

**PATIENT**

Annabell LaBarge

SPECIES

Canine

BREED

Lab

SEX

Spayed Female

AGE

10 Years

WEIGHT

55 Pounds

INTERPRETED BYKathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)**IMAGING
PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Family Pet Practice

INVOICE

38781

DATE

6/16/22

PRESENTING CLINICAL SIGNS

10lbs weight loss, lethargy, diagnosed diabetic today.

Abnormal PE/Chem/CBC/UA Results: 1. QAR 5. Moderate tartar/staining, moderate gingivitis with severe GR - hx of CUPS- overall improved from previous visits 9/10. Soft abdomen 11. enlarged left submandibular LN - rule-out due to dental disease vs inflammatory vs neoplasia. 12. Moderate generalized muscle atrophy, hindlimb paresis, slight delay in CP's. 13. Lost approx 10lbs since last month Attached labs and most recent AUS.

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 (7.4 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 (7.47 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.

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.

The right adrenal gland is normal in size measuring 0.60 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 borderline large in size. The spleen echotexture is heterogenous and mottled, 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.

Liver

The liver is large in size with rounded margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. There are diffuse discrete hypoechoic nodules visualized throughout the parenchyma. The largest visualized measures approximately 1.72 cm in diameter. The remainder are too numerous to count and measure between 0.25-1.75 cm.

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.

IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Annabell LaBarge

SPECIES

Canine

BREED

Lab

SEX

Spayed Female

AGE

10 Years

WEIGHT

55 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Family Pet Practice

INVOICE

38781

DATE

6/16/22

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measured 0.56 cm. Jejunum wall measured 0.33 cm. There is mild mucosal speckling of the duodenum. 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.

Pancreas

The pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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.

PRIMARY FINDINGS

- Large, hyperechoic liver with discrete hypoechoic nodules – The diffuse hepatic changes are non-specific and can be seen with vacuolar hepatopathy, reactive change, nodular hyperplasia or, less likely, inflammatory/immune-mediated disease, infiltrative neoplasia, or other hepatopathy. These findings are most consistent with a diabetic hepatopathy, but the discrete nodules are fairly pronounced, and could be concerning. Recommend a fine needle aspirate of a hypoechoic nodule.
- Mildly thickened small intestine with mucosal speckling of the duodenum – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).

SECONDARY FINDINGS

- Mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis. The spleen was reported as mottled on the previous scan from 2020.
- Prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are no large focal lesions visualized on today's scan, and many of the abnormalities reported are somewhat expected for an older diabetic patient. It is not uncommon for older pets to have nodules in their liver, but these nodules appear somewhat discrete. This may be due to the hyperechoic general

IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



PATIENT

Annabell LaBarge

SPECIES

Canine

BREED

Lab

SEX

Spayed Female

AGE

10 Years

WEIGHT

55 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Family Pet Practice

INVOICE

38781

DATE

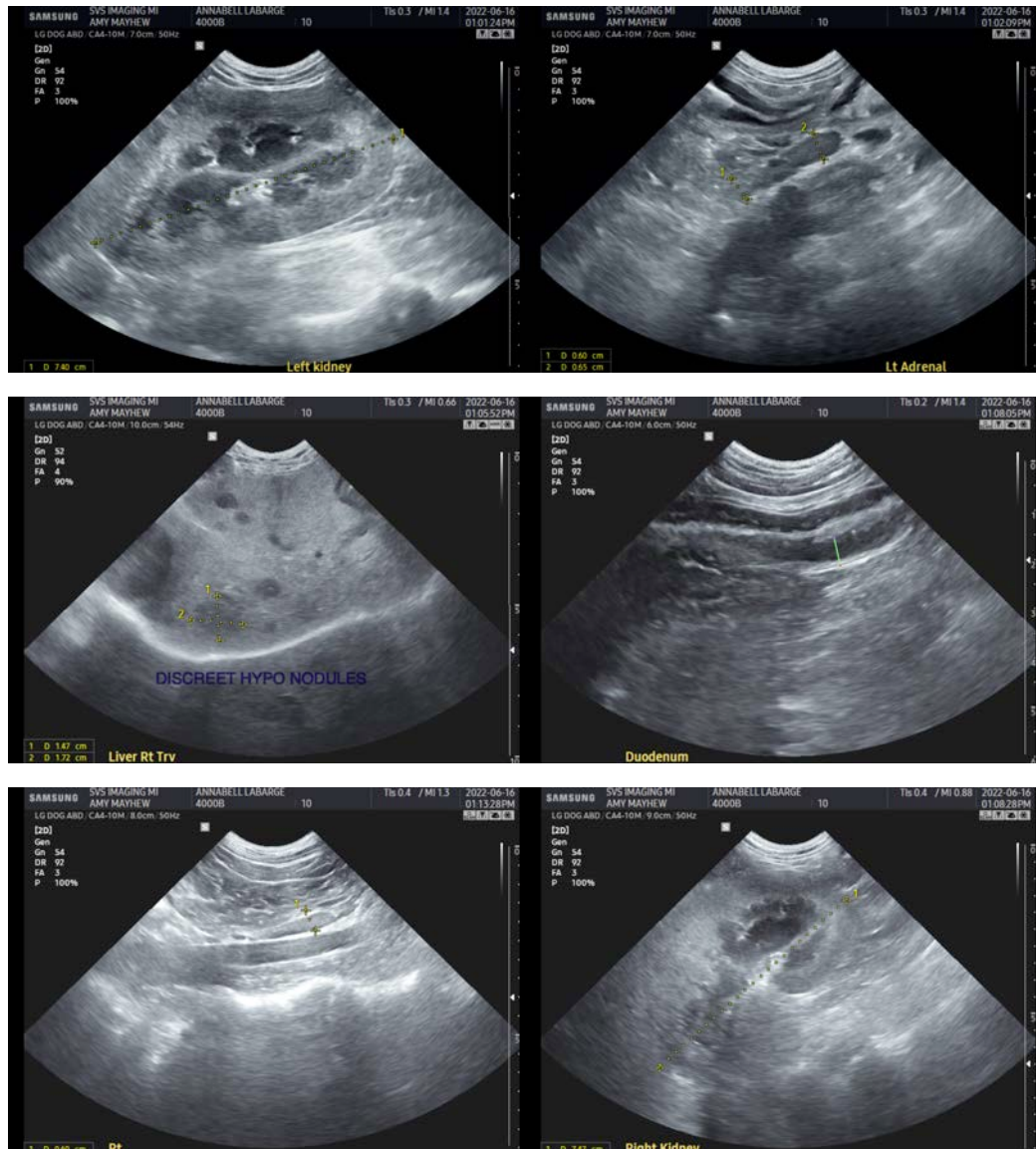
6/16/22

hepatic parenchyma, but I would consider a fine needle aspirate of a hypochoic nodule.

Additionally, the small intestine appears somewhat thickened, as there is some mucosal speckling of the duodenum. If there are no signs of gastrointestinal disease, then this could be normal for this individual, but if small intestinal disease is suspected, consider:

- Novel protein/hydrolyzed protein prescription diet (low fat as well).
- Consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to get more information regarding the pancreas and small intestine.
- Consider chronic probiotic therapy.
- If GI symptoms persist despite regulation of the diabetes, etc., then consider obtaining GI biopsies.

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



IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



PATIENT

Annabell LaBarge

SPECIES

Canine

BREED

Lab

SEX

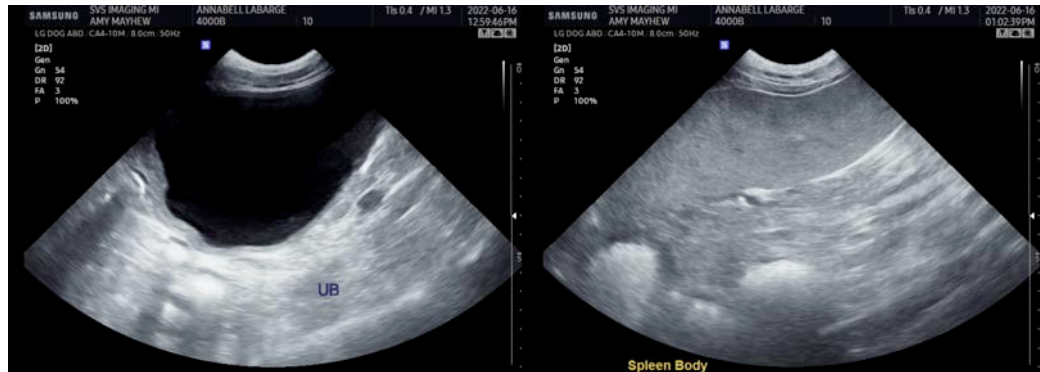
Spayed Female

AGE

10 Years

WEIGHT

55 Pounds



INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Family Pet Practice

INVOICE

38781

DATE

6/16/22

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