



PATIENT PRESENTING CLINICAL SIGNS

Juno Anglin Previous benign splenic mass but splenectomy removed due to concern for HSA. Chronic degenerative valvular disease; Pituitary dependent hyperadrenocorticism managed with Vetoryl BID; Chronic borborygmi managed with diet and Tylocin.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: BW from June 6th: Mild anemia (Hct = 0.35, RBC = 5.2), Hb = 126; rest normal Chem: urea = 11.9, ALT = 138, ALP = 451, lipase = 303; cPli = 218; Pre ACTH = 45, post = 211. Urine sp gr = 1.036.

BREED

Australian Labradoodle

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Spayed Female

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

14 Years

The left kidney has a normal shape and size (5.33 cm) with numerous small cortical cysts. Overall echogenicity is slightly hyperechoic with mildly reduced 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

10.1 kg

The right kidney has a normal shape and size (5.5 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.

INTERPRETED BY

Kathleen Sennello DVM,
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Adrenal Glands

The left adrenal gland is large measuring 1.1 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

Dr. Nigel Gumley

The right adrenal gland is prominent/large measuring 0.78 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.

HOSPITAL NAME

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Spleen

REFERRING VET

Dr. Nigel Gumley

The spleen is surgically absent/previous splenectomy.

Liver

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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. No focal nodules or cystic lesions are observed.

DATE

7/20/23

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 moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.



PATIENT

Gastrointestinal

Juno Anglin

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.

SPECIES

Canine

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 0.40 cm. Jejunum wall measures 0.30 cm Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

BREED

Australian Labradoodle

SEX

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.

Spayed Female

AGE

Pancreas

14 Years

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.

WEIGHT

Free Abdomen

10.1 kg

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are prominent mesenteric lymph nodes near the ileocecal junction measuring 0.40 cm and 0.49 cm. The omentum is generally of normal echogenicity.

INTERPRETED BY

PRIMARY FINDINGS

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- Bilateral adrenomegaly – This is consistent with the pituitary dependent hyperadrenocorticism diagnosed.
- Prominent, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Large, 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.
- Moderate 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.
- Mildly prominent mesenteric lymph nodes near the ileocecal junction – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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SECONDARY FINDINGS

- Decreased corticomedullary distinction in both kidneys with small cortical cysts – The bilateral renal findings are consistent with age-related change.



PATIENT

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- Absent spleen/previous splenectomy

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Spayed Female

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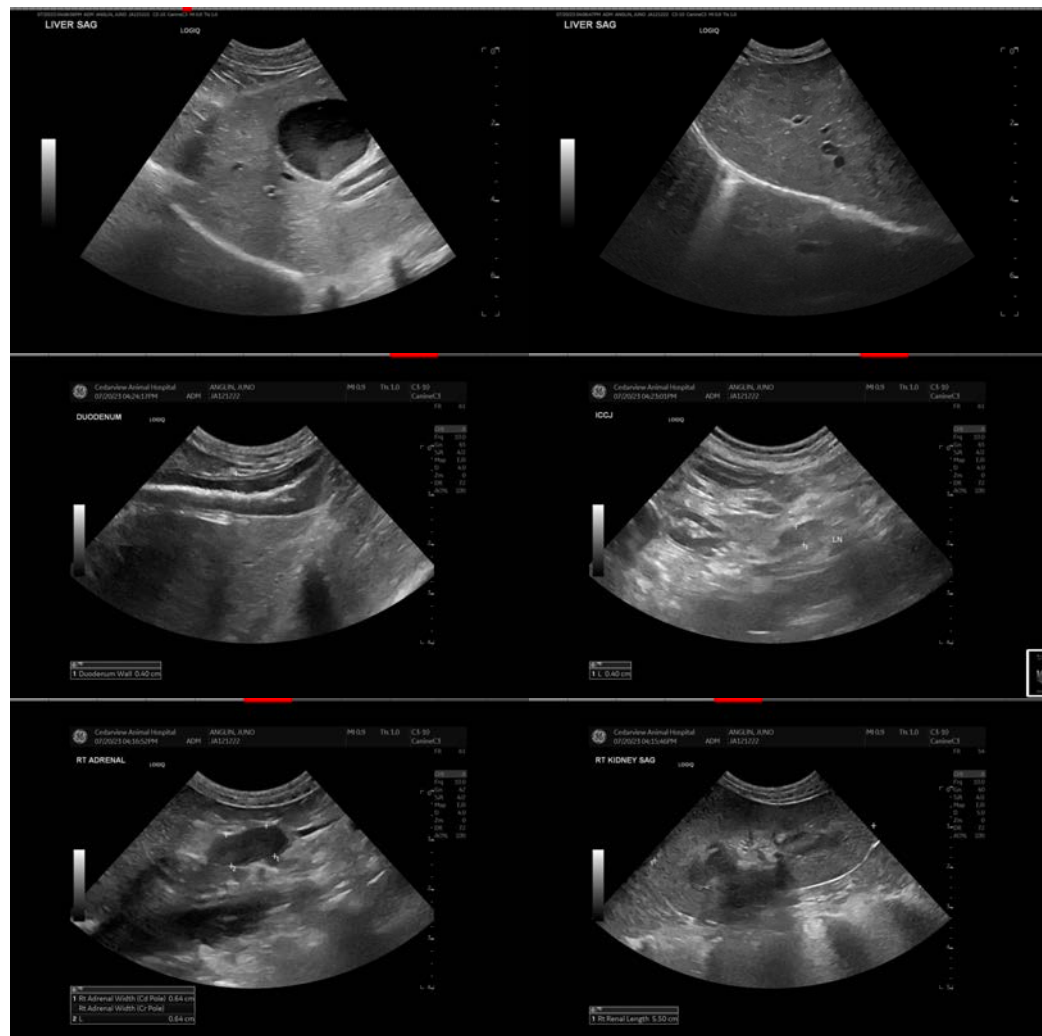
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized to explain the anemia reported. The liver enzyme elevations could be secondary to a persistent vacuolar hepatopathy, although neoplastic change cannot be definitively ruled out.

The changes visualized associated with the pancreas involve minimal reactive mesentery and are most consistent with remodeling, although mild inflammation is possible.

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





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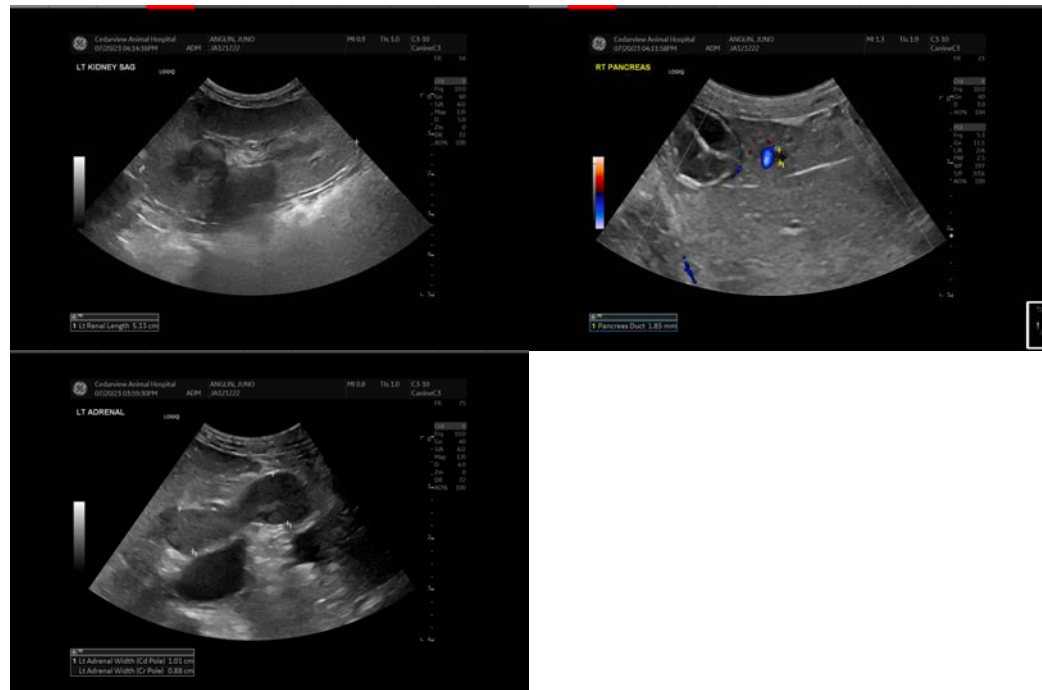
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AGE

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WEIGHT

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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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