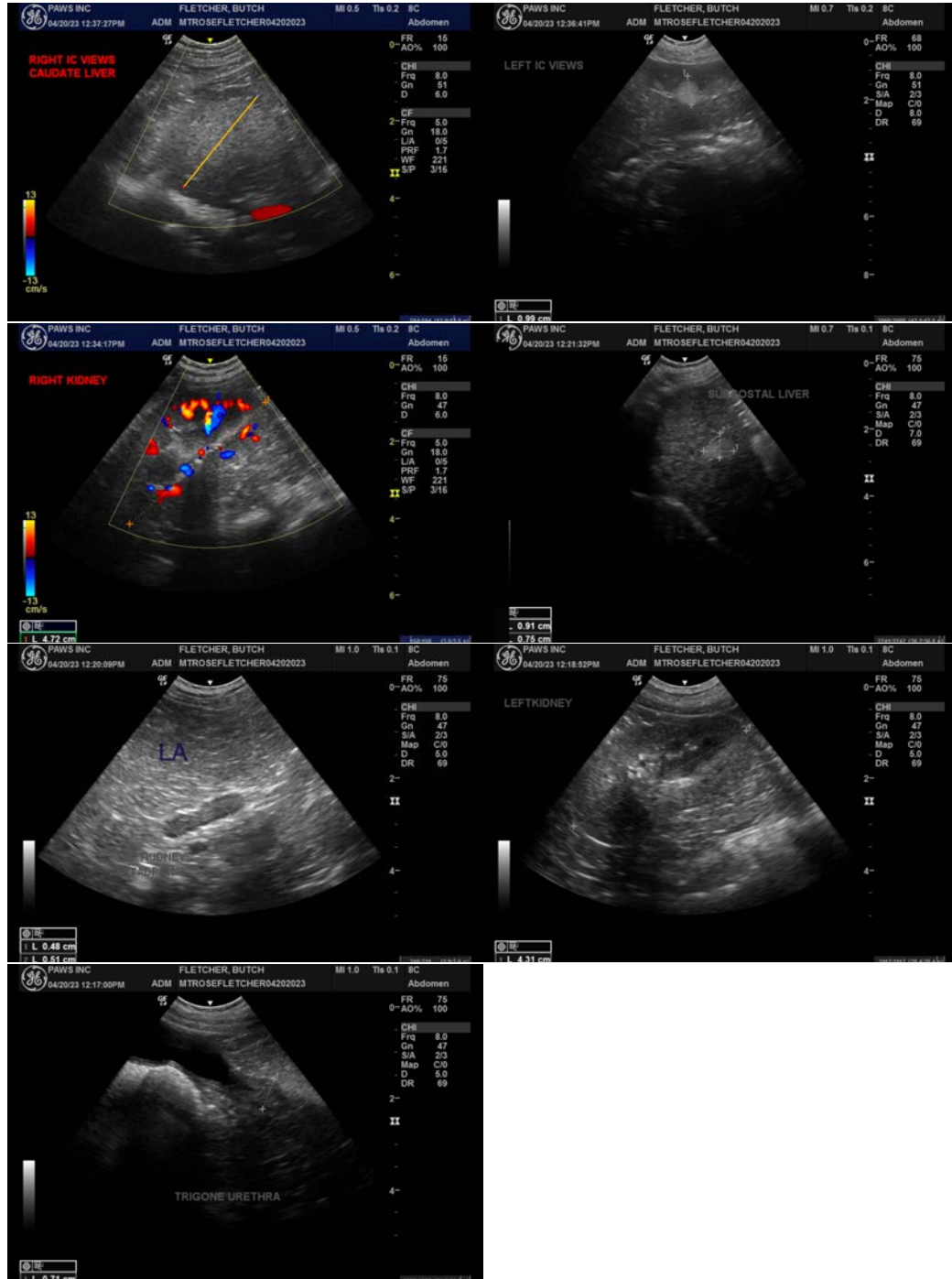
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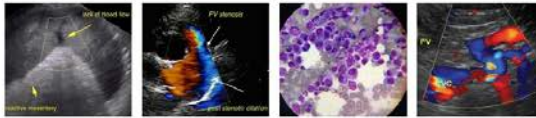
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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kathleen.sennello@sonopath.com

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