



PATIENT PRESENTING CLINICAL SIGNS

Baxter Shaw

Increased liver values (continuing to trend upwards), PU/PD -tested for Cushings disease but not consistent. Has been on Thyro tabs, Advantage Multi, Bravecto and occasionally Cytopoint for allergies. Abnormal PE/Chem/CBC/UA Results: July 8, 23 - Platelets 477(143-448) ALT 384(118-121) ALP 6393 (5-160)

SPECIES

Canine

BREED

WHWT

SEX

Neutered Male

AGE

12 Years

WEIGHT

31.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beamsville AH

REFERRING VET

Dr. Hagar

INVOICE

43933

DATE

7/12/23

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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (6.15 cm) with numerous small cortical cysts. 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 (6.16 cm) with numerous small cortical cysts. 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 large and slightly irregular in appearance, measuring 1.18 cm at the cranial pole, 1.48 cm at the caudal pole, and 3.06 cm in length. It is observed in its normal position cranial to the left renal artery. It is somewhat abnormal in appearance in that there is a hyperechoic nodule at the cranial pole measuring 1.34 cm x 1.48 cm. No evidence of vascular invasion is visualized.

The right adrenal gland is large and slightly irregular in appearance, measuring 1.3 cm at the cranial pole, 1.1 cm at the caudal pole, and 2.94 cm in length. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. There is an ill-defined hyperechoic region in the cranial pole measuring 1.2 cm x 0.97 cm, which does not deviate the shape of the adrenal. No evidence of 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 large in size, and normal in 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. There is a small hyperechoic, slightly cystic lesion visualized in the cranial aspect of the liver, somewhat near the gallbladder, measuring 3.4 cm x 3.64 cm.



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Additionally, there is a multi-loculated anechoic cystic structure visualized measuring 4.11 cm x 2.24 cm, which appears associated with the mid caudal aspect of the liver.

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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.

Gastrointestinal

BREED

WHWT

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

Neutered Male

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.

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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.

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

REFERRING VET

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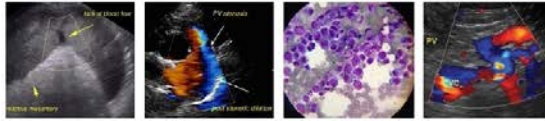
- Bilateral adrenal enlargement with hyperechoic nodules – Both adrenals appear large and irregular. The lesions visualized are most consistent with hyperplasia, small adenomas, etc., although early neoplastic disease or metastatic disease cannot be definitively ruled out.
- Decreased corticomedullary distinction in both kidneys with small cortical cysts – The bilateral renal findings are consistent with age-related change.
- Heterogeneous liver with a small, intraparenchymal, hyperechoic, mildly cystic structure and an anechoic cystic, multiloculated structure visualized towards the caudal aspect of the liver – The anechoic structure is most consistent with a benign cystic lesion. Recommend continued monitoring. The more cranial lesion could be consistent with a cystadenoma, adenoma, regenerative nodule, etc. Recommend continued monitoring.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

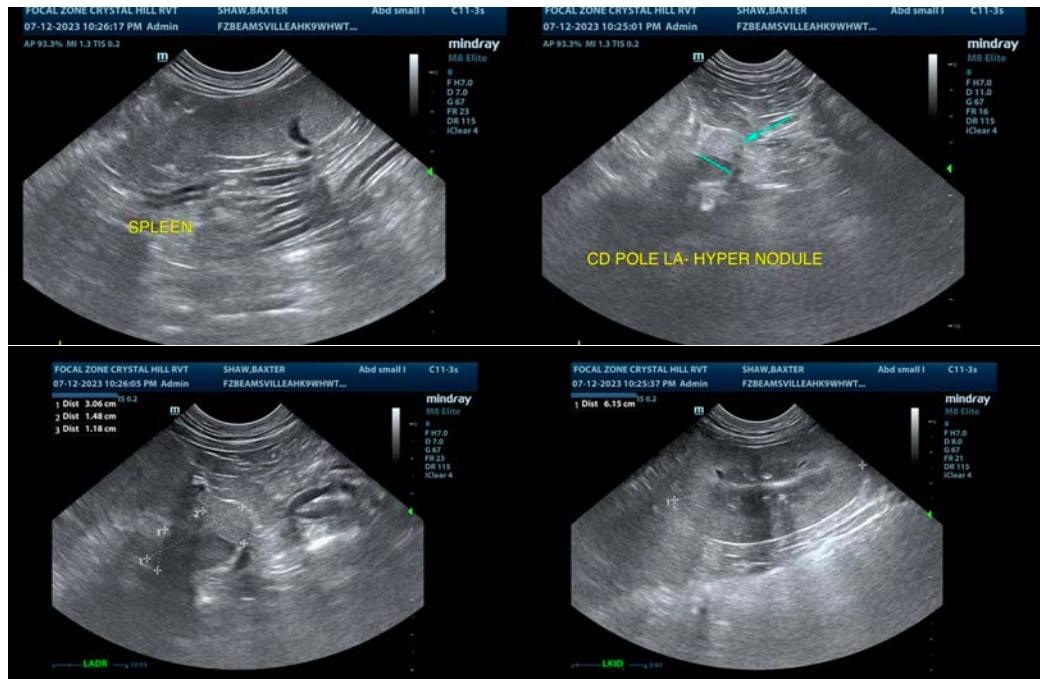
Both adrenals are large and irregular with hyperechoic nodules. The significance of this is unclear. This could be consistent with hyperplasia and Cushing's syndrome, or these lesions could be non-active. Additionally, they could represent benign or early neoplastic disease. At this time, the appearance favors benign lesions. Consider an adrenal panel to University of Tennessee combined with an ACTH stimulation test. This panel will evaluate for multiple hormones other than cortisol, which could be present in an atypical cushingoid patient. If a hormone excess could be diagnosed, then medical therapy could be considered, but continued monitoring of both adrenals with ultrasound is warranted, as progression or growth of these lesions cannot be ruled out.

Additionally, recommend a blood pressure evaluation. If hypertension is present, consider measuring catecholamines, looking for a possible pheochromocytoma.

If more aggressive therapy is desired, you could consider a contrast CT scan to better evaluate these lesions for vascular invasion, size, etc.

The liver enzyme elevations are likely a vacuolar hepatopathy or steroid hepatopathy. There are two slightly cystic lesions visualized associated with the liver. Both have criteria most consistent with benign lesions, but continued monitoring for growth of these lesions is warranted, as they cannot be easily sampled in their current location.

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





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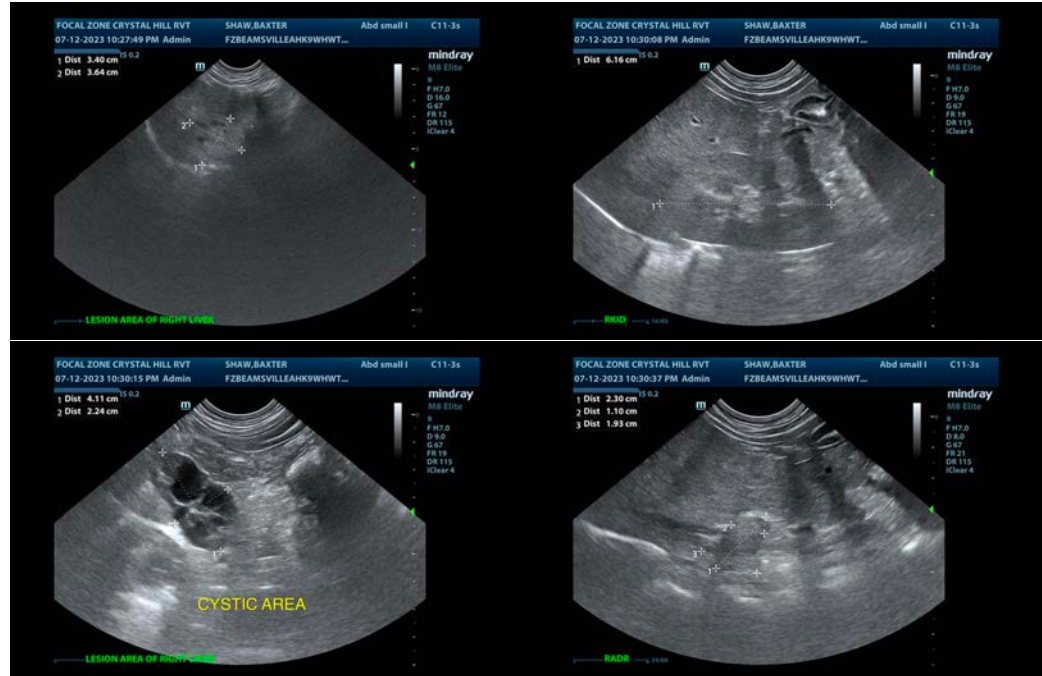
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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