



PATIENT

Oly Przygoda

PRESENTING CLINICAL SIGNS

SPECIES rechecking liver values pt has not been on Denamarin since feb. She bought an OTC liver sup. and has been giving that. AUS tocheck GB and liver- ALKP increased from 1726 and ALT increased 70points

Canine

Abnormal PE/Chem/CBC/UA Results: BUN 36 H BUN/CREA 21 TP 7.4 5.2 8.2 g/dL ALB 2.5 2.2 3.9 g/dL ALT 190 H ALKP > 2000

BREED

Lab Retriever

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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

11 Years

WEIGHT

The left kidney has a normal shape and size (7.77 cm) with a 0.40 cm cortical cyst. 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.

106 Pounds

The right kidney has a normal shape and size (8.22 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.

INTERPRETED BY

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

Adrenal Glands

IMAGING BY

Loetitia Saint-Jacques,
LVT

The left adrenal gland is large in size and somewhat irregular, measuring 1.3 cm at the cranial pole, 1.34 cm at the caudal pole, and 3.4 cm in length. It is observed in its normal position cranial to the left renal artery. It is somewhat abnormal in appearance in that there are numerous poorly defined, hyperechoic nodules visualized within the cranial and caudal pole. Two nodules in the caudal pole measure 0.76 cm and 0.79 cm in diameter. In the cranial pole, there is a nodule measuring 1.2 cm in diameter. These nodules do not appear to deviate the margins of the adrenal gland. There is no obvious evidence of invasion or vascular involvement.

HOSPITAL NAME

North Hills VC

The right adrenal gland is normal/borderline large in size measuring 0.87 cm at the cranial pole, 1.05 cm at the caudal pole, and 3.0 cm in length. 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. David Bagget

Spleen

The spleen is 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.

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PATIENT

Oly Przygoda

Liver

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 portions of the vasculature and biliary tract appear normal. There is a 1.03 cm hypoechoic cystic structure visualized within the parenchyma.

SPECIES

Canine

BREED

Lab Retriever

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.

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

AGE

11 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 0.3-0.5cm 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.

WEIGHT

106 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.

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Pancreas

The pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with moderate pancreatitis.

IMAGING BY

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. The sublumbar lymph nodes are somewhat prominent. The right measures 1.02 cm in diameter. The left measures 1.8 cm. A mesenteric lymph node is visualized at 0.56 cm.

HOSPITAL NAME

North Hills VC

Other

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

ULTRASONOGRAPHIC FINDINGS

REFERRING VET

Dr. David Bagget

- Large, irregular left adrenal gland with hyperechoic, ill-defined nodules – Left adrenomegaly could be consistent with neoplasia (e.g., adenoma, carcinoma, pheochromocytoma), hyperplasia, inflammation, other.

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- Borderline large spleen – This could be normal for a very large dog, consistent with congestion, or less likely consistent with infiltrative disease.

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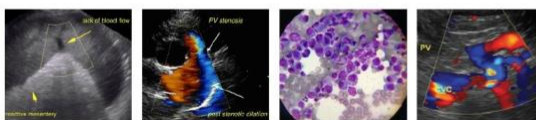
- Hypochoic pancreas surrounded by mildly hyperechoic mesentery – The pancreatic changes are most consistent with mild pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.
- Large, 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.
- Moderate gallbladder debris – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.
- Prominent sublumbar lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. This could be normal in this large dog.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left adrenal gland is large with ill-defined, hyperechoic nodules. These lesions could represent focal hyperplasia, metastatic disease, or a primary neoplastic process. These are my recommendations for adrenal nodules:

- If signs of cushings are present, consider adrenal function testing. I prefer an ACTH stimulation test combined with an adrenal panel to the University of Tennessee's endocrine lab to look for atypical adrenal hormones as well as cortisol. (other testing can suffice)
- If adrenal dependent cushings is suspected and supported by adrenal function testing consider medical therapy with lysodren or trilostane or consider surgical removal (recommend referral to a board certified veterinary surgeon and possible pre op CT)
- Recommend blood pressure evaluation-if hypertensive consider testing catecholamine levels for a possible pheochromocytoma
- If no symptoms of cushings are present, consider either referral for surgery or continued monitoring with ultrasound (in 3-4 months).
- Many of these nodules can be benign and incidental in nature, unfortunately that is difficult to determine with a single ultrasound.

The right adrenal gland is generous in size as well. This is not definitive, but is possibly less consistent with a cortisol secreting tumor in the left gland. Metastatic neoplasia, or a non-cortisol secreting tumor would still be possible.



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The spleen is large, but the parenchyma is largely normal. Considering the lesions observed in the adrenal gland, I would consider a fine needle aspirate of the spleen to try and help rule out round cell neoplasia.

SPECIES

Canine

The pancreas is somewhat hypoechoic and prominent, and there is discomfort standing over this area. These changes could be consistent with current mild pancreatic inflammation or a previous episode of pancreatic inflammation. Correlate with clinical signs and a quantitative PLI level.

BREED

Lab Retriever

The liver is large and heterogeneous. My suspicion would be that this is consistent with a steroid hepatopathy due to the adrenal changes observed. A liver function test and a fine needle aspirate of the liver could be considered.

SEX

Spayed Female

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

AGE

11 Years

In the history provided, there is questionable hypoalbuminemia. If this is still the case, consider urine protein/creatinine ratio to look for evidence of proteinuria along with the aforementioned liver function test.

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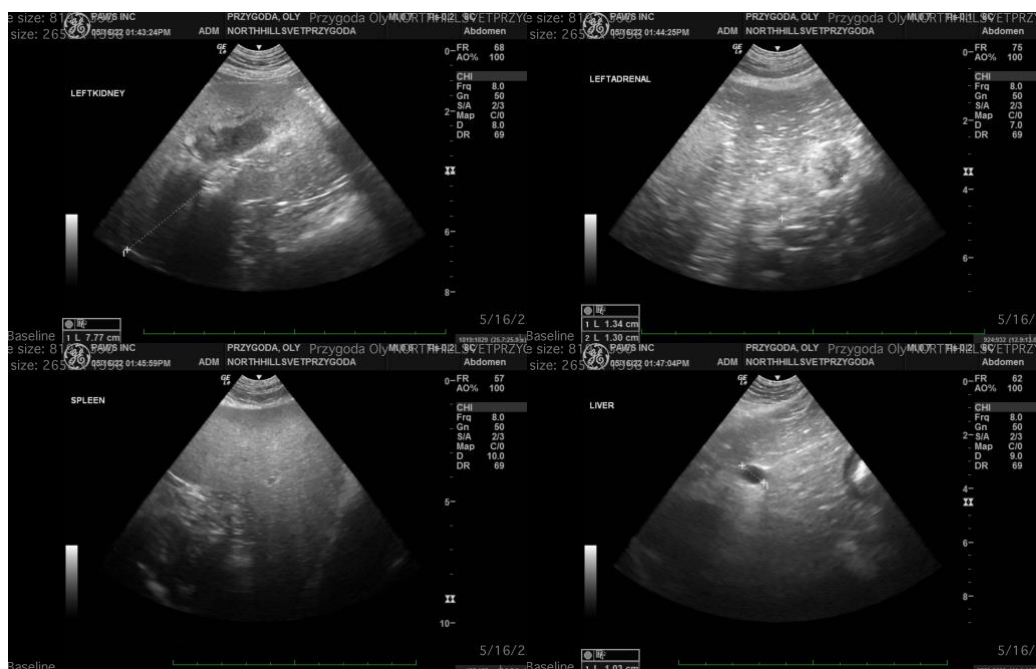
Dr. David Bagget

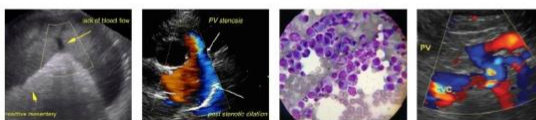
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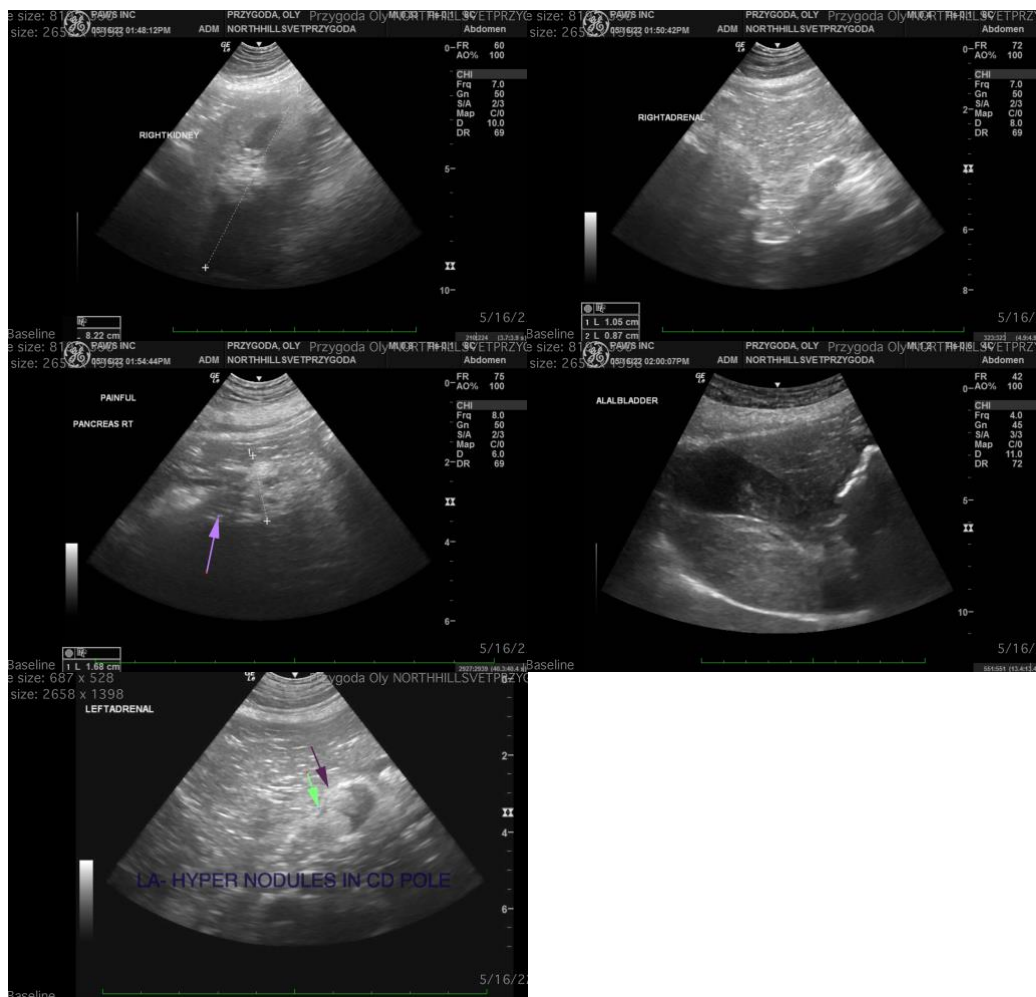
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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