



PATIENT

Millie Risser

SPECIES

Canine

BREED

Poodle X

SEX

Spayed Female

AGE

15

WEIGHT

4.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brittany Gardner

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Brittany Gardner

INVOICE

46775

DATE

4/20/23

PRESENTING CLINICAL SIGNS

Brief History: Transfer from evergreen for azotemia and hepatopathy diagnosed in jan 2023. Placed on kidney diet and denamarin. Represented for recheck 4/18 due to vomiting and anorexia. Repeat BW showed worsening azotemia and cont elevated liver enzymes

Abnormal PE/Chem/CBC/UA Results: BAR to QAR, sitting up with ears up., T: , HR: , RR , mm pk/m w/ CRT < 2s. EENT: no nasal or ocular discharge. H/L: NMA, SSP; lungs clear, eupneic. ABD: SNP. M/S: amb x 4 w/ no lameness. NEU: appropriate mentation. 4/18 CBC: Neutrophilia 17K: Chem: ALP 949, ALT too high to read, BUN 56 Creat 3.3 2 view thoracic: Mild cardiomegaly with no evidence of heart failure Wilvet salm EPOC HCT 33 Gluc 126 Creat 3.83 BUN 60 ica 0.99 Na 139 PCV/TS 38/6.1 ALT : 8626 Lepto witness: negative UA: USG 1.010 Protein 100+ no bacteria or crystals - hold for culture 4/19 EPOC: HCT 32 creat 2.91 BUN 46 i Ca 1.12 ALT 6444 (improving) ALP: 8626

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, masses or cystic calculi.

The left kidney has a normal shape and size (3.49 cm) with a non-obstructive mineralization. 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.48 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is abnormal in size and shape. It measures at approximately 1.99 cm x 2.28 cm. It is located cranial to the left renal artery, but there is evidence of phrenic invasion and evidence of invasion into the caudal vena cava, where a large clot/mass effect is visualized.

The right adrenal gland is not visualized, likely due to interference or displacement by the mass effect in the vena cava and the shadowing ingesta in the stomach.

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.

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

The stomach contains a large amount of shadowing ingesta. 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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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 nonformed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The left limb of the pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is scant free fluid. No lymphadenopathy is noted. The omentum is hyperechoic in the cranial abdomen.

Other

There is a large irregular mass effect visualized in the caudal vena cava measuring >4.62 cm x 2.56 cm. This extends cranially towards the diaphragm.

PRIMARY FINDINGS

- Large, irregular left adrenal gland mass with invasion into the caudal vena cava and a large caval mass/thrombus.
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.
- Heterogeneous liver – 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.
- Large shadowing ingesta within the gastric lumen – Findings are most consistent with delayed gastric emptying. The shadowing interferes with full evaluation of the cranial abdomen.
- Scant free abdominal fluid



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SECONDARY FINDINGS

- Prominent, hypoechoic pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, irregular mass effect visualized associated with the left adrenal gland. At this location, vascular invasion is visualized, and a very large mass effect/clot is visualized in the caudal vena cava, extending cranially to the diaphragm. Consider a cardiac ultrasound, looking for extension of this lesion into the thoracic cavity. Therapeutic interventions would be challenging. Recommend a blood pressure evaluation, looking for evidence of hypertension, which could indicate a pheochromocytoma.

Additionally, it is possible that the mass effect is interfering with blood flow to the right kidney, but this is not clearly visualized. This could be contributing to azotemia. If further evaluation is desired, a contrast CT scan is recommended to definitively visualize the right adrenal, the extent of the clot/mass effect, and to look for possible metastatic disease, and to evaluate if surgical intervention is an option, although I'm very concerned that it is likely to be inoperable.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

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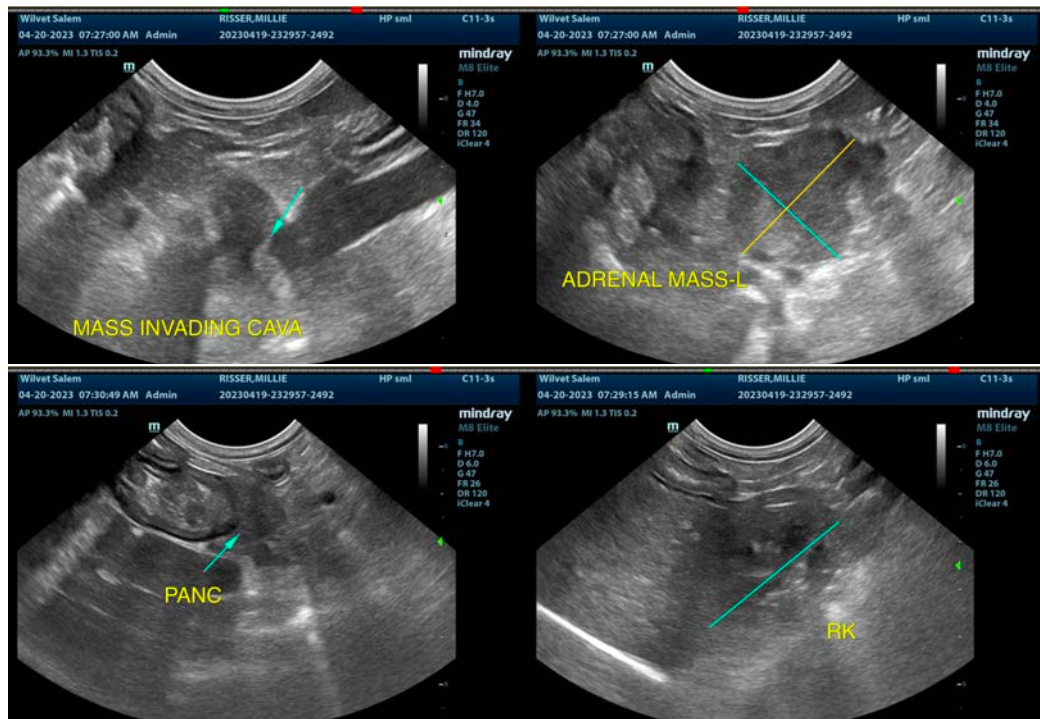
Dr. Brittany Gardner

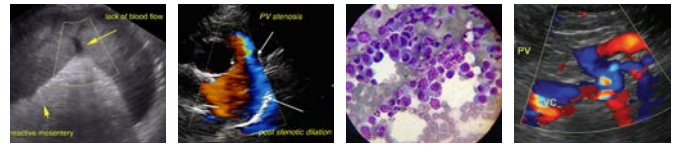
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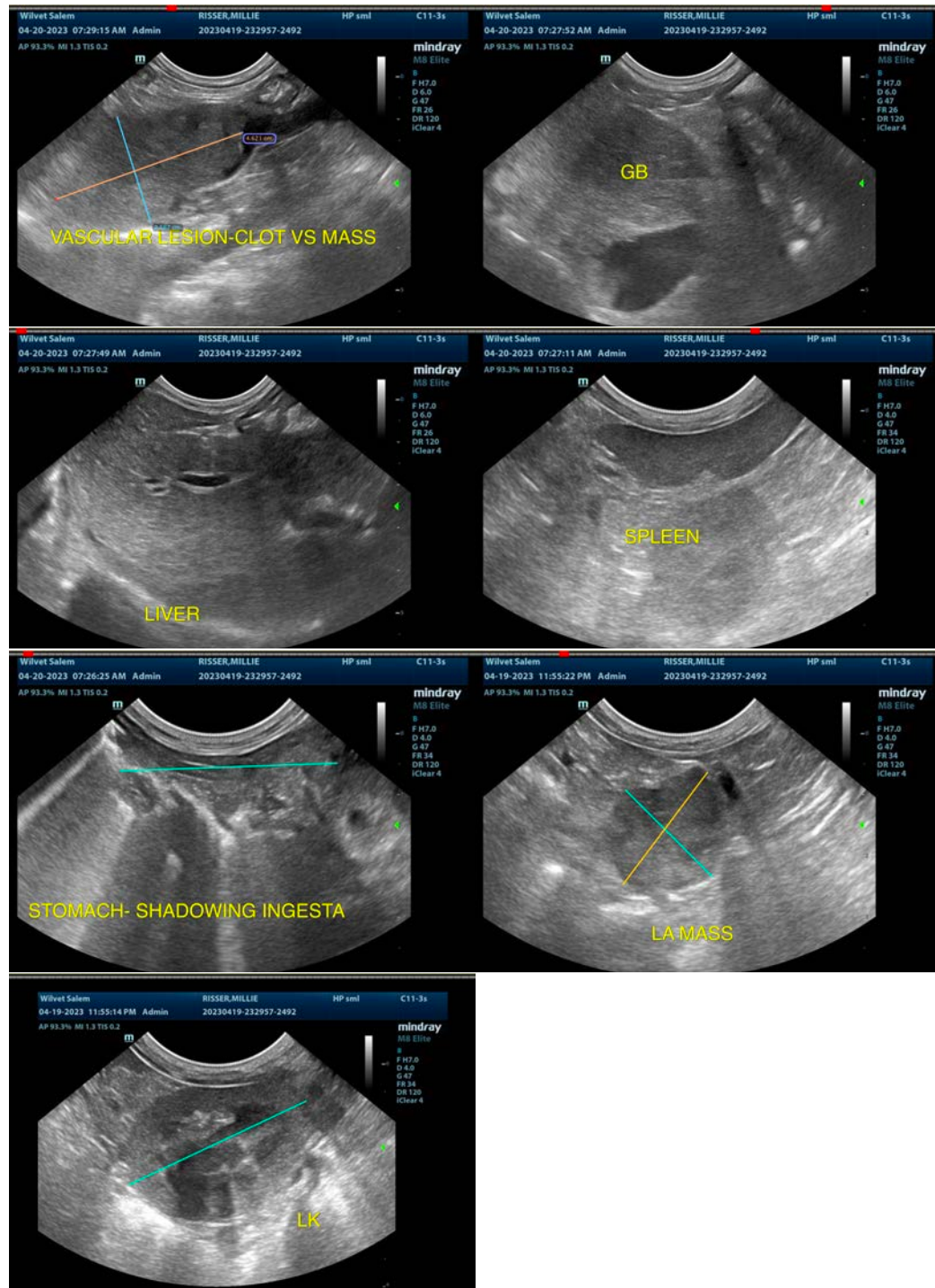
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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