



PATIENT PRESENTING CLINICAL SIGNS

Kamali Jaworski History: Gender(altered?) F Age: 13Y Weight in #: 57 lbs Breed: Pit Bull, American History: Patient had history of severe oral disease with multiple fractured teeth and severe associated gingivitis and recession. Patient received a COHAT and received numerous extractions and has recovered well from procedure. - During work up for COHAT, patient showed significant elevation in liver values with ALP>ALT. A UA and UCCR was performed on a free catch sample at home. UA showed dilute urine but otherwise NSF and UCCR was @ 32, slightly before suggestive of HAC. Patient also had mild elevation in Cholesterol as well. Could consider C&S. - 3 view abdominal rads were performed and showed significant hepatomegaly and upper end normal size of spleen subjectively. Brief AFAST did not show evidence of free fluid or overt mass effect on spleen or liver but did confirm enlarged liver. - Discussed progression of case and results with owner and DDx. Owner does report PU/PD but intermittent. After discussion, owner elected abdominal US and a LDDS would still be appropriate pending adrenal size etc. Physical exam findings: Patient BAR but anxious and panting. Mild to mod. pot belly appearance. Otherwise findings consistent with breed and age. Abnormal CBC values: NSF on 4/4/2022 Abnormal Chemistry Values: ALT @ 237 (10 - 125 U/L), ALP @ 1,779 (23 - 212 U/L), Cholesterol @ 348 (110 - 320 mg/dL) Abnormal UA Values: Specific Gravity: 1.016, no bacteria or WBC. Urine Cortisol: 6.6 ug/dL Urine Creatinine 63.4 mg/dL Urine Cortisol: Creatinine Ratio: 32 Radiograph Findings(email radiographs if available): Hepatomegaly, splenomegaly. Reason for Ultrasound: Work up liver values and hepatomegaly, splenomegaly, possible PU/PD/ isosthenuria.

SPECIES Canine

BREED Pitbull

SEX Spayed Female

AGE 13 Years

WEIGHT ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

57 Pounds

Urinary System

INTERPRETED BY

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

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 (6.59 cm). Overall echogenicity is slightly hyperechoic with poor 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, infarcts or hydroureter. Renal vasculature is normal. Pinpoint nonobstructive nephroliths were visualized.

The right kidney has a normal shape and size (6.92 cm). Overall echogenicity is slightly hyperechoic with poor 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, infarcts or hydroureter. Renal vasculature is normal. Pinpoint nonobstructive nephroliths were visualized.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Alpine AH

Adrenal Glands

REFERRING VET

Dr. Lindsay Sjoin

The left adrenal gland is normal/borderline large in size, measuring 0.94 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 right adrenal gland is normal/borderline large in size, measuring 0.82 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.

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Spleen

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PATIENT The spleen is subjectively normal/borderline large 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.

Kamali Jaworski

SPECIES *Liver*

Canine The liver is subjectively large 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. There is an ill-defined hypoechoic nodule visualized within the parenchyma, measuring 1.85 cm x 1.04 cm.

BREED

Pitbull The gall bladder 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.

SEX

Gastrointestinal

Spayed Female

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.

AGE

13 Years

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 0.3-0.5 cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47 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.

Pancreas

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

The (pancreas/region 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.

HOSPITAL NAME

Alpine AH

Free Abdomen

There is no free fluid. There are visible mesenteric lymph nodes which are slightly prominent. One mesenteric lymph node is visualized and measures 0.82 cm in diameter. The right sublumbar lymph node appears somewhat isoechoic and poorly defined but appears to measure at approximately 1.9 cm in diameter. The left sublumbar lymph node is more distinct and small measuring at 0.83 cm. The omentum is generally of normal echogenicity.

REFERRING VET

Dr. Lindsay Sjloin

ULTRASONOGRAPHIC FINDINGS

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Primary Findings

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- Large heterogeneous liver with ill-defined hypoechoic nodule. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia,

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inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The small hypoechoic nodule trends towards a more benign lesion, although an underlying neoplastic process cannot be excluded.

SPECIES

Canine

- Borderline large adrenals. The bilateral adrenomegaly could be consistent with bilateral hyperplasia (e.g., secondary to pituitary-dependent hyperadrenocorticism), bilateral infiltrative neoplasia, inflammatory adrenal disease, other. Correlation with clinical findings is recommended.

BREED

Pitbull

- Inflammation and mild enlargement of the right sublumbar lymph node. The margins of this lymph node are very difficult to distinctly see due to somewhat hazy hyperechoic mesentery in the region. I suspect this reflects inflammation.

SEX

Spayed Female

Secondary Findings

- Decreased corticomedullary distinction in both kidneys. The bilateral renal findings are consistent with age-related change.

AGE

13 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The adrenal glands are largely normal in appearance but on the upper end of normal size-wise. This combined with the heterogeneous large liver could be consistent with Cushing's, if additional symptoms are present. Consider an ACTH stimulation test, as this would be less likely to provide false positives and may give a better indication of whether treatment is indicated.

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The right sublumbar lymph node is difficult to discern, and the area appears somewhat hazy and inflamed. Consider digital rectal exam to palpate the anal glands and look for any source of inflammation as well as palpation of the popliteal lymph nodes and evaluation of the digits/pelvic limbs for any growths, lesions, wounds etc.. If none is observed, then recommend rechecking this lymph node in 4-6 weeks to see if the enlargement/abnormality persists.

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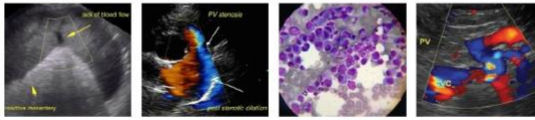
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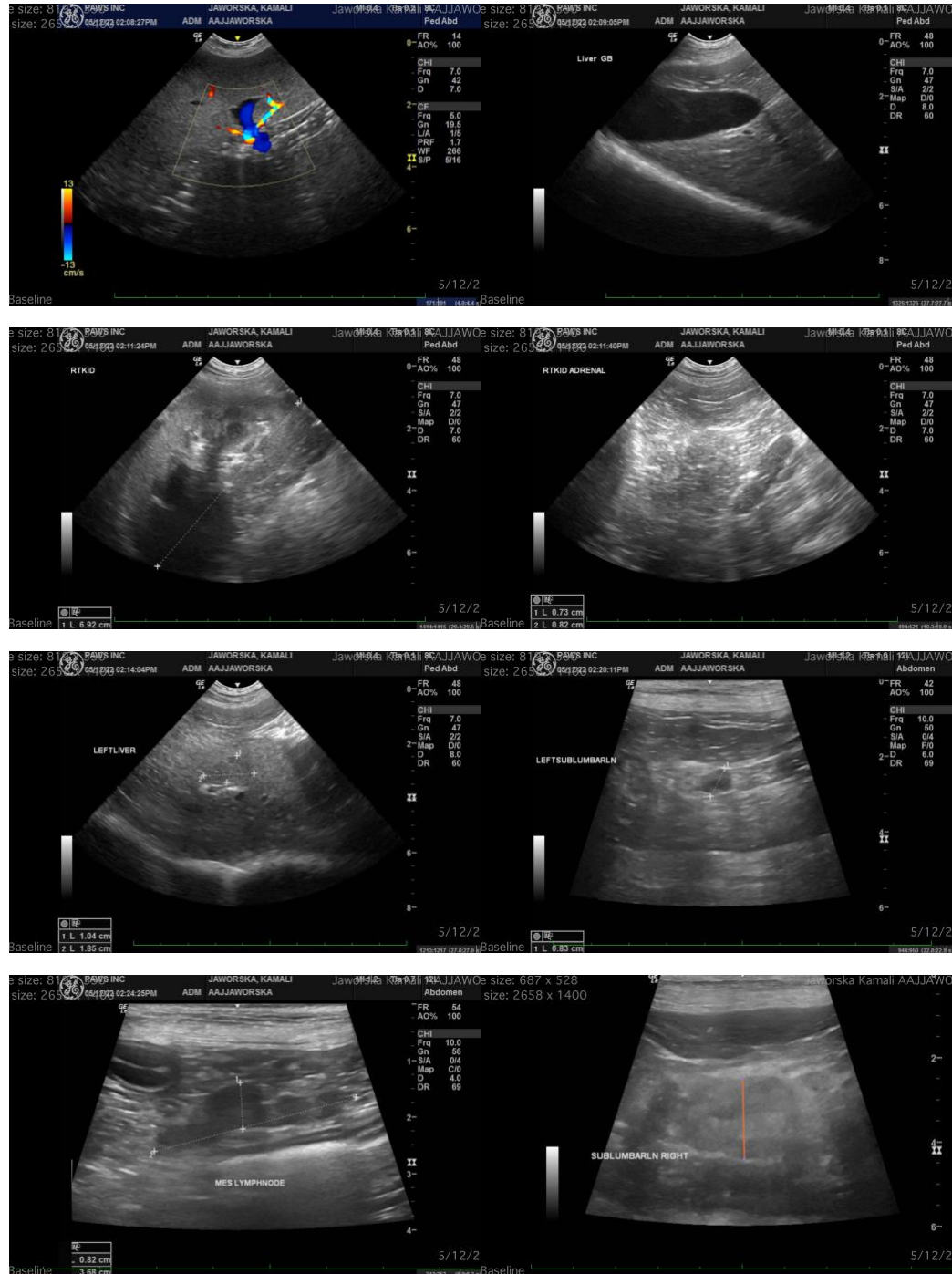
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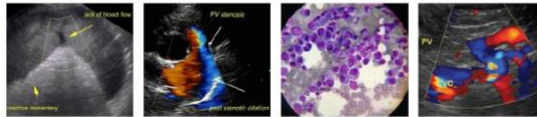
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



PATIENT can be of any further assistance please contact me.

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