



PATIENT

Daisy McMahon

SPECIES

Canine

BREED

Jack Russell

SEX

Spayed Female

AGE

10 Years

WEIGHT

18.8 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. James Hornbuckle

HOSPITAL NAME

Golden Isles AH

REFERRING VET

Dr. James Hornbuckle

INVOICE

37618

DATE

5/11/22

PRESENTING CLINICAL SIGNS

Daisy presented for evaluation of persistent pu/pd. Some mild lethargy was also reported, otw no other symptoms were noted

Abnormal PE/Chem/CBC/UA Results: Elevated Alkp @ 290, elevated Ca @ 12, USPG1.016 with occ. bacteria noted. Culture and sensitivity pending, LDDST pending

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 (4.82 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 (5.0 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 0.56 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is subjectively normal in size and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. Rare discrete focal hyperechoic, perivascular parenchymal abnormalities are present. The appearance of these lesions is most consistent with benign splenic myelolipomas. The blood flow through the hilus and splenic parenchyma appears normal.

Liver

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 discrete hyperechoic mass/nodule visualized deep in the liver, measuring 1.9 cm x 2.7 cm.

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

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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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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.)

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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.

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ULTRASONOGRAPHIC FINDINGS

- Hyperechoic liver mass – The nature of this lesion is unknown, but its hyperechoic appearance is somewhat less concerning. An early mass effect is suspected.

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There is a hyperechoic mass/nodule visualized within the hepatic parenchyma. Per the history, a fine needle aspirate was attempted, but this lesion is deep and may be difficult to aspirate at this time. Sometimes with general anesthesia and relaxation, some deeper lesions can be aspirated. Otherwise, your options are continued monitoring with ultrasound or a contrast CT scan to further evaluate the mass lesion, look for other smaller lesions, and consider surgical removal. My suspicion is this is a primary liver mass, which could be benign or malignant in nature, but they trend towards a more benign activity.

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This patient is reported to be PU/PD. Recommend urinalysis and culture (already pending) to evaluate for possible UTI as a source for the PU/PD. Additionally, the calcium is reported as elevated. Recommend ionized calcium, PTH/PTHrP to further evaluate for this.

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The right adrenal gland is not clearly visualized, but the left is very normal. Cushing's is a possibility in this patient, but seems slightly less likely. Correlate with clinical signs.

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Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.



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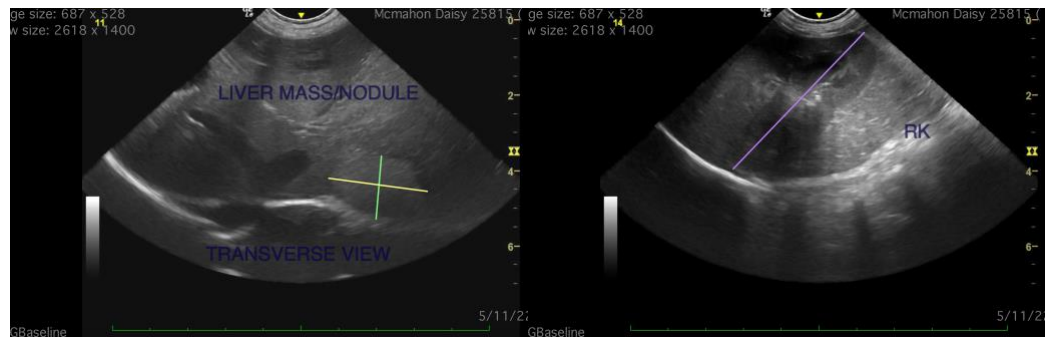
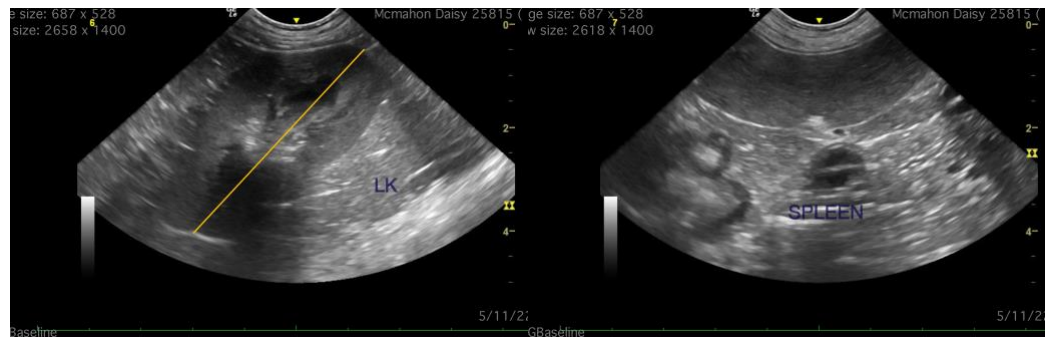
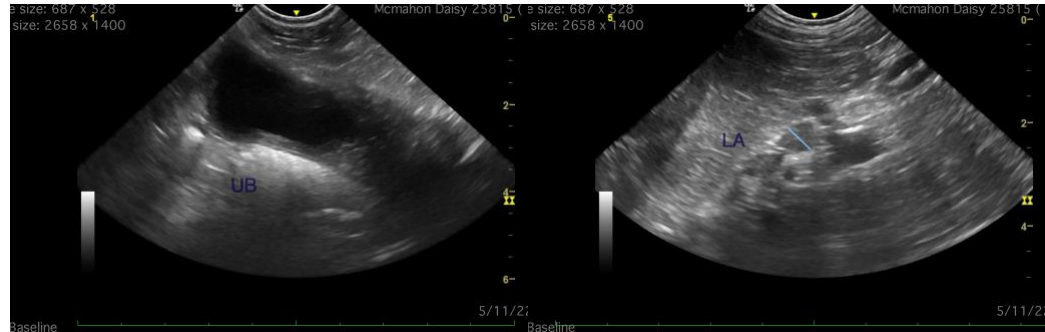
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)kathleen.sennello@sonopath.com

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