



PATIENT

Corki McInnis

PRESENTING CLINICAL SIGNS

SPECIES wt loss r/o decreased app, metabolic, neoplastic, other; lameness r/o djd, neoplasia, infection, fracture....possibly pu/pd r/o metabolic, neoplastic, infectious, other. Has lost weight about 7.5# since Jan 31._ History: __No vomiting, diarrhea, coughing, sneezing. Patient eating, drinking, urinating, defecating normally. Diet:kibble Current Medications: 40mg Galliprant SID and 50mg tramadol BID

BREED

Border Collie X

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

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.

Spayed Female

AGE

The left kidney has a normal shape and size (6.23 cm) with small cortical cysts. 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

16 Years

WEIGHT

The right kidney has a normal shape and size (5.3 cm) with small cortical cysts. 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

35 Pounds

Adrenal Glands

INTERPRETED BY

The left adrenal gland is large in size measuring 0.98 cm at the cranial pole, 1.35 cm at the caudal pole, and approximately 2.39 cm in length. It is observed in its normal position cranial to the left renal artery. It is abnormal in appearance in that it is hypoechoic and rounded with what appears to be a hypoechoic focal nodule in the caudal pole. Additionally, there is some irregularity, dilation, and a hint of soft tissue in the local vasculature. There is a mass effect just caudal to the adrenal gland, measuring 1.71 cm x 1.99 cm, which appears to contact the abnormal caudal pole with concern that this is an extension of a mass effect from this area of the adrenal. Alternately, this could be a local lymph node, but an irregularity of a primary mass effect is suspected with possible vascular invasion.

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

IMAGING BY

The right adrenal gland is normal/borderline large in size measuring 0.91 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.

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Sierra Pet Clinic

Spleen

REFERRING VET

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.

Dr. Sperka

Liver

INVOICE

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible

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portions of the vasculature and biliary tract appear normal. There is a 0.52 cm hyperechoic nodule visualized in the parenchyma.

SPECIES

Canine

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. These changes can be consistent with an early gall bladder mucocele.

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Border Collie X

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.

SEX

Spayed Female

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.

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16 Years

WEIGHT

35 Pounds

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.

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
Medicine)

Pancreas

The pancreas is prominent and mottled 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

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.

IMAGING BY

Loetitia Saint-Jacques,
LVT

Other

A brief view of the heart was submitted. No significant pericardial effusion was seen.

HOSPITAL NAME

Sierra Pet Clinic

PRIMARY FINDINGS

REFERRING VET

Dr. Sperka

- Large, hypoechoic left-sided adrenal nodule with likely extension into a mass effect – The left adrenal gland itself is hypoechoic and irregular with the appearance of a nodule in the caudal pole. There is adjacent tissue that is irregular, and possible vascular invasion. The appearance of this region is most consistent with an extensive left adrenal mass with early vascular invasion.

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- Prominent, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

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SPECIES

Canine

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- Large, heterogeneous liver with hyperechoic nodule – 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 gallbladder sludge – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting. Recommend treatment for cholecystitis with antibiotics and Ursodiol.

SECONDARY FINDINGS

SEX

Spayed Female

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

16 Years

The left adrenal gland appears large, hypoechoic and irregular. Additionally, there is a mass effect in the region of the left adrenal gland that appears to be contacting this structure, and abnormal vasculature, giving the impression of an extensive left adrenal mass with vascular invasion. Recommend blood pressure evaluation and advanced imaging of this structure to confirm the extent of the mass effect and the possibility for vascular invasion.

WEIGHT

35 Pounds

Recommend 3-view thoracic radiographs to look for concurrent intrathoracic disease, and consider adrenal function testing if signs of Cushing's are present.

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
Medicine)

The changes observed in the kidneys are consistent with chronic progressive renal disease. Recommend urinalysis, culture and blood pressure evaluation to obtain a baseline.

The pancreas is slightly mottled and prominent. If there is concern for concurrent pancreatitis, consider a qualitative PLI and symptomatic treatment for pancreatic disease. The changes in the liver could be consistent with a steroid hepatopathy secondary to adrenal disease.

IMAGING BY

Loetitia Saint-Jacques,
LVT

The gallbladder has a large amount of intraluminal debris with early organization into a possible mucocele. Recommend treatment for cholecystitis with antibiotics, Ursodiol, and close continued monitoring with abdominal ultrasound to ensure that the lesion does not progress to a surgical lesion.

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REFERRING VET

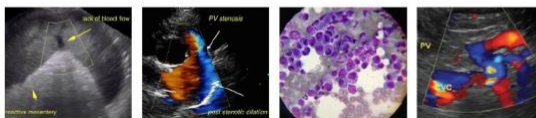
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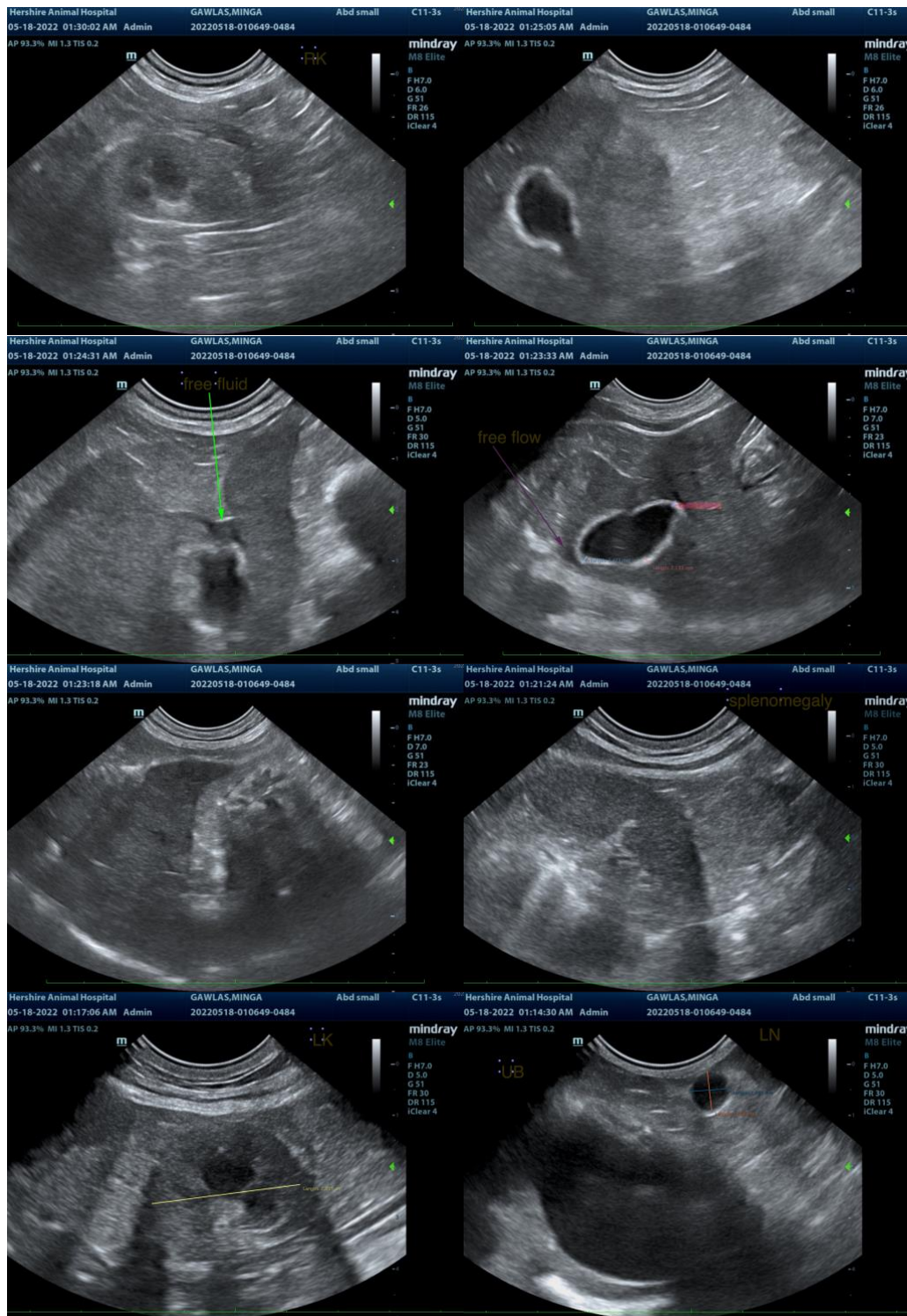
Dr. Sperka

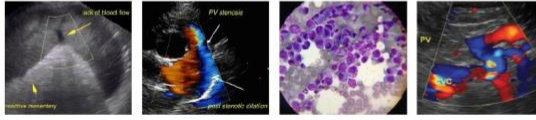
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SPECIES

Canine

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.

BREED

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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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