



PATIENT PRESENTING CLINICAL SIGNS

Jasper Listor Severe leukocytosis w/left shift

SPECIES Abnormal PE/Chem/CBC/UA Results: WBC 35,900, left shift; ALP 734, USG 1.031

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Mix 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.

SEX

Neutered Male The prostate is normal in size (0.77 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.

AGE

12 Years The left kidney has a normal shape and size (5.64 cm). Overall echogenicity is normal with adequate 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.

WEIGHT

30 Pounds

The right kidney has a normal shape and size (5.88 cm). Overall echogenicity is normal with adequate 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.

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
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Adrenal Glands

The left adrenal gland is normal in size measuring 0.48 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.

IMAGING PERFORMED BY

Shari Reffi, CVT

The right adrenal gland is normal in size measuring 0.46 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.

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Spleen

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mildly mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is an occasional ill-defined hypoechoic nodule visualized within the parenchyma. One such nodule measures 0.49 cm.

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Liver

The liver is subjectively normal in size with smooth peripheral margins. The parenchyma is mildly hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

DATE

7/13/23



PATIENT

Jasper Listor

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a mild amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

SPECIES

Canine

Gastrointestinal

There is a focal area of hard shadowing material visualized within the gastric lumen measuring approximately 2.66 cm. No evidence of an obstruction is visualized. The stomach 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.

BREED

Mix

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 0.35 cm. Jejunum wall measures 0.30 cm. Visualized peristalsis appears appropriate. The proximal duodenum appears slightly corrugated in the region of the pancreas.

SEX

Neutered Male

AGE

12 Years

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.

WEIGHT

30 Pounds

Pancreas

The right limb of 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.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is an occasional prominent lymph node. A mildly cystic lymph node is visualized measuring 0.70 cm. The omentum is of normal echogenicity.

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Other

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

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ULTRASONOGRAPHIC FINDINGS

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- Mildly mottled spleen with an ill-defined hypoechoic nodule – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

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- Mottled, prominent right limb of the pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

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- Subjectively hyperechoic liver – 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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- Mild gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

SPECIES

Canine

- Focal shadowing material visualized within the gastric lumen – Correlate with the feeding history and abdominal radiographs. This could represent a hard treat, ingested foreign material, etc.

BREED

Mix

- Prominent mesenteric lymph node – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An obvious source for the leukocytosis is not observed. The spleen does appear slightly mottled with an occasional ill-defined hypochoic nodule. Consider a fine needle aspirate.

AGE

12 Years

Additionally, the right limb of the pancreas is somewhat mottled and prominent with slightly corrugated duodenum adjacent, which could be consistent with some mild inflammation. Correlate with a quantitative cPLI level and clinical signs.

WEIGHT

30 Pounds

The liver appears slightly hyperechoic. This could be consistent with a vacuolar hepatopathy, less likely infiltrative disease, etc. Options for further evaluation of the ALP elevation include a liver function test, a fine needle aspirate (provided coagulation parameters are normal), and screening for Cushing's disease if appropriate symptoms are present (adrenals are not enlarged).

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There does appear to be a focal shadowing structure visualized within the gastric lumen. Correlate this with the patient's history, abdominal radiographs, etc. There is no evidence of an obstructive process at this time, but if this persists, it could be source of inflammation. Upper GI endoscopy could be considered to further investigate, provided it does not appear to be passing.

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

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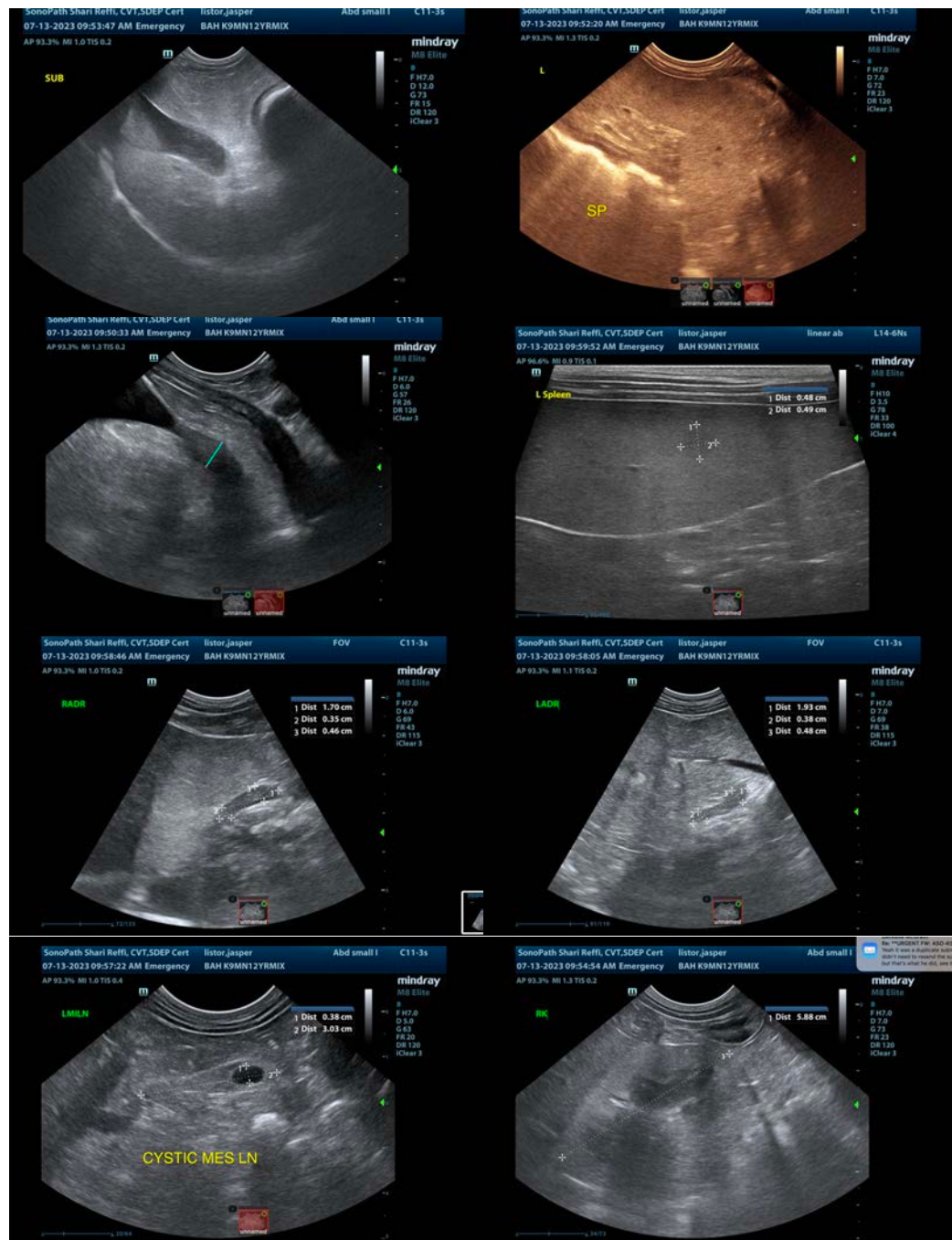
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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