



PATIENT PRESENTING CLINICAL SIGNS

Chester Gutowsky

2 month history of pu/pd and potbellied appearance. No change in appetite, no urinary accidents but increase in urine volume when he does void No stranguria or hematuria. Moderate to marked sarcopenia along spine and both back legs, Potbellied appearance, possible hepatomegaly though difficult to palpate as pet tense. Grade 5/6 heart murmur. No meds.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: RBC $5.33 \times 10^{12}/L$ 5.65 - 8.87 HCT 35.2 % 37.3 - 61.7 HGB 12.9 g/dL 13.1 - 20.5 LYM $0.70 \times 10^9/L$ 1.05 - 5.10 MONO $1.30 \times 10^9/L$ 0.16 - 1.12 UREA 10.5 mmol/L 2.5 - 9.6 ALT 145 U/L 10 - 125 ALKP 769 U/L 23 - 212 GGT 19 U/L 0 - 11 CHOL 9.38 mmol/L 2.84 - 8.26 LIPA 4978 U/L 200 - 1800 Low dose dex suppression test Cortisol - Baseline 97 28 - 120 nmol/L Cortisol - 4 hr Post Dex 106 nmol/L Cortisol - 8 hr Post Dex 95 nmol/L Results verified by repeat analysis. The collection tube order and labeled draw times were checked and confirmed. Bloodwork attached.**

BREED

CKCS

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

13.5 Years

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 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.

WEIGHT

12.1 kg

The left kidney has a normal shape and size (5.52 cm) with small cortical cysts. 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.

INTERPRETED BY

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

The right kidney has a normal shape and size (5.04 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.

IMAGING PERFORMED BY

Crystal Hill

Adrenal Glands

The left adrenal gland is normal in size measuring 0.43 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.

HOSPITAL NAME

Yates AH

The right adrenal gland is normal in size measuring 0.57 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.

REFERRING VET

Dr. Merkel

Spleen

The spleen is large and irregular. The blood flow through the hilus and splenic parenchyma appears normal. There are three mass lesions visualized associated with the spleen. There is a smaller, solid isoechoic mass effect towards the tail, measuring 1.2 cm x 2.01 cm. There is a larger, mixed echogenic mid body mass effect measuring 2.07 cm x 2.57 cm, which has a hypoechoic, partially cystic/cavitated region. There is a third slightly hypoechoic, solid mass effect near the head of the spleen, measuring 2.14 cm x 2.88 cm.

INVOICE

38044

DATE

5/26/22


PATIENT *Liver*

Chester Gutowsky

The liver is large in size and irregular with rounded borders. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. While no focal distinct mass effects are visualized, some areas appear slightly mottled and cavitated with rounded margins. These areas could be very subtle non-distinct mass effects.

SPECIES

Canine

BREED

CKCS

The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic and shadowing debris, most consistent with small stones, sandy debris, and "sludge". The gallbladder wall is prominent and there is significant increase in echogenicity in the tissue around the gallbladder. No obvious free fluid is visualized, and there is no evidence of bile duct dilation.

SEX

Neutered Male

Gastrointestinal

The stomach is dilated with a large amount of shadowing material. 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 layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

AGE

13.5 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

12.1 kg

INTERPRETED BY

 Kathleen Sennello DVM,
 MS, Diplomate ACVIM
 (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.

IMAGING PERFORMED BY

Crystal Hill

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

Yates 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 slightly increased echogenicity in the cranial abdomen.

REFERRING VET

Dr. Merkel

Other

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

INVOICE

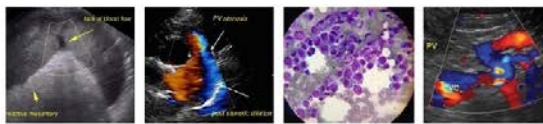
38044

- Irregular spleen with three discrete mass lesions – The presence of multiple mass lesions is concerning for a neoplastic process, but benign lesions are possible. Recommend splenectomy with histopathology.

DATE

5/26/22

- Heterogeneous, large, irregular liver with areas of mottled parenchyma – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis,



PATIENT

Chester Gutowsky

toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. Some areas of parenchyma appear irregular, and an ill-defined mass effect cannot be excluded as a possibility.

SPECIES

Canine

- Large amount of gallbladder debris and stones with surrounding inflammation – most consistent with cholecystitis.

BREED

CKCS

SECONDARY FINDINGS

- Large amount of gastric shadowing material – Correlate with feedings history and abdominal radiographs. If adequately fasted then consider such differentials as delayed gastric emptying or a partial outflow tract obstruction (none visualized).
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

13.5 Years

There are three mass lesions visualized associated with the spleen. This could represent benign or neoplastic lesions, but the presence of multiple lesions is always concerning. Additionally, the gallbladder has a large volume of debris and some hyperechoic inflamed tissue surrounding. If possible, I would recommend surgical evaluation with splenectomy, histopathology, and evaluation of the gallbladder for possible removal. Additionally, the liver could be biopsied at the same time, and visually evaluated for the presence of a subtle mass effect.

WEIGHT

12.1 kg

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

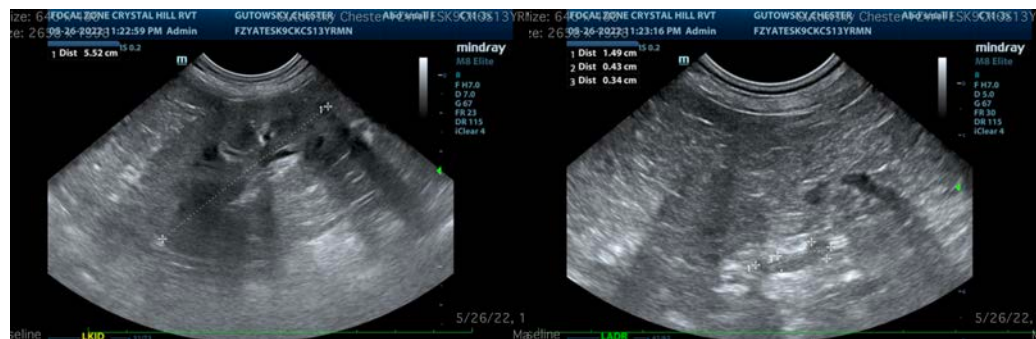
INTERPRETED BY

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

If surgery is definitively not an option, then consider fine needle aspirates of the splenic masses using care due to the cystic region within the mid body mass effect, and aggressive medical therapy for cholecystitis (broad-spectrum antibiotics, Ursodiol, etc.) with continued monitoring with ultrasound. Surgical intervention is recommended in this situation.

IMAGING PERFORMED BY

Crystal Hill



HOSPITAL NAME

Yates AH

REFERRING VET

Dr. Merkel

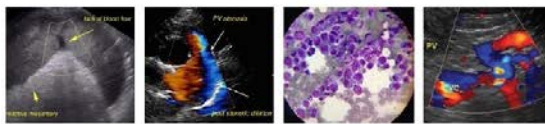


INVOICE

38044

DATE

5/26/22



PATIENT

Chester Gutowsky

SPECIES

Canine

BREED

CKCS

SEX

Neutered Male

AGE

13.5 Years

WEIGHT

12.1 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Yates AH

REFERRING VET

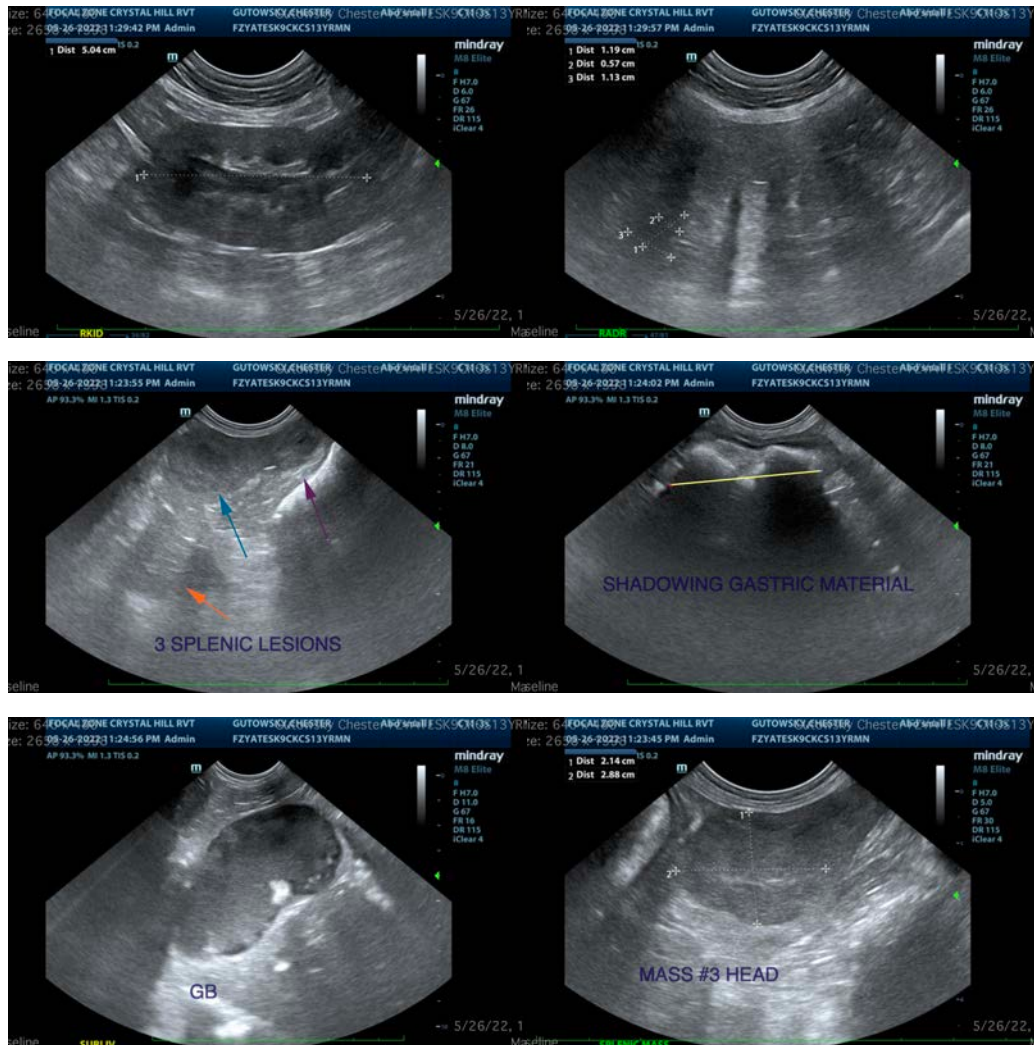
Dr. Merkel

INVOICE

38044

DATE

5/26/22



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