



PATIENT

Guinness Siwak

PRESENTING CLINICAL SIGNS

SPECIES Follow up recheck PTH and abdomen- owner declined Michigan testing and opted for AUS check

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Poodle/Terrier 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.

SEX

Neutered Male

The prostate is normal in size (1.1 cm) 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.

AGE

12 Years

The left kidney has a normal shape and size (4.7 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

22 Pounds

The right kidney has a normal shape and size (5.34 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 0.89 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 borderline large in size measuring 0.83 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.

IMAGING BY

Loetitia Saint-Jacques,
LVT

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.

HOSPITAL NAME

Brighton Greens VH

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 are numerous hyperechoic nodules visualized throughout the parenchyma. Examples of these measure 1.63 cm x 1.54 cm, 1.94 cm x 2.83 cm, 0.44 cm. A previous scan (11/10/21) identified a hyperechoic nodule measuring 1.65 cm x 2.34 cm. I suspect this lesion is relatively stable.

REFERRING VET

Dr. Robin Janeway

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The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. Gallbladder wall measured 0.48 cm. 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.

SPECIES

Canine

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.

BREED

Poodle/Terrier

SEX

Neutered Male

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

22 Pounds

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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Medicine)

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.

Other

The left thyroid is evaluated to reevaluate the parathyroid nodule visualized on the last exam (11/10/21). Today there is a small nodule visualized in the left gland, measuring 0.28 cm x 0.14 cm. Previous measurement was 0.21 cm. Additionally, on the right side there are small hypoechoic nodules visualized, most consistent with normal parathyroid tissue. One of these lesions measures at 0.15 cm.

IMAGING BY

Loetitia Saint-Jacques,
LVT

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ULTRASONOGRAPHIC FINDINGS

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- Large, heterogeneous liver with hyperechoic nodules – 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. The hyperechoic nodules are somewhat irregular and subtle, and too numerous to count. These likely represent benign lesions, but a fine needle aspirate would be necessary to confirm.

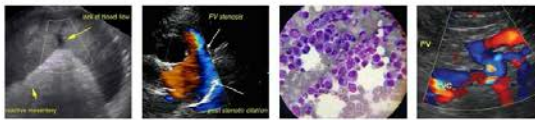
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- Large gallbladder debris – There is no surrounding inflammation visualized, but recommend medical management and close monitoring.

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- Borderline large adrenal glands – 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 recommended. This is expected based on the patient’s current diagnosis of pituitary dependent hyperadrenocorticism.

- Prominent left parathyroid nodule – This lesion is slightly larger than previous exam. Evaluation of parathyroid hormone levels is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Neutered Male

Today’s scan is similar to the previous scan (11/10/21). The liver is still large and heterogeneous. This is likely associated with the steroid hepatopathy with Cushing’s disease present. There are numerous hyperechoic nodules visualized. These trend towards the appearance of benign nodules, but sampling would be necessary to know definitively.

AGE

12 Years

The gallbladder has a moderate amount of debris adherent to the gallbladder wall, and very mild gallbladder wall thickening. This can progress into a mucocele or surgical lesion, so continued monitoring and Ursodiol therapy +/- antibiotics is warranted.

WEIGHT

22 Pounds

The left parathyroid gland remains prominent and possibly slightly more enlarged. This diagnosis is really determined based on parathyroid hormone levels, so if hypercalcemia is persistent and this has not been evaluated, it should be considered. Additionally, careful digital rectal palpation of the anal glands and a good oral exam is recommended (if not already done).

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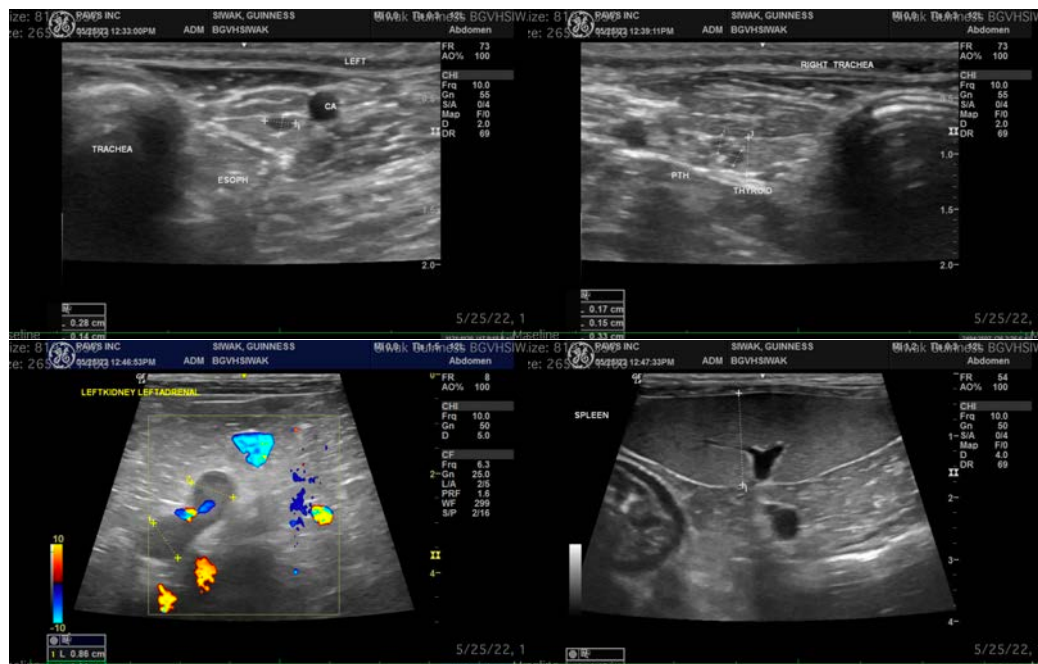
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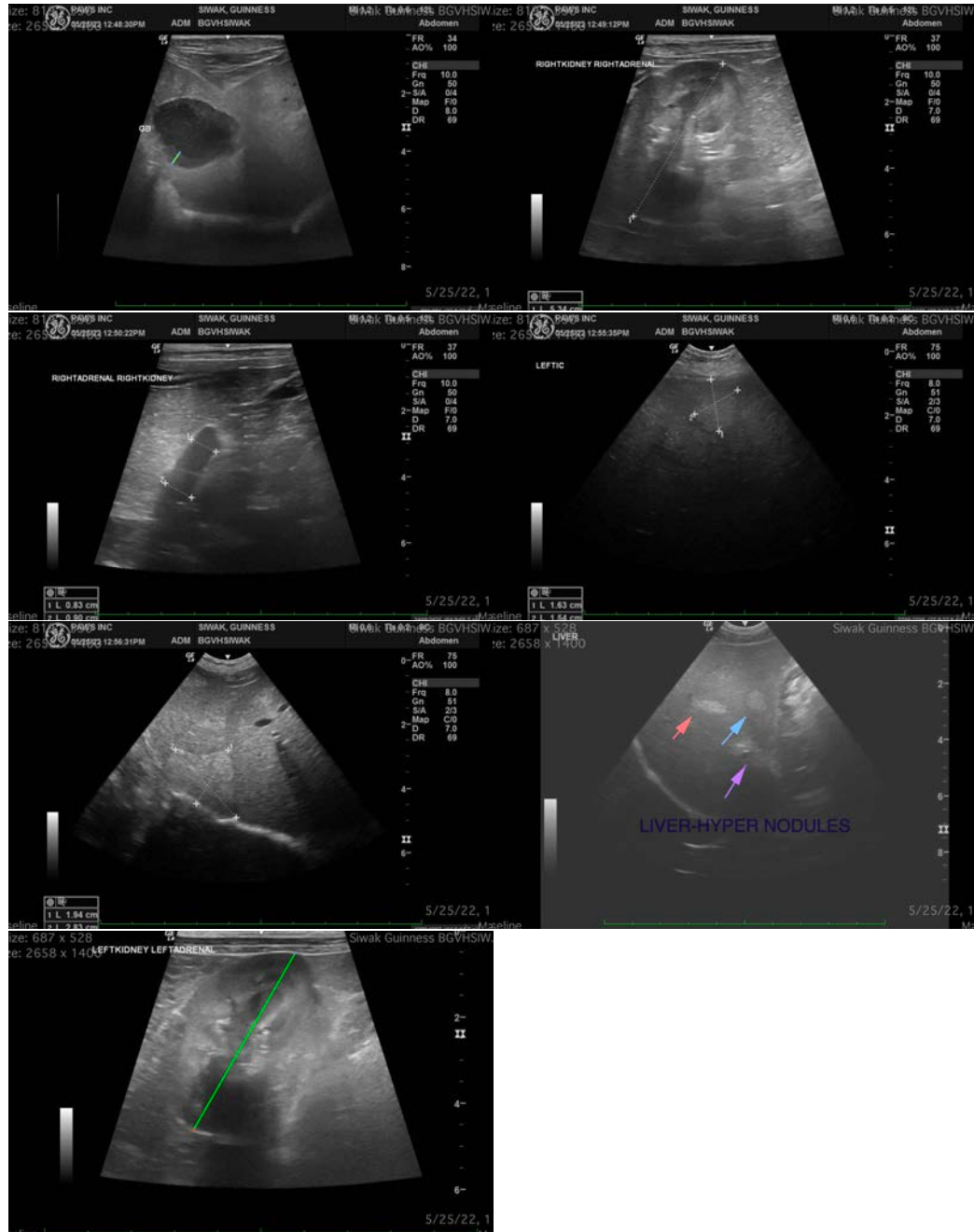
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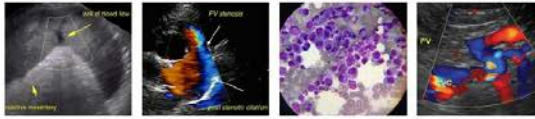
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

Poodle/Terrier

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