



**PATIENT**

The Dude O'Hearn

**SPECIES**

Canine

**BREED**

Beagle X

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

43.6 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Judy Schroeder

**HOSPITAL NAME**

Animal Health  
Associates

**REFERRING VET**

Dr. Niki Fadden

**INVOICE**

24602

**DATE**

8/12/21

**PRESENTING CLINICAL SIGNS**

Was seen recently for reported foul odor from mouth. BW showed mild increase in BUN and Creatinine. Patient is on carprofen chronically for osteoarthritis. BP in hospital mildly elevated/suspect stress  
Abnormal PE/Chem/CBC/UA Results: BUN 33 mg/dl Creatinine 1.9 mg/dl Hemolysis/lipemia prevents SDMA CBC normal USG 1.033, no blood/protein/cells/crystals noted T4 normal

**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 prostate is normal in size (1.1 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.

The left kidney has a normal shape and size (4.81 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. Rare non-obstructive nephroliths are present. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.91 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. Rare pinpoint, non-obstructive nephroliths are present. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.59 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 0.46 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.

**Spleen**

The spleen is subjectively normal in size and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. Rare discrete focal hyperechoic, perivascular parenchymal abnormalities are present. The appearance of these lesions is most consistent with benign splenic myelolipomas. The blood flow through the hilus and splenic parenchyma appears normal.

**Liver**

The liver is large 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. There is a small, indistinct hypoechoic nodule visualized mid body in the parenchyma, measuring 1.34 cm.

The gallbladder lumen is moderately distended. Some areas of the wall appeared mildly thickened with adhered debris. There is a large amount of primarily non-organized dependent, echogenic debris with



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rare small stones. These stones are visualized in the neck of the gallbladder, and there is suspicion for some mineralization distally, but significant dilation is not apparent.

**Gastrointestinal**

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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.

**BREED**

Beagle X

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 measures 0.31, 0.32 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**SEX**

Neutered Male

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.

**WEIGHT**

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**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.

**INTERPRETED BY**

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**ULTRASONOGRAPHIC FINDINGS**

- Decreased corticomedullary distinction in both kidneys with rare pinpoint, non-obstructive nephroliths – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Large volume of gallbladder sludge with some small mineralized stones – there is no evidence of surrounding significant inflammation, and no evidence of a current obstruction.
- Large, heterogeneous liver with indistinct, small hypoechoic nodule – 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.

**IMAGING PERFORMED BY**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The renal changes observed are consistent with the laboratory findings of mild azotemia. There are no obvious compounding factors such as obstruction, mass effect, dilation, etc. The liver is somewhat heterogeneous with a small hypoechoic nodule. If liver enzymes are elevated, you could consider a fine needle aspirate. Correlate lab work findings with gallbladder changes as well. If there is evidence of cholestasis, consider starting Ursodiol +/- antibiotics and continue to monitor for development of a mucocele or evidence of obstruction.

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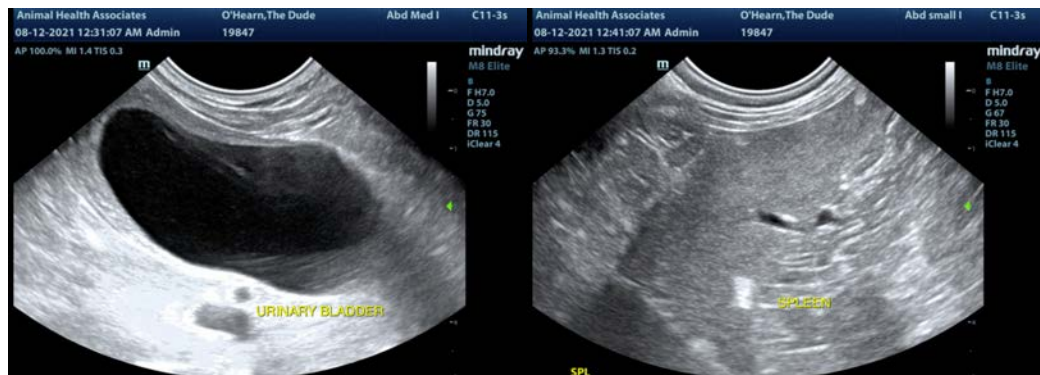
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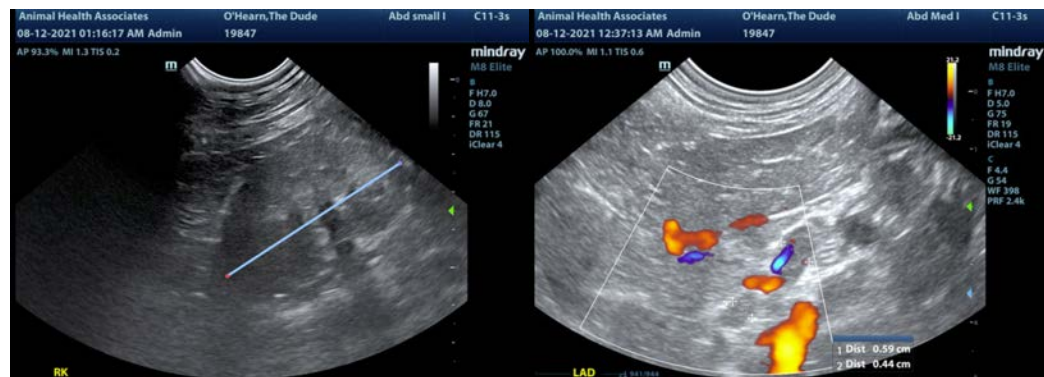
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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