



PATIENT PRESENTING CLINICAL SIGNS

Maggie Shields

Pt has been PUPD for 4-6 months, coughing. Pt has responded to Cerenia for cough.
Abnormal PE/Chem/CBC/UA Results: Labs show continued increases in liver values, USG 1.020.
Rads WNL. Most recent labs showed hypercalcemia (12.3) - MSU malignancy panel pending. Labs attached. Current Medications Cerenia, clindamycin for tooth root abscess

SPECIES

Canine

BREED

Blue Heeler

SEX

Spayed Female

AGE

12 Years

WEIGHT

40.5 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.

The left kidney has a normal shape and size. (4.97 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.

The right kidney has a normal shape and size (5.73 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 0.99 cm at the cranial pole, 0.49 cm at the caudal pole, and 2.51 cm in length. It is observed in its normal position cranial to the left renal artery. It is slightly irregular in appearance in that the cranial pole is larger than the caudal pole (asymmetrical), but the cranial pole is isoechoic to the rest of the adrenal gland. There is no evidence of vascular involvement. Findings could be due to normal asymmetry or a nodule on the cranial aspect of the left adrenal.

Sara Hansen

The right adrenal gland is normal in size measuring 0.64 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.

HOSPITAL NAME

West Hills AH

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. There is an ill-defined, hypoechoic/moth eaten lesion within the parenchyma measuring 1.89 cm in diameter.

REFERRING VET

Dr. Fogarty

Liver

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. There is a small hyperechoic nodule visualized measuring 1.2 cm near the gallbladder.

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DATE

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PATIENT

Maggie Shields

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

BREED

Blue Heeler

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. Jejunum wall measured 0.35 cm. 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

40.5 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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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.

IMAGING PERFORMED BY

Sara Hansen

Other

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

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ULTRASONOGRAPHIC FINDINGS

- Prominent cranial pole of the left adrenal gland – This is subtle and may be insignificant, but the cranial pole is slightly larger than the caudal pole.
- Hypoechoic/moth eaten lesion in the splenic parenchyma – 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 heterogeneous liver with hyperechoic nodule – 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. There is a small, hyperechoic nodule visualized. The appearance of this lesion trends toward a benign appearance. Recommend continued monitoring.

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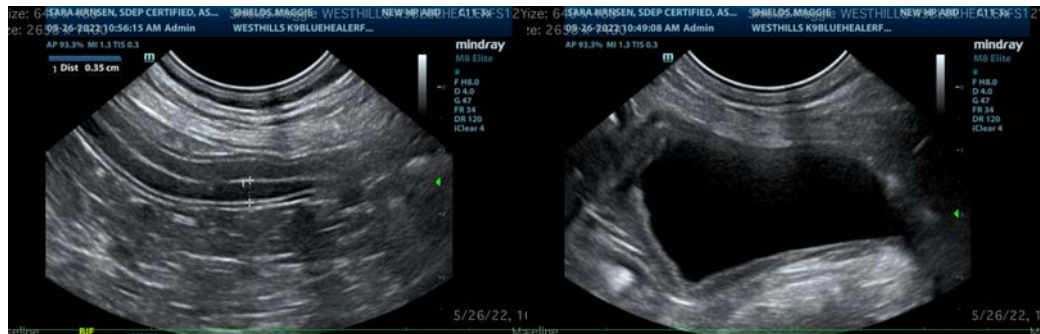
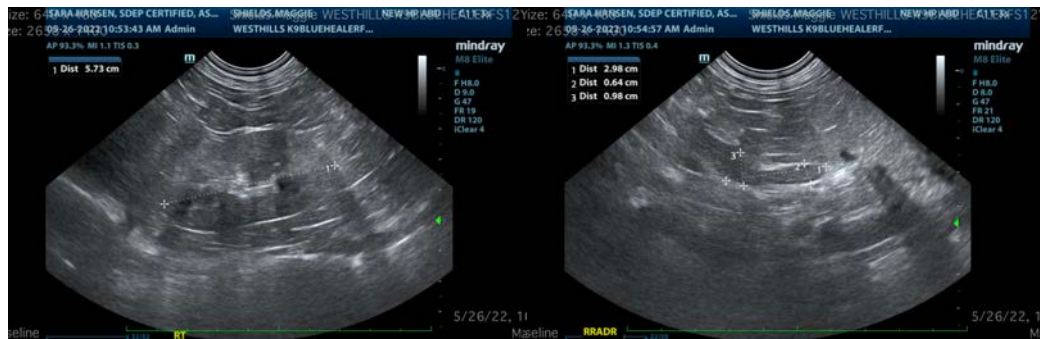
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

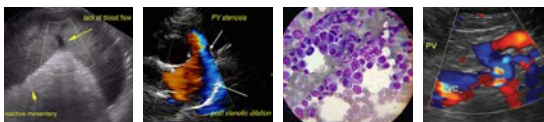
The lesions observed on today's scan are very subtle. There is mild enlargement of the cranial pole of the left adrenal gland. This could very well be incidental. If Cushing's disease is strongly suspected based on the clinical picture and the patient's clinical appearance, you could consider adrenal function testing and continued monitoring of the left adrenal gland. Additionally, a blood pressure evaluation is warranted.

The liver is mildly heterogeneous and there are mild liver enzyme elevations present. This is a non-specific finding, which could be related to many issues. You could consider a liver function test and a fine needle aspirate of the liver to rule out the possibility of round cell neoplasia (particularly if the ionized calcium is elevated). Additionally, this could be elevated if there is an excess of cortisol present.

There is a small, hypochoic region in the spleen. If possible, consider a fine needle aspirate of this lesion, or close continued monitoring, as this could represent a benign or neoplastic lesion.

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





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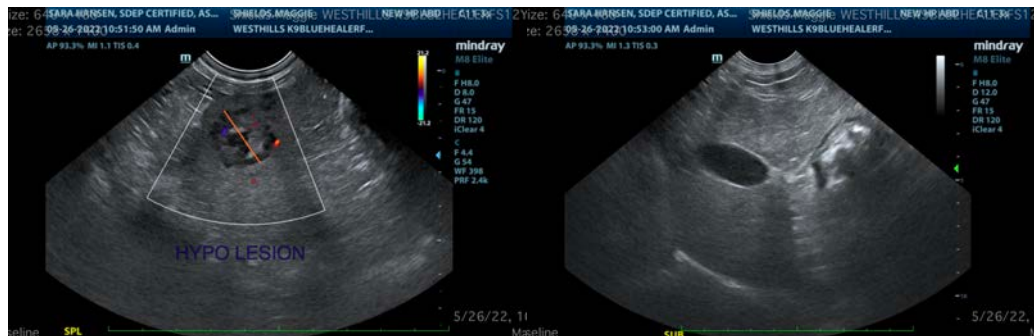
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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