

PATIENT

Crash Hicks

SPECIES

Canine

BREED

Rough Collie

SEX

Intact Male

AGE

11 Years 1 Month

WEIGHT

105 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Valley Vet Clinic

REFERRING VET

Dr. Anna Lopez

INVOICE

24612

DATE

8/12/21

PRESENTING CLINICAL SIGNS

not sedated and painful when applying pressure in some areas of abdomen- did partial scan in sternal position due to discomfort mostly in right lateral Chief Concern/Provisional Diagnosis: July 6, 2021 Possible UTI, has blood in his urine, owner tried a round of Amoxicillin which did not help. O states Coot has had a UTI for roughly 1-2 weeks and the urine is very dark. Coot was diagnosed with DM about 2 years ago O has been regulating Coo;s diabetes with Novalin-N and Novalin-R and he checks his blood sugar at home regularly. He gives anywhere up to 22U per day depending on blood glucose readings. O also gives a pancreatic enzyme to support Coots pancreas (pancreatrophin PMG). O cooks for the dog as well as he was having trouble getting the prescription diet. Coot has a dental procedure scheduled at another hospital for severe dental disease. August 4, 2021 Discussed urine and UA results with o again. Did not recommend repeat urine dipstick as blood in urine would make it inaccurate. Discussed concern for other issues that can be causing chronic bloody urine (neoplasia). Continued to discuss diabetes management and the difficulty of managing Coot's diabetes with different insulins and different blood sugar monitors. O is adamant about treating Coot's diabetes in this fashion and I discussed that since his fructosamine and other labs shows that Coot is regulated than he can proceed, however if that changes, management will need to change. Recommend abUS to explore pendulous abdomen and reoccurring hematuria. Discussed with o that an US would be a good modality to r/o anything else contributing to Coot's C/S. O did not want to do both radiographs and US. O approved and scheduled ultrasound for next week. Diagnosis: July 6, 2021 ddx: UTI Diabetes Mellitus August 4, 2021 dx: Diabetes mellitus ddx: neoplasia of the bladder vs Splenic tumor vs organomegaly vs cranial abd mass Chronic pancreatitis Severe periodontal disease Cataracts History/Physical Findings: July 6, 2021 Physical exam: Mentation: BAR BCS:6/9 MM Pink, capillary refill time less than 2 seconds. Heart auscultates normally, no murmur or arrhythmia noted. Lungs auscultate normally. Hair coat appears healthy. OU appear normal. AU are clean in visible ear canal. Nose appears normal. Mouth appears to have grade 4/4 periodontal disease with possible upper canine abscess. LN are WNL. Abdomen palpates tensly and mildly pendulous. No signs of lameness. Urine sample was extremely dark red in color. Urine dip was done, however with the amount of blood in the sample, it was not accurate. August 4, 2021: Capillary Refill Time: 1.5 sec, Heartrate: 120bpm, Respiration: rpm-pant, Temperature: 101.8 F, Weight: 105.0 lbs Summary of Laboratory Abnormalities: See above Radiographic Abnormalities: No x-rays have been done at this time. O declined x-rays because he did not want to do x-rays and the ultrasound at the same time. Current Therapy and Medications: On July 6 th , P was prescribed 375 Mg Clavamox #28 tabs- Give 1 tablet by mouth twice daily with food. Another 28 tablets of 375 Mg was prescribed on August 4 with the same instructions.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with suspended echogenic debris present. The Bladder wall appears mildly thickened and irregular with a row of dependent, very small, shadowing nephroliths/sandy debris, measuring approximately 0.2-0.05 cm. The 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 prostate is large in size, measuring 4.7 cm when measured in the sagittal view. Parenchyma is heterogeneous with small cystic lesions. External margins appear smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion of mass effect, or calculi.

The left kidney has a slightly irregular shape and normal size (7.6 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no



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Crash Hicks evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

SPECIES

Canine The right kidney has an irregular shape and normal size (8.0 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. The irregularity in shape is likely due to a previous infarct. There is no evidence of pyelectasia, nephroliths or hydronephrosis. Renal vasculature is normal.

BREED

Adrenal Glands

Rough Collie The left adrenal gland is normal/borderline large in size measuring 1.06 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.

SEX

Intact Male The right adrenal gland is normal in size measuring 0.67 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.

AGE

Spleen

11 Years 1 Month The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is very large (approximately 11.8 cm x 11.93 cm), hypoechoic mass effect in the mid abdomen, which appears to be originating from the spleen.

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Liver

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The liver is large in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in echotexture. 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.

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Loetitia Saint-Jacques, RVT

Gastrointestinal

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.

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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.)

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Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

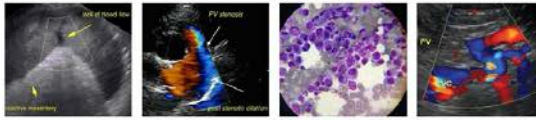
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The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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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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Canine **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.

BREED

Rough Collie **Other**

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The left and right testicles were imaged with no significant lesions observed.

Intact Male

A brief view of the heart was submitted. No pericardial effusion was seen.

ULTRASONOGRAPHIC FINDINGS

AGE

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1. Large, non-cavitated splenic mass – differentials for the mass include neoplasia (hemangiosarcoma, hemangioma, etc...), hematoma, abscess, other.
2. Large, 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. This can be a common finding in dogs with diabetes.
3. Large, hyperechoic, cystic prostate – most consistent with prostatitis and BPH. Recommend urinalysis and culture and neutering.
4. Very small bladder calculi/sandy debris – recommend urinalysis and culture.
5. Decreased corticomedullary distinction in the kidneys with structural abnormalities indicating likely previous infarcts – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient likely has chronic cystitis and prostatitis. This is a common finding intact male dogs and dogs with diabetes. Recommend strict culture regimens for treating base on sensitivities, as resistance is easy to develop. There are small stones in the urinary bladder. These may be struvites, which may resolve with resolution of the infection. You also may be able to place a large urinary catheter and obtain some of the stones/debris for analysis. Recommend radiographs of the urinary bladder to better ascertain size of the stones reported on ultrasound.

There is a very large mid abdominal mass that is likely splenic in origin. Recommend splenectomy for therapeutic and diagnostic purposes. Additionally, this patient can be neutered at the time of splenectomy to help with resolution of the prostatitis and BPH. Recommend 3-view thoracic radiographs.

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This patient has a lot going on, and I suspect with all the current illness, it would be almost impossible for him to be a regulated diabetic. Resolution of the chronic infection (both oral and urinary) will be a great start in addition to removing the splenic mass.

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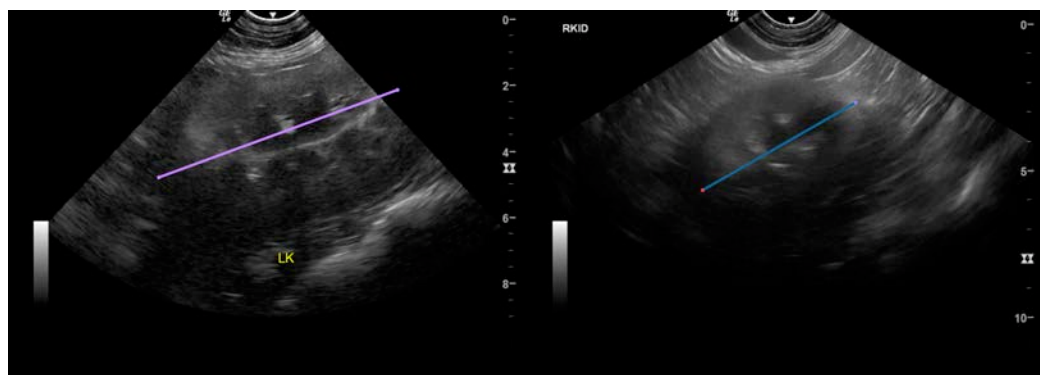
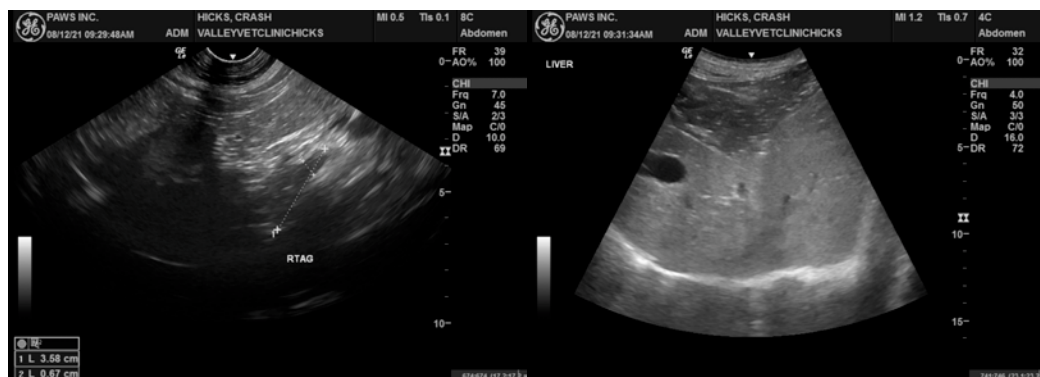
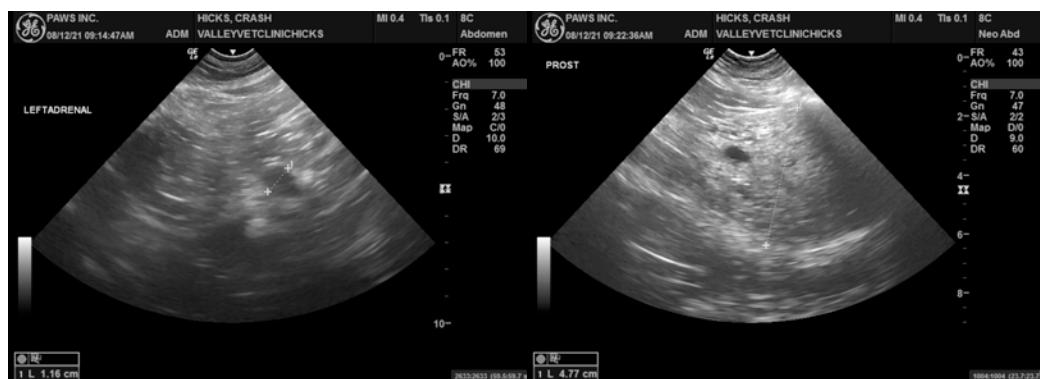
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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)

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