



PATIENT

Rusty McCurdy

SPECIES

Canine

BREED

Cockapoo

SEX

Neutered Male

AGE

14 Years

WEIGHT

18.1 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Val Shumskaya

HOSPITAL NAME

Whippany Vet Hospital

REFERRING VET

Dr. Van Beveren

INVOICE

43487

DATE

6/27/23

PRESENTING CLINICAL SIGNS

Thrombocytopenia since 3/28/23 with mild increase with pred. Current meds: Prednisone, omeprazole
Abnormal PE/Chem/CBC/UA Results: Thrombocytopenia UA: 4+ protein, P/C ratio 4.9, SG 1.024

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 normal in size (0.48 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.

The left kidney has a normal shape and size (4.43 cm) with mild pyelectasia at 0.24 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.28 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 0.29 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 0.25 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 normal in size but irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. The appearance of the spleen is somewhat irregular. It appears irregular in shape and somewhat folded upon itself with an irregular hypoechoic bulging area measuring 0.54 cm x 0.98 cm.

Liver

The liver is large. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a 1.2 cm cystic structure visualized within the parenchyma.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

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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.

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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. Duodenum wall measures 0.47 cm. Jejunum wall measures 0.36 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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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ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys with mild left-sided pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Irregular appearance to the spleen with hypoechoic irregular area – findings are most consistent with a folded spleen and an irregular “bleb” of tissue. I suspect these are benign changes, but continued monitoring is strongly suggested.
- Large, hyperechoic liver with cystic lesion – 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.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes visualized associated with the kidneys are consistent with chronic age related renal disease. Recommend a blood pressure, urinalysis and culture as a baseline.

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The appearance of the spleen is somewhat irregular. I suspect the changes observed are benign in nature due to irregular folding, etc., but continued monitoring with ultrasound is warranted to look for progression of these lesions, as the possibility of an underlying neoplastic lesion cannot be ruled out.

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The appearance of the liver could be consistent with a vacuolar hepatopathy, and the steroid therapy described.



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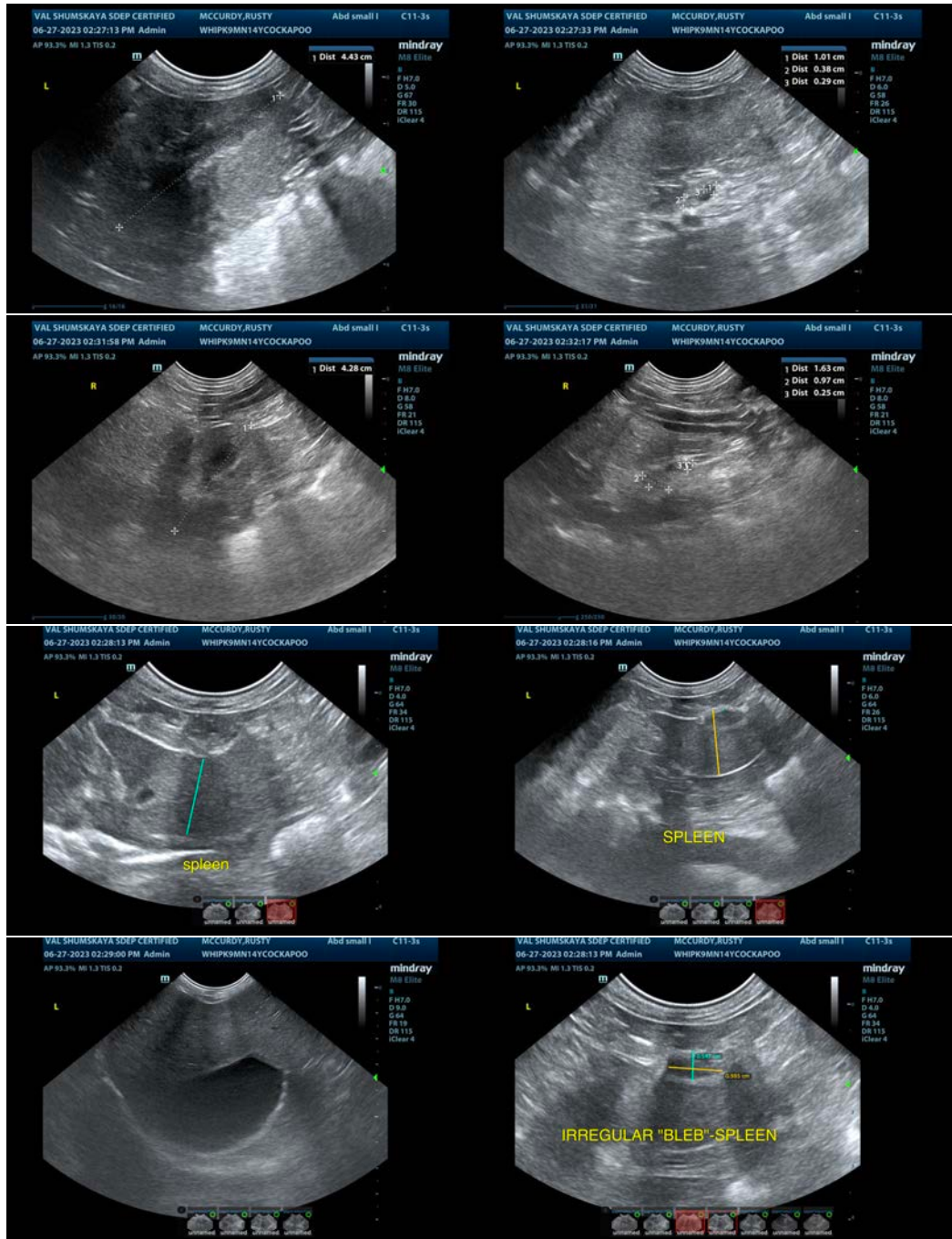
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If not already done, consider the possibility of tick-borne disease, immune mediate disease such as lupus, heartworm disease, etc. to explain the thrombocytopenia and proteinuria reported. Recommend continued search for an underlying cause of the proteinuria, and depending on the degree of thrombocytopenia, immunosuppression may or may not be appropriate.

Recommend three view thoracic radiographs to evaluate for possible 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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