



PATIENT

Olives Heller

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

Karelina Bear Dog

Several year hx of declining coat quality. UTI 2/22 and again 5/22; apparently cleared with tx w/ amoxicillin. Licking vulva area. Physical exam findings: Poor quality coat - dry and brittle with areas of alopecia. Ventral abdomen skin is thin. Abdomen tense. Brief AUS shows R side 5cm mottled liver mass effect Abnormal CBC values: None Abnormal Chemistry Values: ALT 747; AST 92, ALP 763. T4 normal 2.1 Abnormal UA Values: USG 1.033; protein 30mg/dl Radiograph Findings(email radiographs if available): Reason for Ultrasound: Evaluate liver mass as well as adrenals for causes of longer term poor coat quality

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

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.

AGE

11 Years

The left kidney has a normal shape and size (6.64 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

51.8 Pounds

The right kidney has a normal shape and size (6.87 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 normal in size measuring 0.70 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 0.65 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.

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Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is an irregular mixed echogenic mass effect visualized in the right caudal aspect of the liver measuring 6.07 cm x 7.29 cm.

REFERRING VET

Dr. Lindsay Sjloin

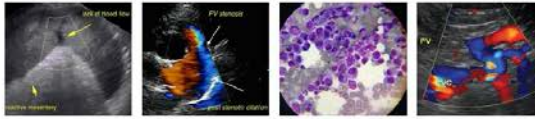
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The gallbladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris, but

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additionally, there is some early organization along the wall, consistent with a mucocele. There is no evidence of bile duct dilation.

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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

Karelina Bear Dog

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.

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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.

AGE

11 Years

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.

WEIGHT

51.8 Pounds

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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(Small Animal Internal
Medicine)

Other

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

ULTRASONOGRAPHIC FINDINGS

IMAGING BY

Loetitia Saint-Jacques,
LVT

- Large, irregular, mixed echogenic hepatic mass – This lesion could represent a benign or neoplastic lesions. A primary hepatic lesion is favored.
- Gallbladder mucocele – There is minimal surrounding inflammation evident. Initial medical therapy could be attempted, but surgical therapy may be required (cholecystectomy).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

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There is a large mass effect visualized on the right side of the liver as well as a gallbladder with a large amount of debris and organized debris at the wall, most consistent with a gallbladder mucocele. Either or both of these factors are likely contributing to the elevation in liver enzymes reported. Medical therapy with a course of antibiotics and long-term Ursodiol could be considered for the gallbladder mucocele, but close monitoring is warranted, as this could progress to a surgical lesion.

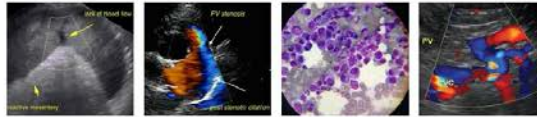
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Options for the hepatic mass include a fine needle aspirate and/or a contrast CT scan for further

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evaluation of the scope of this lesion and planning for surgical resection. At the same time, the gallbladder could be evaluated further with CT scan, and there is potential for cholecystectomy at the time of liver mass removal (if indicated).

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

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The cause for the coat abnormalities is unclear, but it could be general unthriftiness due to the liver issues at hand. Recommend thyroid evaluation.

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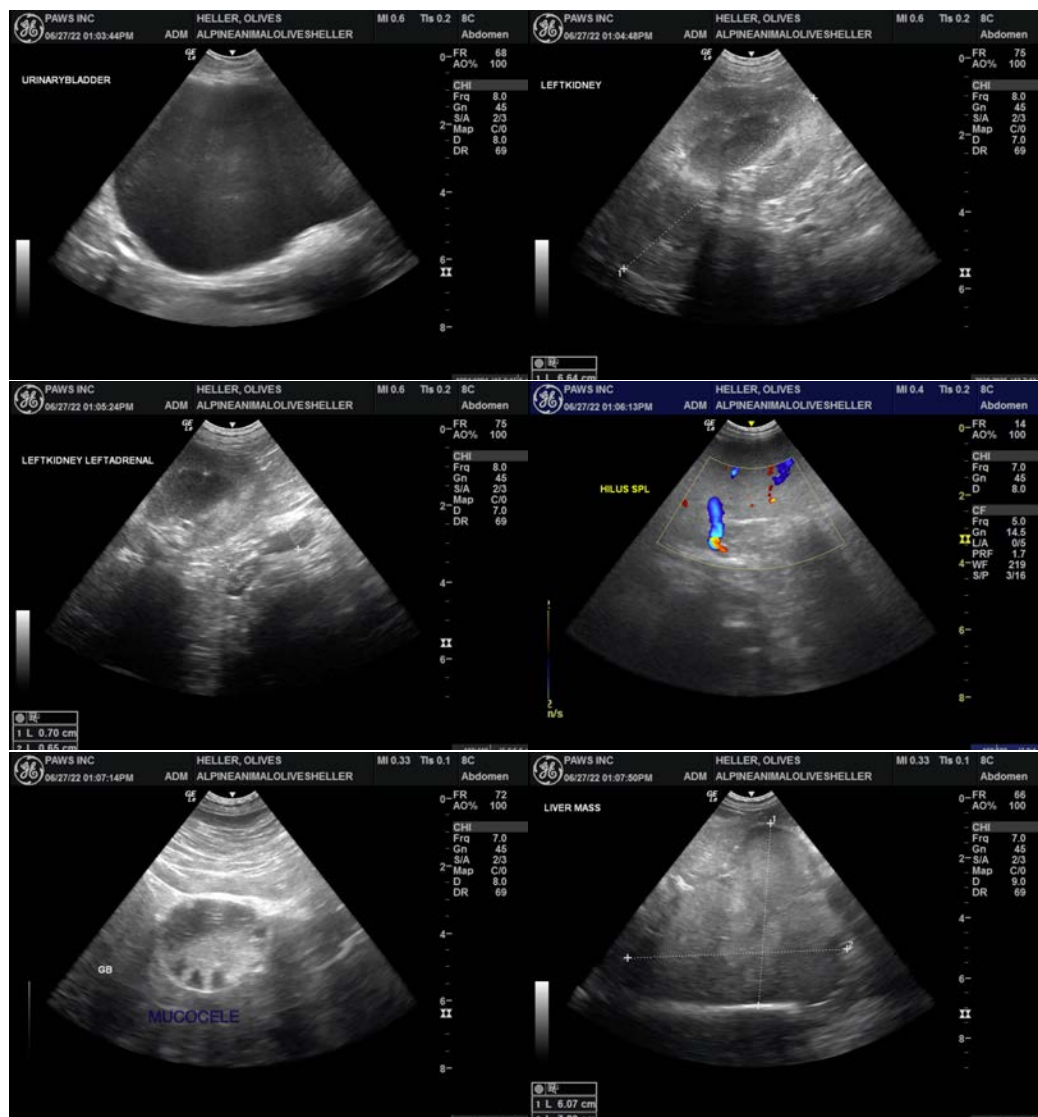
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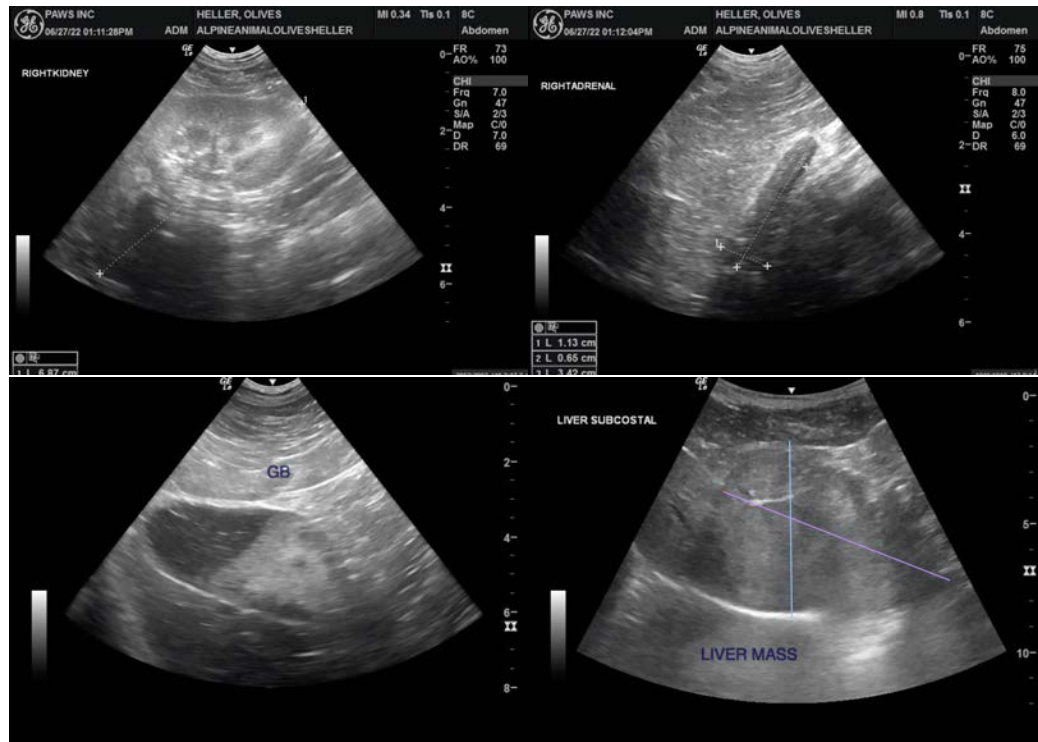
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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