



PATIENT PRESENTING CLINICAL SIGNS

JT Casella Unregulated diabetic, mild ALKP elevation. Current Meds: Humulin N
Abnormal PE/Chem/CBC/UA Results: ALKP= 330

SPECIES

Canine

BREED

Poodle

SEX

Neutered Male

AGE

13 Years

WEIGHT

17 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet Hospital

REFERRING VET

Dr. Bladek

INVOICE

43607

DATE

6/30/23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The Bladder wall is diffusely mildly thickened (0.43 cm), and the mucosa is mildly irregular. The trigone, ureteral papillae, and visible urethra (to a depth of 2cm) appear normal with no evidence of severe mucosal irregularities, masses or cystic calculi. Findings are most consistent with bacterial cystitis or lack of urine distension. Recommend urinalysis and culture.

The prostate is normal in size (1.03 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 (5.07 cm) with a small irregular cystic area measuring 0.86 cm x 0.72 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.

The right kidney has a normal shape and size (5.07 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 0.56 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 large and abnormal in appearance, measuring 0.37 cm at the cranial pole, 1.12 cm at the caudal pole, and 2.79 cm in length. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is abnormal in appearance in that there is a hyperechoic nodule towards the caudal pole of the adrenal measuring 0.98 cm x 1.2 cm. No overt vascular invasion is visualized.

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.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



PATIENT 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.

JT Casella

SPECIES *Gastrointestinal*

Canine 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

Poodle 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 0.36 cm. Jejunum wall measures 0.22 cm. Visualized peristalsis appears appropriate. There is a focal section of bowel that appears somewhat fluid/chyme distended, and there is a focal area of gas/shadowing material visualized, most consistent with passing ingesta. Ingested foreign material cannot be ruled out.

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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

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- Thickened, mildly irregular urinary bladder wall – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Decreased corticomedullary distinction in both kidneys with an irregular cystic area on the left kidney – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Although it appears slightly irregular, the cystic lesion is most consistent with a benign renal cyst. Recommend continued monitoring with ultrasound.
- Heterogeneous liver – 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. This could be consistent with a diabetic hepatopathy.
- Hyperechoic nodule in the caudal pole of the right adrenal gland – Adrenomegaly could be consistent with neoplasia (e.g., adenoma, carcinoma, pheochromocytoma), hyperplasia, inflammation, other.

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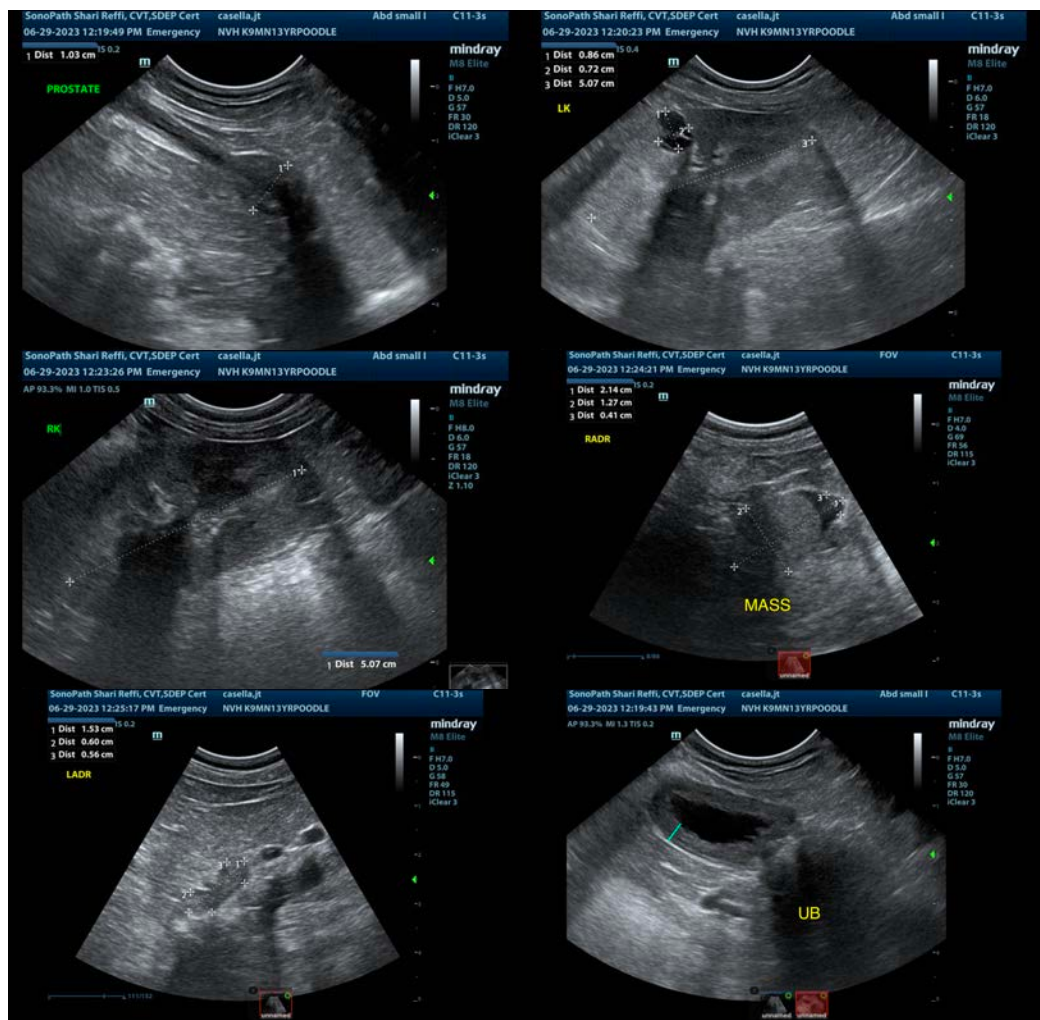
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a nodule visualized in the right adrenal. This could be benign or neoplastic and could be secreting hormone or be non-secretory. Based on the concerns for insulin resistance, my suspicions for a possible cortisol producing mass lesion would increase. Consider the following:

- Recommend a blood pressure evaluation. If hypertension is present, recommend measuring catecholamine levels.
- Consider adrenal function testing. This may be difficult to interpret in an unregulated diabetic. Recommend either an ACTH stimulation test or an ACTH stimulation test combined with an adrenal panel to the University of Tennessee to evaluate cortisol and other non-cortisol hormone levels.
- Consider a contrast CT scan to look for any evidence of vascular invasion or metastasis. The appearance of the mass lesion is most consistent with an adenoma. Surgical resection could be considered, as I think this could be a good surgical candidate.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.





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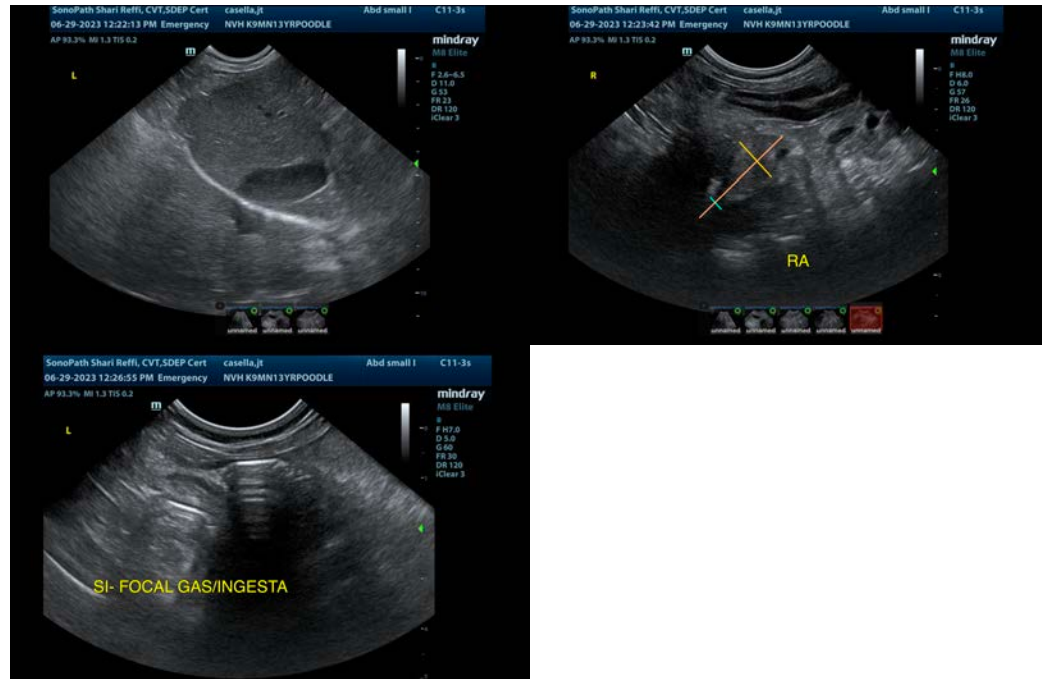
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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