

PATIENT PRESENTING CLINICAL SIGNS

Morgan Cartzdafner
History: Pt did have several diarrhea accidents while here. Diarrhea is very gelatinous. Rx Metronidazole 50mg #14 Give 2 tabs PO BID. Has had diarrhea for a few days. PT not eating and has lost some weight. was 35 lbs 1 yr ago Was lethargic but perked up today for AUS-

SPECIES
Abnormal PE/Chem/CBC/UA Results: temp 101.7. Grade III left sided murmur/arrhythmias. Grade III left sided murmur/arrhythmias. Both anal glands are extremely full, expressed. LABS ALP 765, ALT 142, CPL NORMAL-

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Beagle **Urinary System**

SEX
Spayed Female
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.

AGE
12 years
The left kidney has a normal shape and size (5.23 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.

WEIGHT
26 Pounds
The right kidney has a normal shape and size (5.63 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

The left adrenal gland is borderline large in size measuring 0.92 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.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

The right adrenal gland is borderline large in size and measured 1.02 cm. 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.

HOSPITAL NAME

Pine Creek VH

Spleen

REFERRING VET

Dr. Nolet

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a hypoechoic nodule visualized that measured 1.21 x 1.04 cm within the splenic parenchyma.

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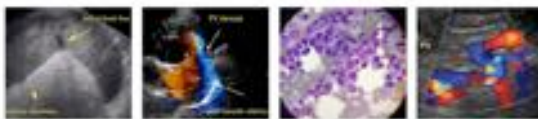
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Liver

DATE

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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



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normal. No focal nodules or cystic lesions are observed. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized, echogenic debris and some early mucosal stranding. There is a moderate amount of non-organized, echogenic debris and early mucosal stranding. This is consistent with an early mucocele development. The cystic and common bile ducts are normal/not visible.

SPECIES

Canine

Gastrointestinal

BREED

Beagle

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.

AGE

12 years

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.

WEIGHT

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Pancreas

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Medicine)

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.

IMAGING PERFORMED

BY

Loetitia Saint-Jacques, RVT

Free Abdomen

There is no free fluid. There are sublumbar lymph nodes that have multiple, hypoechoic lesions that are consistent with prominent lymph nodes and measured 0.57 cm and 0.59 cm. Additionally a mesenteric lymph node is visualized and measured 0.65 cm in diameter. The omentum is somewhat hyperechoic around the prominent lymph nodes.

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Pine Creek VH

Heart

REFERRING VET

Dr. Nolet

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

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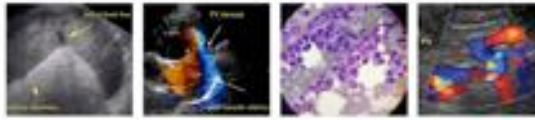
ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Borderline bilateral adrenomegaly. 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

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recommended.

- Mildly mottled spleen with hypoechoic nodule. There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Mildly heterogenous pancreas. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Moderate gallbladder debris with early mucosal stranding. The findings are consistent with early mucocele development.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. The lymph nodes are somewhat irregular and hypoechoic, but not overtly enlarged. Consider possible inflammatory change and close continued monitoring for progression.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

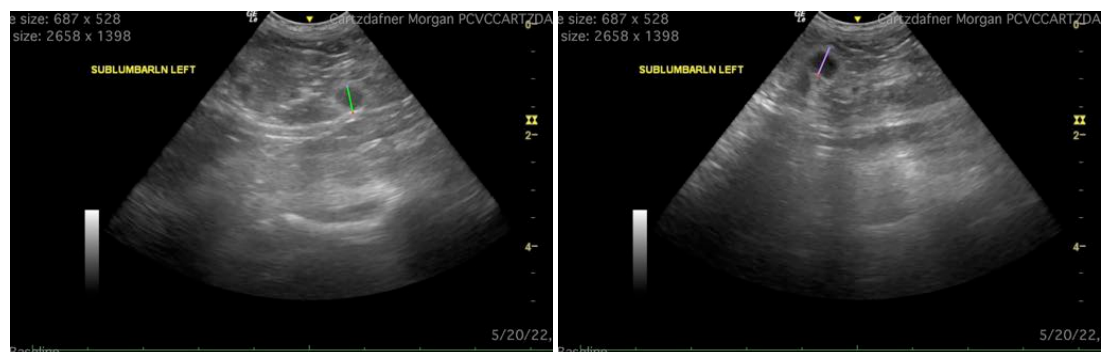
No focal lesions are observed involving the gastrointestinal tract to explain the diarrhea reported. The sublumbar lymph nodes are irregular and somewhat enlarged. This could be secondary to reactivity from the diarrhea, but continued monitoring is warranted. If the lymph nodes continue to enlarge sampling may be recommended.

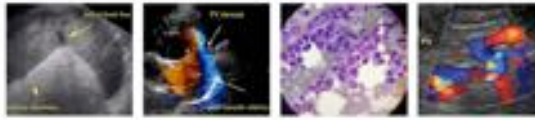
Both adrenal glands are enlarged. These findings could be consistent with early/developing hyperadrenocorticism and could explain the elevation in ALP. Correlate this with the clinical signs.

There is a hypoechoic nodule visualized in the spleen. If able to reach this lesion consider a FNA. Otherwise, I recommend close continued monitoring with ultrasound for change. If this lesion is enlargement then I recommend splenectomy.

An early mucocele is developing. This is not a surgical lesion, but you can consider starting Ursodiol to try and prevent progression.

Consider symptomatic therapy for acute diarrhea including probiotic therapy, deworming if appropriate, fecal PCR, testing and if prolonged consider a novel protein/hydrolyzed protein prescription diet. If there is no improvement then consider the possibility of obtaining GI biopsies.





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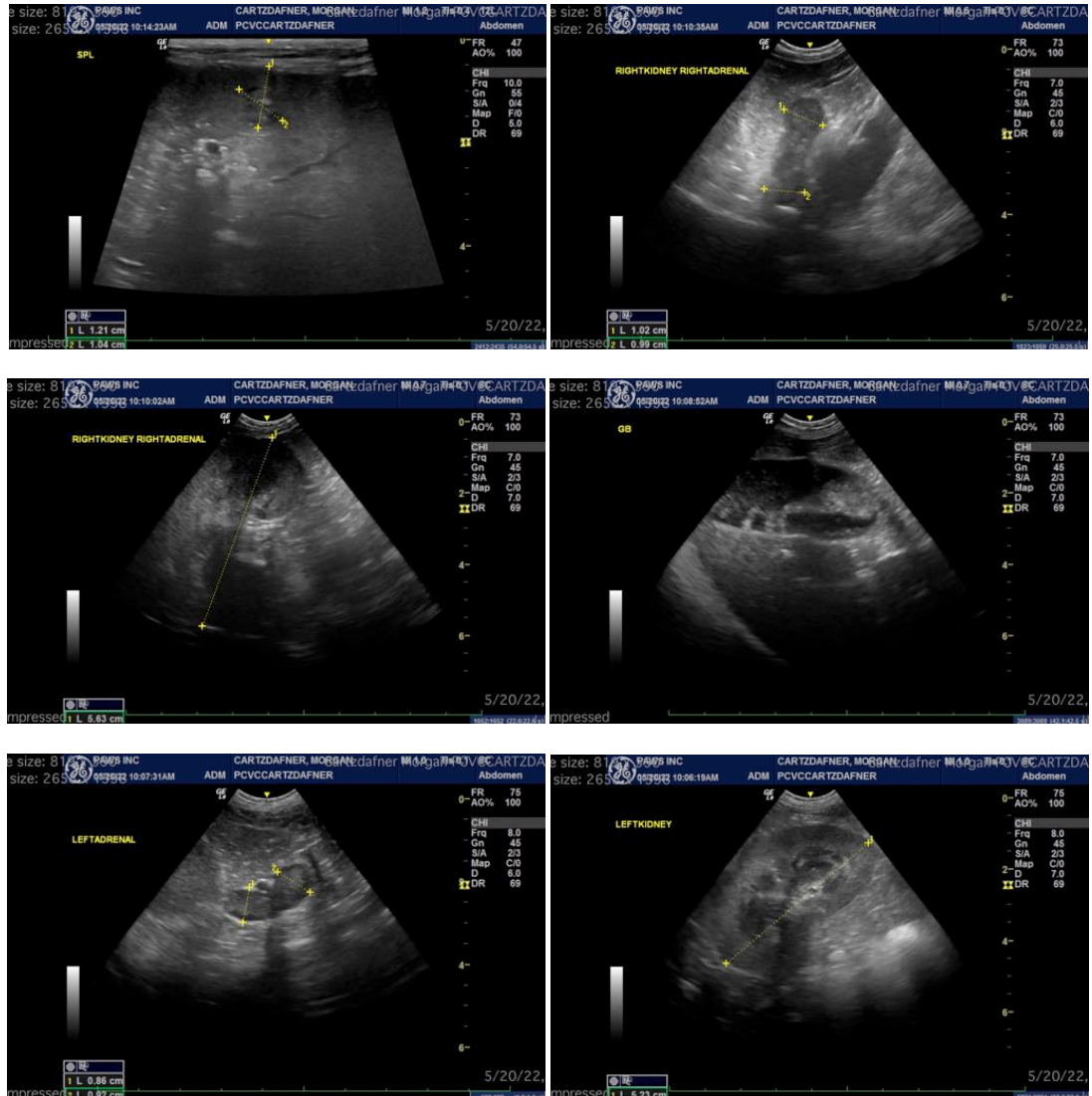
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com