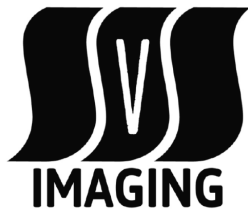


IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com

**PATIENT**

Maverick Porter

SPECIES

Canine

BREED

Mini Doodle

SEX

Neutered Male

AGE

6 Years 11 Months

WEIGHT

48 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Towne & Country AH

INVOICE

39285

DATE

7/7/22

PRESENTING CLINICAL SIGNS

PU/PD, recent decrease in appetite. No vomiting or diarrhea.
Abnormal PE/Chem/CBC/UA Results: Please see attached labs.

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, or masses. In the dependent portion of the urinary bladder, there is a small amount of shadowing hyperechoic debris, most consistent with mineralized debris/small sandy stones.

The prostate is normal in size 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 (5.63 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.

The right kidney has a normal shape and size (6.17 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.78 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 0.68 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.

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. There is a very small hypoechoic nodule visualized within the parenchyma measuring 0.40 cm.

Liver

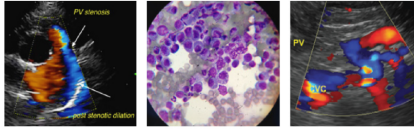
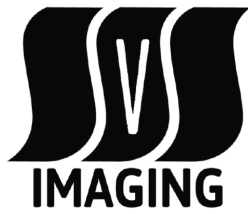
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



PATIENT

Maverick Porter

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. Jejunum wall measured 0.48 cm. Duodenum wall measured 0.60 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

BREED

Mini Doodle

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.

SEX

Neutered Male

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.

AGE

6 Years 11 Months

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no evidence of a diffuse lymphadenopathy. One lymph node is visualized in the abdomen measuring at a width of 0.80 cm. The omentum is of normal echogenicity.

WEIGHT

48 Pounds

PRIMARY FINDINGS

- Mineralized dependent sandy debris in the urinary bladder – Recommend urinalysis and culture. Correlate with abdominal radiographs.
- Hypoechoic nodule in the spleen – 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.
- 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.

INTERPRETED BY

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

SECONDARY FINDINGS

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan appears relatively normal. No large focal lesions were visualized. There is a small amount of dependent sandy debris in the urinary bladder. Recommend urinalysis and culture and correlate with abdominal radiographs. Additionally, there is a very small hypoechoic nodule in the spleen. Options for further evaluation would include continued monitoring with ultrasound or a fine needle aspirate of this area.

HOSPITAL NAME

SVS Imaging MI

The liver appears mildly heterogeneous, but this is mild and a very non-specific finding.

REFERRING VET

Towne & Country AH

INVOICE

39285

DATE

7/7/22

IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Maverick Porter

SPECIES

Canine

BREED

Mini Doodle

SEX

Neutered Male

AGE

6 Years 11 Months

WEIGHT

48 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Towne & Country AH

INVOICE

39285

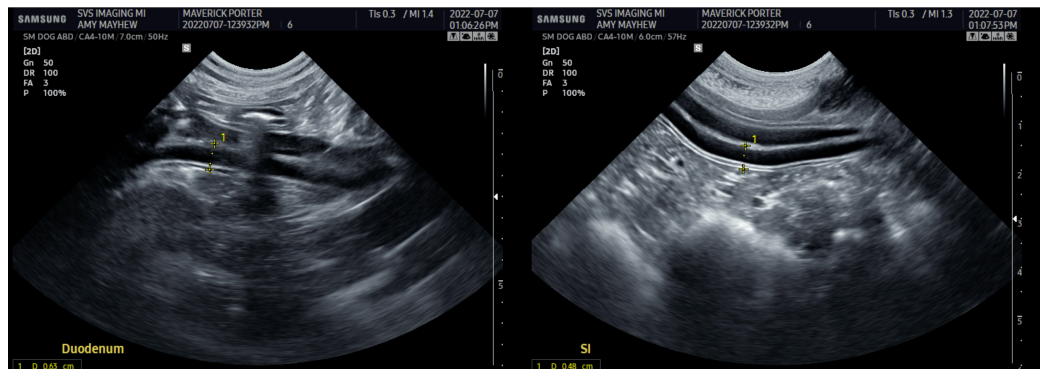
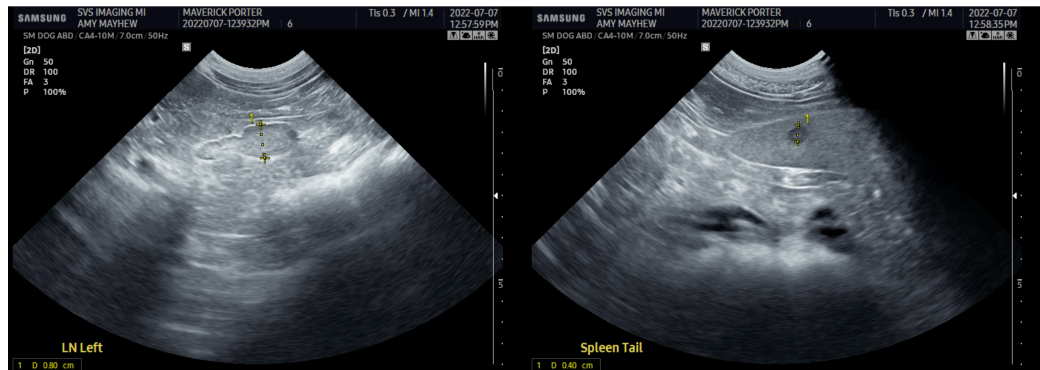
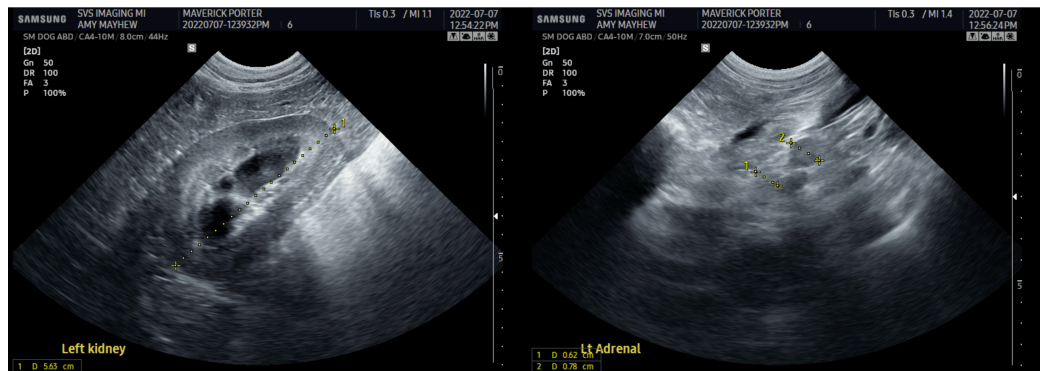
DATE

7/7/22

Recommend a hypercalcemia of malignancy panel to Michigan State University with a PTH/PTHrP and ionized calcium to obtain further information regarding the calcium elevation. Recommend a careful digital rectal exam to evaluate the anal glands and palpate for any evidence of a sublumbar lymphadenopathy, and additionally careful palpation of peripheral lymph nodes for enlargement. It is somewhat unclear if the elevation in the hematocrit is due to dehydration, or if it could be true polycythemia. Consider this possibility. It seems as though the analyzer had some difficulty with some of the lab values, so consider confirmation by an outside lab.

If evaluation of the calcium is not helpful, then you could consider a liver function test and fine needle aspirate of the liver, although visibly the liver changes are mild and the liver enzyme elevations appear mild as well.

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



IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



PATIENT

Maverick Porter

SPECIES

Canine

BREED

Mini Doodle

SEX

Neutered Male

AGE

6 Years 11 Months

WEIGHT

48 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

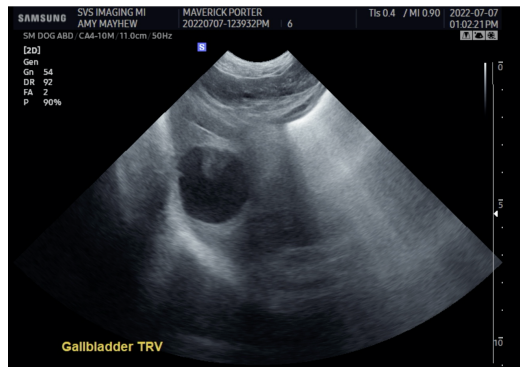
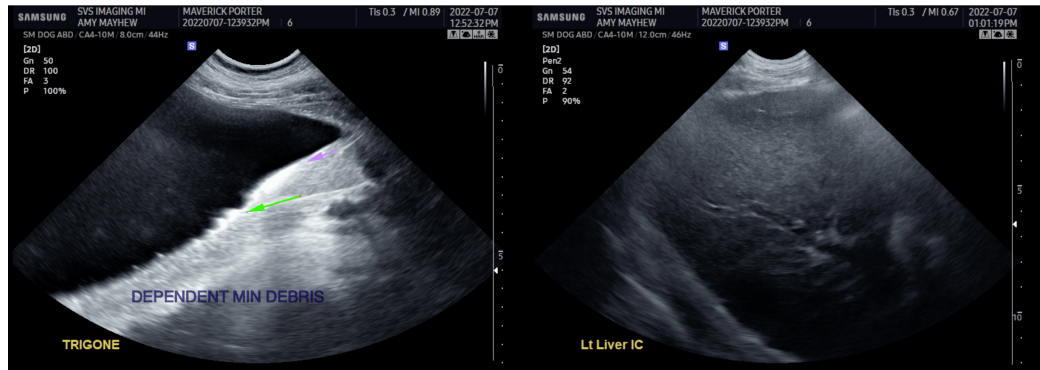
Towne & Country AH

INVOICE

39285

DATE

7/7/22



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.

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

kathleen.sennello@sonopath.com