



**PATIENT PRESENTING CLINICAL SIGNS**

Charlie Wren

**SPECIES**

Canine

**BREED**

Akita X

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

45.6 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Corvallis VH

**REFERRING VET**

Dr. Gross

**INVOICE**

37990

**DATE**

5/25/22

Pet originally presented because he is having some aging related issues like inappropriate defecation, urination, pacing, dementia. In addition pet has intermittent vomiting and has lost weight (approximately 10 pounds. Pet eats very well. On PE we noted lenticular sclerosis, weight loss, and a grade 2/6 murmur. Pet has a voracious appetite in the face of weight loss. Current Medications Bravecto, Heartgard Primary Question/Differential to Be Answered in This Exam R/o neoplasia with voracious appetite and weight loss  
Abnormal PE/Chem/CBC/UA Results: T4 is low at <0.5 mg./dl ALT is elevated at 140 Alk phos is elevated at 728 CBC shows an elevated platelet count at 470,000 and decreased eosinophils UA was normal with a USG of 1.038

**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.

The prostate is large in size (2.18 cm in width in the sagittal view) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (6.93 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.73 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.77 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 in size measuring 0.81 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.

**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.



## PATIENT *Liver*

Charlie Wren

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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Neutered Male

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*

## AGE

13 Years

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.

## WEIGHT

45.6 Pounds

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.

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.

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## *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.

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## *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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- Large, homogeneous symmetrical prostate – correlate these findings with the age at neutering. If neutered prior to puberty, this could be abnormal, and a fine needle aspirate would be recommended. If neutered after puberty, this could be within normal limits. Correlate with digital rectal exam.

## DATE

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- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.
- Large, heterogeneous liver – The diffuse hepatic changes are non-specific and could be



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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.

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- 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.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**BREED**

Akita X

The lesions observed on today's scan are relatively mild and non-specific. No large mass lesions were observed.

**SEX**

Neutered Male

The prostate is large, but is relatively symmetrical and normal in echogenicity. Correlate this with age of neutering, and fine needle aspirate if neutered prior to 6 months of age.

**AGE**

13 Years

The changes observed in the kidneys are consistent with a chronic progressive age related change. Consider urinalysis, urine culture, blood pressure, and urine protein to creatine ratio for a baseline.

**WEIGHT**

45.6 Pounds

The liver is heterogeneous. No focal lesions are observed. Recommend a liver function test and a fine needle aspirate of the liver (provided coagulation parameters are normal) to rule out underlying round cell neoplasia, etc.

The combination of increased appetite with weight loss could be concerning for a malabsorptive issue. If you're concerned about underlying gastrointestinal disease, consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine.

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

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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)

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