



PATIENT

Charlie Cox

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

11 Years

Charlie had pre-operative bloodwork done about 1 week ago. Her liver enzymes were elevated. She is doing well at home, but was eating grass and having some vomiting at the time the bloodwork was drawn. Otherwise doing well and feeling good for her age. Per owner, this line of Labs tends to have elevated liver values as they age, but have always felt fine even with the elevated values. (Is there possibly Chronic Active Hepatitis in the line??) PHYSICAL EXAM: Weight: 91.2 lbs. T- 101.5 P- 120 R- pant CRT: < 2 sec mm: pink/moist Dehydration: 0% BCS: 3/5 Dental Score: 2 / 4 EENT: R sclera injected; mass on the upper R eyelid, mid-lid and extends under the lid about 1 cm. Lenticular sclerosis OU. Grade 2/4 tartar. Discolored upper L K9, lower R K9, upper L I2, upper L I3, and lower L I3. CV/Resp: WNL. No murmurs ausculted, normal bv sounds all lung fields GI: Abdomen palpates WNL, non-painful, no masses or organomegaly Musk: No joint abnormalities. Muscles are symmetrical. No pain elicited on manipulation/exam. Integ: 2 cm firm mass on caudoventral chest - feels like it has a tendril attaching to the underlying tissues. ~5 mm raised, firm, well circumscribed dermal mass bridge of nose. Soft SQ mass on the R lateral thorax. LN: Palpate WNL Neuro: WNL Urogen: WNL, no obvious visible or palpable abnormalities LABORATORY FINDINGS (5/6/22): Bloodwork Results: AlkP = 258 (high) ALT = 261 (high) AST = 63 (high) Neutro = 14,193 (high) Rest of labs WNL U/A: S.G. = 1.025 pH = 8.0 1+ protein trace ketones REASON FOR ULTRASOUND: • EVALUATE LIVER PRIOR TO DENTAL. Abnormal PE/Chem/CBC/UA Results: 0.05ml dexdormitor/0.1ml butorphanol

WEIGHT

91.2 Pounds

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.

INTERPRETED BY

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

The left kidney has a normal shape and size (6.79 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.

IMAGING BY

Loetitia Saint-Jacques,
LVT

The right kidney has a normal shape and size (7.2 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.

HOSPITAL NAME

MountRose AH

Adrenal Glands

The left adrenal gland is normal in size measuring 0.65 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.

REFERRING VET

Dr. Katie Weldon

The right adrenal gland is mildly enlarged and irregular in shape, measuring 0.68 cm at the cranial pole, 0.75 cm at the caudal pole, and 2.76 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 somewhat abnormal in appearance in that there is a hyperechoic foci on the cranial pole measuring approximately 1.42 cm x 1.15 cm, most consistent with a nodule on the cranial pole of the right adrenal gland.

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5/24/22



Portland Animal Wellness Sonography, Inc.

IMAGING PERFORMED BY

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PATIENT

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Spleen

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.

SPECIES

Canine

Liver

The liver is slightly irregular and large in size. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are numerous hyperechoic nodules and small mass lesions visualized. Examples of these lesions measure at 2.91 cm x 2.79 cm, 0.88 cm x 0.62 cm, 0.86 cm x 1.0 cm. Additionally, there is some mixed echogenicity and hypoechoic lesions visualized measuring 2.23 cm. Most of these lesions are within the hepatic parenchyma and do not significantly deviate the margins.

BREED

Labrador

SEX

Spayed Female

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

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.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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(Small Animal Internal
Medicine)

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.

HOSPITAL NAME

MountRose AH

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.

REFERRING VET

Dr. Katie Weldon

Other

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

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ULTRASONOGRAPHIC FINDINGS



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- Mildly heterogeneous large liver with numerous hyperechoic nodules/masses – These lesions could represent benign or neoplastic lesions. Recommend fine needle aspirate.

SPECIES

Canine

- Hyperechoic focus on the right adrenal gland – This could represent a benign or cancerous nodule (adenoma, carcinoma, pheochromocytoma, hyperplasia, etc.).

BREED

Labrador

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are numerous hyperechoic nodules visualized throughout the hepatic parenchyma. The significance of these lesions is currently unclear, as they could represent benign or neoplastic lesions. Recommend a liver function test and fine needle aspirate of a hyperechoic nodule (provided coagulation parameters are normal). Additionally, recommend 3-view thoracic radiographs.

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Additionally, there is a hyperechoic lesion on the cranial pole of the right adrenal gland. There is no obvious evidence of associated vascular invasion. These nodules can be benign or malignant and can secrete hormones or be non-active. Options moving forward include:

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- 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)

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- 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)

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- 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.

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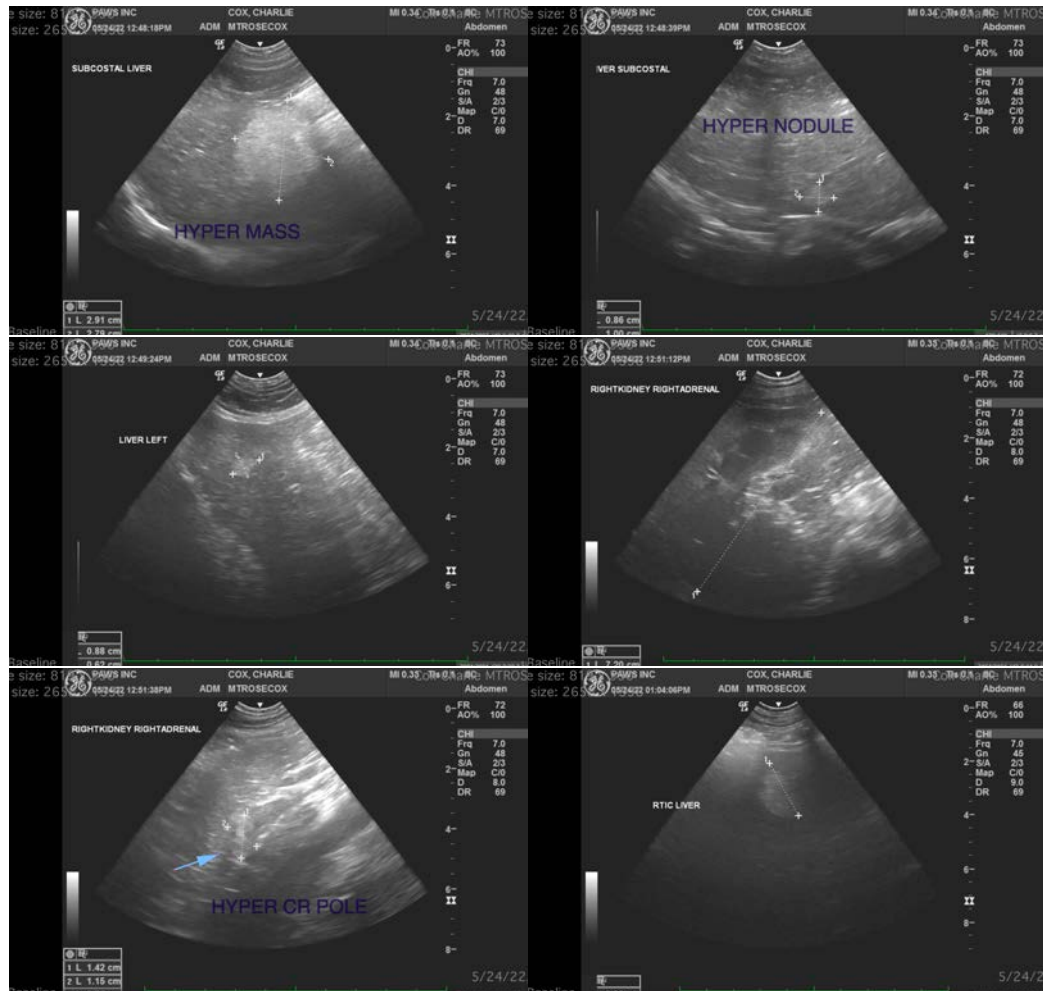
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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